

# Agenda for Change

## Terms and conditions of service handbook

# Introduction

The terms and conditions of service set out in this handbook apply in full to all staff directly employed by NHS organisations, except very senior managers and staff within the remit of the Doctors' and Dentists' Review Body. NHS organisations include Health and Personal Social Services organisations in Northern Ireland. References to the NHS throughout this document should be read as including these organisations where appropriate. Staff on contracts which incorporate national agreements will assimilate to the new system, and staff on local contracts will be offered the opportunity of transferring to it under the timetable it sets out.

# Contents

Part 1	Principles and partnership
Part 2	Pay
Section 1	Pay structure
Section 2	Maintaining round the clock services
Section 3	Overtime payments
Section 4	Pay in high cost areas
Section 5	Recruitment and retention premia
Section 6	Career and pay progression
Section 7	Payment of annual salaries
Sections 8–9	(Unallocated)
Part 3	Terms and conditions of service
Section 10	Hours of the working week
Section 11	Part-time employees and employees on fixed-term contracts
Section 12	Contractual continuity of service
Section 13	Annual leave and general public holidays

## Contents

Section 14	Sickness absence
Section 15	Maternity leave and pay
Section 16	Redundancy pay
Section 17	Mileage allowances
Section 18	Subsistence allowances
Section 19	Other terms and conditions
Sections 20–24	(Unallocated)

### Part 4 Employee relations

Section 25	Facilities for staff organisations
Section 26	Joint consultation machinery
Section 27	Working time regulations
Sections 28–29	(Unallocated)

### Part 5 Equal opportunities

Section 30	General statement on equality and diversity
Section 31	Recruitment, promotion and staff development
Section 32	Dignity at work
Section 33	Caring for children and adults
Section 34	Flexible working arrangements
Section 35	Balancing work and personal life
Section 36	Employment break scheme

## Contents

Sections 37–39 (Unallocated)

### Part 6 Operating the system

Section 40 New bodies and procedures

Sections 41–45 (Unallocated)

### Part 7 Transitional arrangements

Section 46 Assimilation and protection

Section 47 Monitoring, reviews and appeals

## Annexes

Annex A NHS employers

Annex B Pay bands and pay points 2004; 2005 and 2006

Annex C Pay bands and pay points 2007

Annex D Working or providing emergency cover outside normal hours

Annex E Provisions for unsocial hours payments for ambulance staff and available to early implementer sites

Annex F Examples of special cases under the provisions for work outside normal hours

Annex G Good practice guidance on managing working patterns

Annex H High cost area payment zones

Annex I High cost area supplements

## Contents

Annex J	Local recruitment and retention premium criteria
Annex K	Additional freedoms for trusts with earned autonomy
Annex L	Mileage allowances
Annex M	Lease car policies
Annex N	Subsistence allowances
Annex O	Other terms and conditions
Annex P	Coverage of Nurses and Other Health Professions Review Body

## Implementation annexes

Annex Q	Classification of leads and allowances (listed by staff group)
Annex R	Guidance on the application of national recruitment and retention premia
Annex S	Local appeals procedures
Annex T	Development of professional roles
Annex U	Arrangements for pay and banding of trainees
Annex V	NHSScotland: Partnership Information Network guidelines
Annex W	Support for professional fees for staff in bands 5 to 8A (England only)
Annex X	Working or providing emergency cover outside normal hours
Annex Y	Arrangements for general and public holidays over the Christmas and New Year holiday periods

## Contents

Annex Z	Managing sickness absences – developing local policies and procedures
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PART 1: PRINCIPLES AND  
PARTNERSHIP





# Principles and partnership

1. All NHS employers are obliged to adhere to employment and tax law and other statutory provisions. The NHS Staff Council will seek to keep the Handbook up to date with any changes, but current law takes precedence over the Handbook.
2. In Scotland, the statutory framework includes legislation on staff governance as set out in the NHS Reform (Scotland) Act 2004 and the Staff Governance Standard. Compliance with this standard includes implementation of Partnership Information Network (PIN) guidelines, which define a minimum standard of best employment practice. This handbook should be read in conjunction with the provisions of the PIN guidelines as listed in Annex V.
3. The provisions set out in this handbook are based on the need to ensure a fair system of pay for NHS employees which supports modernised working practices. The provisions recognise that modern forms of healthcare rely on flexible teams of staff providing patient care 24 hours a day, 7 days a week, 365 days a year and applying a wide range of skills.
4. The Agenda for Change partners agree to work in partnership to deliver a new NHS pay system which supports NHS service modernisation and meets the reasonable aspirations of staff. The signatories to the agreement will work together to meet the reasonable aspirations of all the parties to:
  - ensure that the new pay system leads to more patients being treated, more quickly and being given higher quality care
  - assist new ways of working which best deliver the range and quality of services required, in as efficient and effective a way as possible, and organised to best meet the needs of patients
  - assist the goal of achieving a quality workforce with the right numbers of staff, with the right skills and diversity, and organised in the right way
  - improve the recruitment, retention and morale of the NHS workforce
  - improve all aspects of equal opportunity and diversity, especially in the areas of career and training opportunities and working patterns that are flexible and responsive to family commitments

## Principles and partnership

- meet equal pay for work of equal value criteria, recognising that pay constitutes any benefits in cash or conditions
- implement the new pay system within the management, financial and service constraints likely to be in place.

## Local partnership

5. The Agenda for Change partners will make every effort to continue to support, encourage and promote a partnership approach to implementation of the new pay system at local level. The agreement to work in partnership to deliver a new NHS pay system which supports NHS service modernisation and meets the reasonable aspirations of staff should, therefore, be replicated at local level. Working examples of staff involvement and partnership working are in the resource pack, *Staff involvement – better decisions, better care*, available at:

[www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModelEmployer/StaffInvolvementAndPartnerships](http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModelEmployer/StaffInvolvementAndPartnerships)

6. To this end, employers should ensure that the representatives of trade unions and other staff organisations recognised for purposes of collective bargaining at local level, are released appropriately to participate in the partnership process and that nominated officers of local staff representatives can be fully involved in the local partnership arrangements. The adequacy of facilities arrangements will be monitored by the NHS Staff Council.
7. Within NHSScotland the Staff Governance Standard applies. This can be found at:

[www.show.scot.nhs.uk/sehd/psu/documents/staffgovernancestandard.pdf](http://www.show.scot.nhs.uk/sehd/psu/documents/staffgovernancestandard.pdf)

## Wider human resources issues

8. Pay modernisation is an integral part of the human resource strategies of the NHS in England, Scotland, Wales and Northern Ireland. All parties to this agreement therefore recognise that it should be implemented in a way which is consistent with the wider human resource policies set out in the relevant strategies.

PART 2: PAY

2

# Part 2: Pay

## Section 1: Pay structure

### Pay spines

- 1.1 The NHS pay system as a whole will have three pay spines or series of pay bands: one for staff within the remit of the Doctors' and Dentists' Review Body; one for staff within the extended remit of the Pay Review Body for Nursing and Other Health Professions; and one for other directly employed NHS staff, with the exception of the most senior managers.
- 1.2 Part 2 of this handbook sets out the pay spines and the associated arrangements for the second and third of these groups. Section 40 (Part 6) and Annex P set out the extended coverage of the Pay Review Body for Nursing and Other Health Professions.
- 1.3 Both the second and third pay spines will be divided into nine pay bands. All staff covered by Agenda for Change will, on assimilation, 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 assimilate on the basis of the profile score. Other jobs will be evaluated locally on a partnership basis.
- 1.5 The NHS Job Evaluation Handbook<sup>1</sup> sets out the basis of job evaluation, which underpins the new pay system and includes the factor plan, the weighting and scoring document and a guide for matching posts locally. The process for assimilation is set out more fully in Section 46.
- 1.6 The nine pay bands and their corresponding job evaluation scores are set out in Table 1 below. Within this structure, pay band 8 is sub-divided into four ranges.

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<sup>1</sup> Available, together with the nationally evaluated job profiles, on the Agenda for Change web site at: [www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en)

Table 1  
Pay bands and job weight

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

- 1.7 There are separate arrangements for Chief Executives and directors at board level. These may also apply to other senior manager posts with a job weight over 720 points.
- 1.8 Within each pay band there will be 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 joining pay band 5 as new entrants will have accelerated progression through the first two points in six monthly steps (that is, they will move up one pay point after six months and a further point after 12 months) providing those responsible for the relevant standards in the organisation are satisfied with their standard of practice. This 12-month period will be referred to as “Preceptorship”.
- 1.9 Section 6 sets out in more detail how the new system of career and pay progression will work and gives the details of the NHS Knowledge and Skills Framework which underpins it.
- 1.10 Annex B sets out the pay spines in full effective from 1 October 2004. The pay spines effective from 1 April 2005 are set out in Annex C. For some staff whose new pay band minimum is significantly above their current pay, there are special transitional pay points which apply during the assimilation period (see Section 46).

### Transitional arrangements

- 1.11 Further information on assimilation and protection arrangements is set out in Part 7, including information on:

- the process for assimilation
- special transitional pay points for staff whose new pay band minimum is significantly above their current pay
- the replacement of existing leads and allowances
- existing bonus scheme payments
- the payment of long-term recruitment and retention premia in the case of a number of jobs where market pressures require continuing special measures.

## Section 2: Maintaining round the clock services

### 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 percentage enhancements should be paid. 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 paragraphs 2.1 to 2.12 of the previous agreement. It applies to all staff on Agenda for Change terms and conditions of service.
- 2.3 The pay of staff working evenings, nights or weekends on or after 1 April 2008 will be worked out in line with paragraphs 2.4 to 2.30 below. The incremental dates of staff paid under these arrangements will not change.
- 2.4 In recognition of the unique arrangements that apply in the former "Early Implementer" sites these organisations will be able to continue to use the Agenda for Change prototype system (Annexes E and F) for the first 12 months of operation of the new system. This will give these organisations time to collect the data needed to make comparisons between the old and new systems. In years two and three these organisations will move to the new system using Tables 21 and 22 in Annex X or by using their own arrangements, in partnership, for transferring staff from the Agenda for Change payment system to the new system of payments, subject to this being completed by 1 April 2011.
- 2.5 This agreement will not apply to ambulance staff who are employed by ambulance organisations in England and 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 E and Annex F. All other staff in ambulance organisations in England and Northern Ireland will move to the system in Annexes E and F by 1 April 2011. The arrangements will be worked out in partnership in ambulance organisations.
- 2.6 The arrangements which will apply to ambulance staff in Scotland and Wales will be discussed and agreed in partnership in each country.
- 2.7 During the interim regime staff have been able to retain their existing on-call provisions (both national and local). This has been a particular feature in NHS pathology departments. These arrangements remain unaffected

by this agreement and all pathology out of hours working provisions will be regarded as included in these arrangements and the provisions outlined in paragraphs 2.8 to 2.30 below will not apply. Protection will continue for up to 4 years from the effective date of assimilation.

- 2.8 The standard hours of work are set out in Section 10, paragraph 1.
- 2.9 Staff will receive a percentage enhancement for their work in standard hours which is done at the times shown in Table 2. Annex X contains arrangements for a phased transition to these percentage enhancements for some staff. These are staff in pay bands 2, 3, 4 and 5 who are moving to lower rates of unsocial hours payments (Table 21) and other staff in pay bands 2 and 3 only who are moving to higher levels of unsocial hours payments (Table 22) under the new arrangements.
- 2.10 Staff in these categories covered by paragraph 46.2 (second bullet) who have deferred their decision to move to Agenda for Change will move to the percentage premium in Annex X applying at the time they transfer.
- 2.11 Premium 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.
- 2.12 The basic hourly rate for staff working more or less than the standard week will be worked out using tables 9 and 10 in Section 46.
- 2.13 Any extra time worked in a week, above standard hours, will be treated as overtime and Section 3 will apply. The agreement on on-call and other extended service cover is unchanged. It is now in paragraphs 2.31 to 2.50. Staff cannot receive percentage enhancements for unsocial hours and payments for on-call and other extended service cover for the same hours of work.

Table 2

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%

- 2.14 The enhanced rates shown in table 2, column 2 will be paid for all unsocial hours worked on a Saturday (midnight to midnight) or 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).

- 2.15 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.
- 2.16 Staff will only receive one rate of percentage enhancement for each hour worked.

### Promotion

- 2.17 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 percentage enhancement for unsocial hours are combined. If the working pattern changes on promotion paragraph 6.33 will apply.

### Occupational sick pay

- 2.18 All percentage enhancements for unsocial hours will be pensionable and will count for occupational sick pay and contractual maternity pay in line with paragraph 4 in Section 14. 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.

### Protection

- 2.19 On assimilation to the new unsocial hours system the overall level of pay will be recalculated using Table 8 and paragraphs 46.18 to 46.20. If the overall level of pay falls after assimilation to the new system of unsocial hours payments protection will apply in line with paragraphs 46.22 to 46.27. The period of protection will end on the dates in paragraph 46.25.

### Annual leave

- 2.20 Pay during annual leave is set out in Section 13 paragraph 13.9.

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

- 2.21 Part time staff working less than 37½ hours a week will be eligible for percentage enhancements for unsocial hours.
- 2.22 Staff whose basic week is more or less than 37½ hours, will be eligible for percentage enhancements for unsocial hours for all their basic hours as set out in Section 46 Tables 9 and 10.

- 2.23 Staff on annualised hours contracts will be eligible for percentage enhancements for unsocial hours as in Table 2.

### Staff working overtime

- 2.24 Staff working shifts which include overtime will be entitled to percentage enhancements for their work in standard hours. Their overtime will be paid in line with Section 3.

### Self-rostering schemes

- 2.25 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

- 2.26 This agreement may be used retrospectively or prospectively. It will be for local partnerships to decide which option best meets local operational needs.
- 2.27 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.
- 2.28 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.
- 2.29 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.
- 2.30 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

- 2.31 From 1 October 2004 groups of staff will be able to either retain their current on-call provisions (both national and local) where agreed locally, as set out in paragraph 2.46, or to use the on-call provisions set out below. Annex D lists the relevant sections of the Whitley handbooks in relation to on-call. Staff for whom there is currently no on-call provision will be entitled to the arrangements set out below. Those staff previously covered by the PTA Whitley Council on the new pay band 5 who were paid at a higher grade for unsupervised work on-call should be paid as a minimum on the fourth point of pay band 5 (pay spine point 20) when on-call.
- 2.32 The NHS Staff Council will review and may devise new harmonised arrangements during the period of protection for on-call, based on further monitoring of experience in early implementer sites and evidence from national roll-out.

## Interim regime

- 2.33 Employees who are required to be available to provide on-call cover outside their normal working hours will be entitled to receive a pay enhancement. This enhancement recognises both their availability to provide cover and any advice given by telephone during periods of on-call availability.
- 2.34 Subject to the provision for retention of current on-call provisions under the protection arrangements set out in paragraph 2.46, this enhancement will be based on the proportion of on-call periods in the rota when on-call cover is required. The on-call period in each week should be divided into nine periods of at least 12 hours. The enhancement for an individual staff member will be based on the proportion of these periods in which they are required to be on-call, as set out in paragraphs 2.35 to 2.40 below.

## Pay enhancements for on-call cover

- 2.35 An enhancement of 9.5 per cent will be paid to staff who are required to be on-call an average of one in three of the defined periods or more frequently.
- 2.36 An enhancement of 4.5 per cent will be paid to staff who are required to be on-call an average of between one in six and less than one in three of the defined periods.
- 2.37 An enhancement of 3 per cent will be paid to staff who are required to be on-call an average of between one in nine and less than one in six of the defined periods.

- 2.38 An enhancement of 2 per cent will be paid to staff who are required to be on-call an average of between one in nine and less than one in 12 of the defined periods.
- 2.39 For these purposes, the average availability required will be measured over a full rota, or over a 13-week period if no standard pattern is applicable. The reference period will not include any periods when the employee is absent from work on either annual leave or sickness absence.
- 2.40 Where on-call cover is limited or very irregular (averaging less than one in 12) pay enhancements will be agreed locally. These may be fixed or variable, and based on actual or estimated frequencies of on-call work worked, subject to local agreement. To ensure fairness to all staff qualifying under the national rules set out above, locally agreed payments may not exceed the minimum percentage in the national provisions.

Table 3

Frequency of on-call	Value of enhancements as percentage of basic pay
1 in 3 or more frequent	9.5%
1 in 6 or more but less than 1 in 3	4.5%
1 in 9 or more but less than 1 in 6	3.0%
1 in 12 or more but less than 1 in 9	2.0%
Less frequent than 1 in 12	By local agreement

### On-call payments for part-time staff or other staff working non-standard hours

- 2.41 For part-time staff and other staff working other than 37½ hours a week excluding meal breaks, the percentage added to basic pay on account of on-call availability will be adjusted to ensure that they are paid a fair percentage enhancement of salary for on-call working. This will be done by adjusting the payment in proportion to their part-time salary so that they receive the same payment for the same length of availability on-call as full-time staff.

### Employees called into work during an on-call period

- 2.42 Employees who are called into work during a period of on-call will receive payment for the period they are required to attend, including any travel time. Alternatively, staff may choose to take time off in lieu. However, if for operational reasons time off in lieu cannot be taken within three months, the hours worked must be paid for.

- 2.43 For work (including travel time) as a result of being called out the employee will receive a payment at time and a half, with the exception of work on general public holidays which will be at double time. Time off in lieu should be at plain time. There is no disqualification from this payment for bands 8 and 9, as a result of being called out.
- 2.44 By agreement between employers and staff, there may be local arrangements whereby the payment for hours worked during a given period of on-call is subject to a fixed minimum level, in place of separately recognising travel time.
- 2.45 In addition, where employers and staff agree it is appropriate, the amount paid for work and travel time during periods of on-call may be decided on a prospective basis (e.g. for a forward period of three months) based on the average work carried out during a prior reference period (e.g. of three months). Where these arrangements are agreed, the actual work carried out during a given period would be monitored and, if the average amount assumed in the calculation of the payment is significantly different, the level of payment should be adjusted for the next period; there should be no retrospective adjustment to the amount paid in the previous period.
- 2.46 Where agreed locally, all current on-call arrangements may be protected for groups of employees for up to four years from the effective date of assimilation, irrespective of whether they were nationally or locally agreed. This extended protection will apply to existing staff and new staff during the period of protection. In the former early implementer sites, where staff's effective date of assimilation was earlier than it was for staff elsewhere, the period of protection will end on 30 September 2008. This brings staff in the former EI sites into line with staff employed in the rest of the NHS.
- 2.47 On-call payments made under such arrangements should be excluded from the pre and post assimilation pay used in the calculation of any protected level of pay (see Section 46).

### Other arrangements to provide extended service cover

- 2.48 Some staff are required to be on the premises to provide emergency cover but are allowed to rest except for the times when they are required to carry out emergency work. Where employers consider this an essential arrangement to provide service cover, there should be an agreed local arrangement, at least equivalent to on-call payments, to recognise the type of cover provided.
- 2.49 A further group of staff, often in community services such as learning disabilities, have "sleeping-in arrangements" where they sleep on work premises but are seldom required to attend an incident during the night.

In these circumstances, appropriate arrangements should be agreed locally.

### Christmas and New Year holidays at weekends

- 2.50 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 Y 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 [paymodernisation.scot.nhs.uk](http://paymodernisation.scot.nhs.uk)

### Transitional arrangements

- 2.51 See Section 46 for further information on assimilation and protection.

## Section 3: Overtime payments

- 3.1 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 standard hours of 37½ hours a week.
- 3.4 The single overtime rate will apply whenever excess hours are worked over full-time hours 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 outside the standard hours.
- 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 (see Section 2, paragraph 2.43).
- 3.7 Time off in lieu of overtime payments will be at plain time rates.

## Section 4: 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 effective from 1 October 2004 and 1 April 2005 are set out in Annex I. Beyond 2005 the value of the supplement will be reviewed annually, based on the recommendations of the Pay Review Body for Nursing and Other Health Professions and the Pay Negotiating Council.
- 4.4 The definitions of the Inner London, Outer London and the fringe zones for high cost area payments are set out in Annex H. 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 new 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 new arrangements 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 Pay Review Body for Nursing and Other Health Professions and/or the Pay Negotiating Council 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 staff in that area – or (in the case of areas where no supplement exists) to introduce a supplement. But 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 staff organisations
- there is consultation with strategic health authorities and workforce development confederations in England.

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 strategic health authorities and workforce development confederations, to award recruitment and retention premia for particular staff groups in particular localities (see Section 5).

### Transitional arrangements

4.11 Further information on assimilation and protection arrangements during the transition to the new system is set out in Part 7, including information on:

- the position on current payments for London weighting, fringe allowances and cost of living supplements
- the position of staff where the new level of supplement falls short of the combined entitlement to such former payments.

## Section 5: 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.
- 5.2 Subject to the provisions below, NHS employers may apply a recruitment and retention premium to posts of a specific class or type. They 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 Pay Review Body for Nursing and Other Health Professions and/or the Pay Negotiating Council where there are national recruitment and retention pressures. The Review Body and the Pay Negotiating Council 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. Guidance on the application of national recruitment and retention premia is set out in Annex R.
- 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.
- 5.6 NHS employers and staff representatives, in partnership, will follow the procedure set out in Annex J 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 K.

### Transitional arrangements

- 5.14 Further information on assimilation and protection arrangements during the transition to the new system is set out in Part 7, including information on those jobs where it is agreed that there is prima facie evidence that a premium is necessary to ensure the position of the NHS is maintained in relation to the relevant external labour market during the transitional period (see Table 20 in Annex R).

## Section 6: Career and pay progression

- 6.1 A new NHS Knowledge and Skills Framework<sup>2</sup> will be applied to all jobs covered by Agenda for Change no later than October 2006.
- 6.2 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.
- 6.3 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 6.14 to 6.18 below).
- 6.4 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.

### Development review process

- 6.5 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.
- 6.6 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.

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<sup>2</sup> Available at: [www.dh.gov.uk/PolicyandGuidance/HumanResourcesandTraining/ModernisingPay/AgendaForChange/KnowledgeAndSkillsFramework.htm](http://www.dh.gov.uk/PolicyandGuidance/HumanResourcesandTraining/ModernisingPay/AgendaForChange/KnowledgeAndSkillsFramework.htm) and at [www.scot.nhs.uk/sehd/paymodernisation/afc.htm](http://www.scot.nhs.uk/sehd/paymodernisation/afc.htm)

- 6.7 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 6.6 above. This will help to define future objectives and learning needs.
- 6.8 The review of learning achievements demonstrated in the workplace will be demonstrated by reference to the current personal development plan.
- 6.9 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.
- 6.10 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.
- 6.11 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.
- 6.12 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.

- 6.13 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.

## Gateways

- 6.14 Gateways are points on a pay band where assessment of the application of knowledge and skills necessary to progress will be made. There are two gateway points: the foundation gateway and the second gateway.

## Foundation gateway

- 6.15 The foundation gateway applies no later than 12 months after appointment to the pay band regardless of the pay point to which the person is appointed.

## Second gateway

- 6.16 The foundation gateway will be followed by a second gateway which will vary between pay bands as set out in Table 4 below:

**Table 4**  
Position of second gateway

Pay band	Position of second gateway
Pay band 1	Before final point
Pay bands 2–4	Before first of last two points
Pay bands 5–7	Before first of last three points
Pay band 8, ranges A–D	Before final point
Pay band 9	Before final point

- 6.17 The review at the foundation gateway will be based on the agreed subset as specified in the KSF outline for the post. The review at the second gateway will be based on the relevant dimensions, levels and indicators as specified in the full KSF outline for the post.
- 6.18 The gateway review should take place in time for staff to progress on their normal incremental date. Robust jointly agreed local arrangements must be in place to deal with cases where this is not possible (for example because the relevant manager is ill). These should ensure that there is no incentive to abuse the process.

## Pay progression

- 6.19 Newly appointed or promoted staff joining a pay band under the new system will serve an initial foundation period of up to 12 months. During this initial period all staff will have at least two discussions with their manager (or the person acting as their reviewer) to review progress, guided by the KSF foundation outline for the post. The first of these discussions should normally be during the induction period. The aim of these discussions and any resulting support and development will be to help staff make a success of the new job and confirm as quickly as possible that they are applying the basic knowledge and skills needed for the job and can pass through the foundation gateway and commence progression up their pay band (see Annex T, Development of Professional Roles, paragraph 3).
- 6.20 Once progression has been agreed, a member of staff will normally progress to the next point on their pay band 12 months after appointment and to subsequent points every 12 months thereafter, subject to meeting the criteria for progression when they pass through the second gateway point.
- 6.21 Before moving through the second gateway, there will be an assessment as part of the process of development review, against the full KSF outline for the post. Staff will normally expect to move through the second gateway at this point, but, subject to the safeguards set out below, progression may be deferred if the review indicates that they are not yet applying the full range of knowledge and skills required for the post.
- 6.22 The gateway system will only become fully operational when an employer has put in place reasonable arrangements to ensure that staff have access to development reviews, personal development plans and appropriate support for training and development to meet the applied knowledge and skills required at the gateway concerned. This must be done for all posts covered by this agreement no later than October 2006.
- 6.23 Existing staff with at least 12 months experience in post will be assumed to have met the criteria for passing through the foundation gateway. Where the gateway system is operational they will, however, be subject to the normal operation of the new system at the second gateway.
- 6.24 The following safeguards will also apply:
- there will be a normal expectation of progression and no national or local quotas will apply. All staff must have an equal opportunity to demonstrate the required standard of knowledge and skills to progress through the gateways and pay points
  - the applied skills and knowledge required at the foundation and second gateways should be clearly stated during recruitment

- the KSF outlines may be changed subsequently by local agreement within the work area concerned where changes apply to a number of posts, or with the individual where they apply only to a single post. They may also be changed where that is necessary to reflect a change in professional standards as agreed by the relevant professional body or authority
- the demonstration of knowledge and skills must be that used within each dimension, level and indicators in the KSF
- employers must ensure there is a robust jointly agreed process for checking managers' decisions and reviewing disagreements with an agreed timescale for re-review
- pay progression cannot be deferred unless there has been prior discussion between the individual and the person undertaking their review, which should be recorded, about the knowledge and skills that the individual needs to develop and apply and the member of staff has been given the opportunity to achieve the necessary development
- employers and staff representatives, acting in partnership, will monitor decisions on pay progression to ensure that there is no discrimination or bias in relation to race or ethnicity, gender, sexual orientation, disability, religion, age or trade union membership, or pattern of employment e.g. part-time, flexible and night workers.

## Development of Professional Roles

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

## Exceptional grounds for deferral of pay progression

6.26 Where significant weaknesses in performance in the current post have been identified and discussed and documented with the staff member concerned and have not been resolved despite opportunities for appropriate training/development and support, exceptionally pay progression may be deferred at any pay point until the problems are resolved.

6.27 Significant weaknesses are those which prevent a staff member from continuing to apply consistently, across a recognised normal workload, the knowledge and skills specified under the KSF foundation post outline for the foundation gateway or, for staff above the second gateway, the full range of knowledge and skills specified under the full KSF post outline, without continued supervision and support inappropriate to the post.



### Career development moves

- 6.28 Where a member of staff moves to another job in the NHS covered by this agreement, where the necessary arrangements to support the operation of the gateways are in place, 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.
- 6.29 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

- 6.30 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 sick leave, maternity leave, or from extended training.
- 6.31 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 sick leave 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.
- 6.32 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

- 6.33 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).

### Transitional arrangements

- 6.34 Further information on assimilation arrangements during the transition to the new system is set out in Part 7, including information on:
- the arrangements which need to be put in place before the gateway system can become fully operational and the need for this to be done for all posts by no later than October 2006
  - the position of existing staff in relation to the foundation and second gateways
  - the position of existing staff in relation to their current incremental date.

## Section 7: 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 5, below.

Table 5

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 6, below.

Table 6

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.

## Sections 8–9

(Unallocated)

PART 3: TERMS AND CONDITIONS  
OF SERVICE

3

# Part 3: Terms and conditions of service

## Section 10: Hours of the working week

- 10.1 The standard hours of all full-time NHS staff covered by Agenda for Change will be 37½ hours excluding meal breaks, subject to the protection and assimilation arrangements set out in Section 46. Working time will be calculated exclusive of meal breaks except where individuals are required to work during meals in which case such time should be counted as working time.
- 10.2 The standard hours may be worked over any reference period, e.g. 150 hours over four weeks or annualised hours, with due regard for compliance with employment legislation such as the Working Time Regulations.

### Transitional arrangements

- 10.3 Part-time workers will suffer no detriment either in terms of pay or pension rights. Where the full-time equivalent hours increase under the assimilation to new conditioned hours arrangements as set out in Section 46, staff have the right to move to a new number of weekly hours that equates to the same proportion of the standard full-time hours as before assimilation (see also Section 11 and Section 46).
- 10.4 Further information on the assimilation to these conditioned hours during the transition to the new system is set out in Part 7.

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

### Part-time employees

- 11.1 Part-time employees will receive the same entitlements on a pro-rata basis to full-time colleagues. (See paragraph 13.6 in Section 13 for the treatment of bank and public holidays).

### Employees on fixed-term contracts

- 11.2 Employees on fixed-term contracts will receive pay and conditions of service equivalent to that of a comparable permanent employee.

## Section 12: Contractual continuity of service

### Reckonable service

- 12.1 An employee's continuous previous service with any NHS employer counts as reckonable service in respect of NHS agreements on redundancy, maternity, sick pay and annual leave.
- 12.2 Employers have the discretion to take into account any period or periods of employment with employers outside the NHS where these are judged to be relevant to NHS employment.

### Re-appointment of previous NHS employees

- 12.3 On returning to NHS employment, a previous period or periods of NHS service will be counted towards the employee's entitlement to annual leave.
- 12.4 On returning to NHS employment, a previous period or periods of NHS service will be counted towards the employee's entitlement to sick leave where there has been a break or breaks in service of 12 months or less.



## Section 13: Annual leave and general public holidays

- 13.1 Staff will receive the entitlement to annual leave and general public holidays as set out in Table 7 below (see Section 12 for provisions governing reckonable service).

Table 7  
Leave entitlements

Length of service	Annual leave and general public holidays
On appointment	27 days + 8 days
After five years' service	29 days + 8 days
After ten years' service	33 days + 8 days

- 13.2 Local arrangements to consolidate some or all of the general public holidays into annual leave may operate, subject to agreement at local level.
- 13.3 These leave entitlements include the two extra-statutory days available in England and Wales in the past, therefore any local arrangements to add days on account of extra-statutory days will no longer apply. In Scotland this entitlement includes the two additional days that could previously be designated as either statutory days or annual leave. In Northern Ireland this entitlement also contains the two extra statutory days, however there are ten general public holidays.
- 13.4 Staff required to work or to be on-call on a general public holiday are entitled to equivalent time to be taken off in lieu at plain time rates in addition to the appropriate payment for the duties undertaken (see Section 2).
- 13.5 Where staff work standard shifts other than 7½ hours excluding meal breaks, annual leave and general public holiday entitlements should be calculated on an hourly basis to prevent staff on these shifts receiving greater or less leave than colleagues on standard shifts.
- 13.6 Part-time workers will be entitled to paid bank holidays no less than pro-rata to the number of bank holidays for a full-time worker, rounded up to the nearest half day.
- 13.7 Part-time workers' bank holiday entitlement shall be added to their annual leave entitlement, and they shall take bank holidays they would normally work as annual leave.

- 13.8 An existing part-time worker who, prior to 1 October 2004, was in receipt of a bank holiday entitlement in excess of pro-rata to a full-time worker, shall have their excess entitlement protected for a period of five years from the date of assimilation onto the new system.
- 13.9 Pay during annual leave will include regularly paid supplements including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements. Pay is calculated on the basis of what the individual would have received had he/she been at work.

### Transitional arrangements

- 13.10 Further information on the assimilation to these leave entitlements during the transition to the new system is set out in Part 7.

## Section 14: Sickness absence

14.1 These arrangements are intended to supplement statutory sick pay to provide additional payment during absence due to illness, injury or other disability. This section is supplemented by Annex Z which sets out a framework to support employers and staff in the management of sickness absence and manage the risk of premature and unnecessary ill health retirements.

### Scale of allowances

- 14.2 Employees absent from work owing to illness will be entitled, subject to the conditions of this agreement, to receive sick pay in accordance with the scale below (see Section 12 for provisions governing reckonable service):
- during the first year of service – one month's full pay and two months' half pay
  - during the second year of service – two months' full pay and two months' half pay
  - during the third year of service – four months' full pay and four months' half pay
  - during the fourth and fifth years of service – five months' full pay and five months' half pay
  - after completing five years of service – six months' full pay and six months' half pay.
- 14.3 In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.
- 14.4 The definition of full pay will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements. Sick pay is calculated on the basis of what the individual would have received had he/she been at work. This would be based on the previous three months at work or any other reference period that may be locally agreed. Local partnerships can use virtual rotas showing what hours the employee would have worked in a reference period had he or she been at work.
- 14.5 Full pay needs to be inclusive of any statutory benefits (so as not to make sick pay greater than normal working pay). The combined addition of statutory sick pay to half pay must not exceed full pay.

## Calculation of allowances

14.6 The period during which sick pay should be paid and the rate of sick pay for any period of absence is calculated by deducting from the employee's entitlement on the first day of sickness the aggregate periods of paid sickness absence during the 12 months immediately preceding that day. In aggregating periods of absence due to illness no account will be taken of:

- unpaid sick absence
- injuries or diseases sustained to members of staff in the actual discharge of their duties through no fault of their own
- injury resulting from a crime of violence not sustained on duty but connected with or arising from the employee's employment where the injury has been the subject of payment by the Criminal Injuries Compensation Board (England and Wales), the Criminal Injuries Compensation Authority (Scotland) and the Compensation Agency (Northern Ireland)
- as above, but an injury which has not been the subject of payment by the Board on grounds that it has not given rise to more than three weeks' loss of earnings or was not one for which compensation above the minimum would arise.

14.7 Sick pay paid to an employee under this scheme when added to any statutory sickness, injuries or compensation benefits, including any allowances for adult or child dependants, must not exceed full pay (see paragraph 14.4 above).

## Conditions for contractual sick pay

14.8 Employees will not be entitled to an additional day off if sick on a statutory holiday.

14.9 Sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 months of continuous sickness absence, in the following circumstances:

- staff with more than 5 years reckonable service - sick pay will be reinstated if sick pay entitlement is exhausted before a final review meeting for long term absence has taken place.
- staff with less than 5 years reckonable service - sick pay will be reinstated if sick pay entitlement is exhausted and a final review does not take place within 12 months of the start of their sickness absence.

Reinstatement of sick pay should continue until the final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.

These arrangements will be in accordance with local sickness absence procedures established in accordance with Annex Z and will only apply where the failure to undertake the final review meeting is due to delay by the employer. This provision will not apply where a review is delayed due to reasons other than those caused by the employer.

- 14.10 Employers will also have discretion to extend the period of sick pay on full or half pay beyond the scale set out in 14.2
- where there is the expectation of return to work in the short term and an extension would materially support a return and or assist recovery. Particular consideration should be given to those staff without full sick pay entitlements.
  - In any other circumstance that the employer deems reasonable
- 14.11 During the rehabilitation period employers should allow employees to return to work on reduced hours or, where possible, be encouraged to work from home without loss of pay. Any such arrangements need to be consistent with statutory sick pay rules
- 14.12 Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession, or where contributable negligence is proved.
- 14.13 An employee who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. Employers will advance to an employee a sum not exceeding the amount of sick pay payable under this scheme providing the employee repays the full amount of sickness allowance to the employer when damages are received. Once received the absence shall not be taken into account for the purposes of the scale set out in paragraph 14.2 above.
- 14.14 Employers may at any time require an employee absent from work due to illness to attend an examination by a medical practitioner. Furthermore, staff do not need to be off sick to be referred by their employer for a medical. The employer will meet the cost of any medical examination.
- 14.15 After investigation, consultation and consideration of other alternative posts, and where there is no reasonable prospect of the employee returning to work, employers will have the option to terminate employment before the employee has reached the end of the contractual paid sick absence period, subject to the employers' agreed sickness absence policies and procedures.
- 14.16 Notification procedures and payment of sick absence pay when injuries are connected with other insured employment will be for local determination.

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

## Section 15: Maternity leave and pay

### Introduction

- 15.1 All employees will have the right to take 52 weeks of maternity leave.
- 15.2 Paragraphs 15.7 to 15.54 of this section set out the maternity leave and pay entitlements of NHS employees under the NHS contractual maternity leave scheme.
- 15.3 Paragraphs 15.55 to 15.59 give information about the position of staff who are not covered by this scheme because they do not have the necessary service or do not intend to return to NHS employment.
- 15.4 Paragraphs 15.60 to 15.64 define the service that can be counted towards the 12 month continuous service qualification set out in paragraph 15.7 (i) below and which breaks in service may be disregarded for this purpose.
- 15.5 Paragraph 15.65 explains how to get further information about employees' statutory entitlements.
- 15.6 Where locally staff and employer representatives agree arrangements which provide benefits to staff, beyond those provided by this section, those local arrangements will apply.

### Eligibility

- 15.7 An employee working full-time or part-time will be entitled to paid and unpaid maternity leave under the NHS contractual maternity pay scheme if:
  - i) she has 12 months' continuous service (see paragraphs 15.60 to 15.64) with one or more NHS employers at the beginning of the 11<sup>th</sup> week before the expected week of childbirth
  - ii) she notifies her employer in writing before the end of the 15<sup>th</sup> week before the expected date of childbirth (or if this is not possible, as soon as is reasonably practicable thereafter):
    - (a) of her intention to take maternity leave
    - (b) of the date she wishes to start her maternity leave – she can choose when to start her maternity leave – this can usually be any date from the beginning of the 11<sup>th</sup> week before the baby is born (but see paragraph 15.8 below)
    - (c) that she intends to return to work with the same or another NHS employer for a minimum period of three months after her maternity leave has ended

- (d) and provides a MATB1 form from her midwife or GP giving the expected date of childbirth.

### Changing the maternity leave start date

- 15.8 If the employee subsequently wants to change the date from which she wishes her leave to start, she should notify her employer at least 28 days beforehand (or, if this is not possible, as soon as is reasonably practicable beforehand).

### Confirming maternity leave and pay

- 15.9 Following discussion with the employee, the employer should confirm in writing:
- i) the employee's paid and unpaid leave entitlements under this agreement (or statutory entitlements if the employee does not qualify under this agreement)
  - ii) unless an earlier return date has been given by the employee, her expected return date based on her 52 weeks paid and unpaid leave entitlement under this agreement; and
  - iii) the length of any period of accrued annual leave which it has been agreed may be taken following the end of the formal maternity leave period (see paragraphs 15.49 and 15.50 below)
  - iv) the need for the employee to give at least 28 days' notice if she wishes to return to work before the expected return date.

### Keeping in touch

- 15.10 Before going on leave, the employer and the employee should also discuss and agree any voluntary arrangements for keeping in touch during the employee's maternity leave, including:
- i) any voluntary arrangements that the employee may find helpful to help her keep in touch with developments at work and, nearer the time of her return, to help facilitate her return to work
  - ii) keeping the employer in touch with any developments that may affect her intended date of return.

### Work during the maternity leave period

#### Keeping in touch days

- 15.11 To facilitate the process of keeping in touch days (KIT days), it is important that the employer and employee have early discussion to plan and make arrangements for KIT days before the employee's maternity leave takes place.



- 15.12 To enable employees to take up the opportunity to work KIT days, employers should consider the scope for reimbursement of reasonable childcare costs or the provision of childcare facilities.
- 15.13 KIT days are intended to facilitate a smooth return to work for women returning from maternity leave.
- 15.14 An employee may work for up to a maximum of ten KIT days without bringing her maternity leave to an end. Any days of work will not extend the maternity leave period.
- 15.15 An employee may not work during the two weeks of compulsory maternity leave immediately after the birth of her baby.
- 15.16 The work can be consecutive or not and can include training or other activities which enable the employee to keep in touch with the workplace.
- 15.17 Any such work must be by agreement and neither the employer nor the employee can insist upon it.
- 15.18 The employee will be paid at their basic daily rate, for the hours worked less appropriate maternity leave payment for KIT days worked.
- 15.19 Working for part of any day will count as one KIT day.
- 15.20 Any employee who is breastfeeding must be risk assessed and facilities provided in accordance with paragraph 15.34.

### Paid maternity leave

#### Amount of pay

- 15.21 Where an employee intends to return to work the amount of contractual maternity pay receivable is as follows:
- i) for the first eight weeks of absence, the employee will receive full pay, less any Statutory Maternity Pay or Maternity Allowance (including any dependents' allowances) receivable
  - ii) for the next 18 weeks, the employee will receive half of full pay plus any Statutory Maternity Pay or Maternity Allowance (including any dependents' allowances) receivable, providing the total receivable does not exceed full pay
  - iii) for the next 13 weeks, the employee will receive any Statutory Maternity Pay or Maternity Allowance that they are entitled to under the statutory scheme.

15.22 By prior agreement with the employer, occupational maternity pay may be paid in a different way, for example a combination of full pay and half pay or a fixed amount spread equally over the maternity leave period.

### Calculation of maternity pay

15.23 Full pay will be calculated using the average weekly earnings rules used for calculating Statutory Maternity Pay entitlements, subject to the following qualifications:

- i) in the event of a pay award or annual increment being implemented before the paid maternity leave period begins, the maternity pay should be calculated as though the pay award or annual increment had effect throughout the entire Statutory Maternity Pay calculation period. If such a pay award was agreed retrospectively, the maternity pay should be re-calculated on the same basis;
- ii) in the event of a pay award or annual increment being implemented during the paid maternity leave period, the maternity pay due from the date of the pay award or annual increment should be increased accordingly. If such a pay award was agreed retrospectively, the maternity pay should be re-calculated on the same basis;
- iii) in the case of an employee on unpaid sick absence or on sick absence attracting half pay during the whole or part of the period used for calculating average weekly earnings in accordance with the earnings rules for Statutory Maternity Pay purposes, average weekly earnings for the period of sick absence shall be calculated on the basis of notional full sick pay.

### Unpaid contractual leave

15.24 Employees are also entitled to take a further 13 weeks as unpaid leave to bring the total of leave to 52 weeks. However, this may be extended by local agreement in exceptional circumstances for example, where employees have sick pre-term babies or multiple births.

### Commencement and duration of leave

15.25 An employee may begin her maternity leave at any time between 11 weeks before the expected week of childbirth and the expected week of childbirth provided she gives the required notice.

### Sickness prior to childbirth

15.26 If an employee is off work ill, or becomes ill, with a pregnancy-related illness during the last four weeks before the expected week of childbirth, maternity leave will normally commence at the beginning of the 4th week before the expected week of childbirth or the beginning of the next week after the employee last worked, whichever is the later. Absence prior to the last four weeks before the expected week of childbirth, supported by

a medical statement of incapacity for work, or a self-certificate, shall be treated as sick leave in accordance with normal leave provisions.

- 15.27 Odd days of pregnancy-related illness during this period may be disregarded if the employee wishes to continue working till the maternity leave start date previously notified to the employer.

### Pre-term birth

- 15.28 Where an employee's baby is born alive prematurely, the employee will be entitled to the same amount of maternity leave and pay as if her baby was born at full term.
- 15.29 Where an employee's baby is born before the 11th week before the expected week of childbirth and the employee has worked during the actual week of childbirth, maternity leave will start on the first day of the employee's absence.
- 15.30 Where an employee's baby is born before the 11th week before the expected week of childbirth and the employee has been absent from work on certified sickness absence during the actual week of childbirth, maternity leave will start the day after the day of birth.
- 15.31 Where an employee's baby is born before the 11th week before the expected week of childbirth and the baby is in hospital, the employee may spilt her maternity leave entitlement, taking a minimum period of two weeks' leave immediately after childbirth and the rest of her leave following her baby's discharge from hospital.

### Still birth

- 15.32 Where an employee's baby is born dead after the 24<sup>th</sup> week of pregnancy, the employee will be entitled to the same amount of maternity leave and pay as if her baby was born alive.

### Miscarriage

- 15.33 Where an employee has a miscarriage before the 25<sup>th</sup> week of pregnancy, normal sick leave provisions will apply as necessary.

### Health and safety of employees pre and post birth

- 15.34 Where an employee is pregnant, has recently given birth or is breastfeeding, the employer must carry out a risk assessment of her working conditions. If it is found, or a medical practitioner considers, that an employee or her child would be at risk were she to continue with her normal duties, the employer should provide suitable alternative work for which the employee will receive her normal rate of pay. Where it is not

reasonably practicable to offer suitable alternative work the employee should be suspended on full pay.

- 15.35 These provisions also apply to an employee who is breastfeeding if it is found that her normal duties would prevent her from successfully breastfeeding her child.

### Return to work

- 15.36 An employee who intends to return to work at the end of her full maternity leave will not be required to give any further notification to the employer, although if she wishes to return early she must give at least 28 days' notice.
- 15.37 An employee has the right to return to her job under her original contract and on no less favourable terms and conditions.

### Returning on flexible working arrangements

- 15.38 If at the end of maternity leave the employee wishes to return to work on different hours, the NHS employer has a duty to facilitate this wherever possible, with the employee returning to work on different hours in the same job. If this is not possible, the employer must provide written, objectively justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that which they held prior to their maternity absence.
- 15.39 If it is agreed that the employee will return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period this will not affect the employee's right to return to her job under her original contract at the end of the agreed period.

### Sickness following the end of maternity leave

- 15.40 In the event of illness following the date the employee was due to return to work, normal sick leave provisions will apply as necessary.

### Failure to return to work

- 15.41 If an employee who has notified her employer of her intention to return to work for the same or a different NHS employer in accordance with paragraph 15.7 (ii) (c) above fails to do so within 15 months of the beginning of her maternity leave, she will be liable to refund the whole of her maternity pay, less any Statutory Maternity Pay, received. In cases where the employer considers that to enforce this provision would cause undue hardship or distress, the employer will have the discretion to waive their rights to recovery.

## Miscellaneous provisions

### Fixed-term contracts or training contracts

- 15.42 Employees subject to fixed-term or training contracts which expire after the 11th week before the expected week of childbirth and who satisfy the conditions in paragraphs 15.7 (i), 15.7 (ii) (a), 15.7 (ii) (b) and 15.7 (ii) (d), shall have their contracts extended so as to allow them to receive the 52 weeks which includes paid contractual and statutory maternity pay and the remaining 13 weeks of unpaid maternity leave.
- 15.43 Absence on maternity leave (paid and unpaid) up to 52 weeks before a further NHS appointment shall not constitute a break in service.
- 15.44 If there is no right of return to be exercised because the contract would have ended if pregnancy and childbirth had not occurred, the repayment provisions set out in paragraph 15.41 above will not apply.
- 15.45 Employees on fixed-term contracts who do not meet the 12 months' continuous service condition set out in paragraph 15.7 (i) above may still be entitled to Statutory Maternity Pay.

### Rotational training contracts

- 15.46 Where an employee is on a planned rotation of appointments with one or more NHS employers as part of an agreed programme of training, she shall have the right to return to work in the same post or in the next planned post irrespective of whether the contract would otherwise have ended if pregnancy and childbirth had not occurred. In such circumstances the employee's contract will be extended to enable the practitioner to complete the agreed programme of training.

### Contractual rights

- 15.47 During maternity leave (both paid and unpaid) an employee retains all of her contractual rights except remuneration.

### Increments

- 15.48 Maternity leave, whether paid or unpaid, shall count as service for annual increments and for the purposes of any service qualification period for additional annual leave. The expectation is that an employee on maternity leave would progress through a KSF gateway on the due date if concerns had not been raised about the ability to meet their KSF outline prior to maternity leave.

### Accrual of annual leave

- 15.49 Annual leave will continue to accrue during maternity leave, whether paid or unpaid, provided for by this agreement.
- 15.50 Where the amount of accrued annual leave would exceed normal carry over provisions, it may be mutually beneficial to both the employer and employee for the employee to take annual leave before and/or after the formal (paid and unpaid) maternity leave period. The amount of annual leave to be taken in this way, or carried over, should be discussed and agreed between the employee and employer. Payment in lieu may be considered as an option where accrual of annual leave exceeds normal carry over provisions.

### Pensions

- 15.51 Pension rights and contributions shall be dealt with in accordance with the provisions of the NHS Superannuation Regulations.

### Antenatal care

- 15.52 Pregnant employees have the right to paid time off for antenatal care. Antenatal care includes relaxation and parent-craft classes as well as appointments for antenatal care.

### Post-natal care and breastfeeding mothers

- 15.53 Women who have recently given birth should have paid time off for post-natal care e.g. attendance at health clinics.
- 15.54 Employers are required to undertake a risk assessment and to provide breastfeeding women with suitable private rest facilities. The Health and Safety Executive Guidance recommends that employers provide:
- a clean, healthy and safe environment for women who are breastfeeding
  - suitable access to a private room to express and store milk in an appropriate refrigerator.

Employers are reminded that they should consider requests for flexible working arrangements to support breastfeeding women at work.

### Employees not returning to NHS employment

- 15.55 An employee who satisfies the conditions in paragraph 15.7, except that she does not intend to work with the same or another NHS employer for a minimum period of three months after her maternity leave is ended, will be entitled to pay equivalent to Statutory Maternity Pay, which is paid at

90 per cent of her average weekly earnings for the first six weeks of her maternity leave and to a flat rate sum for the following 33 weeks.

### Employees with less than 12 months' continuous service

- 15.56 If an employee does not satisfy the conditions in paragraph 15.7 for occupational maternity pay, she may be entitled to Statutory Maternity Pay. Statutory Maternity Pay will be paid regardless of whether she satisfies the conditions in paragraph 15.7.
- 15.57 If her earnings are too low for her to qualify for Statutory Maternity Pay, or she does not qualify for another reason, she should be advised to claim Maternity Allowance from her local Job Centre Plus or social security office.
- 15.58 All employees will have a right to take 52 weeks of maternity leave whether or not they return to NHS employment.
- 15.59 Paragraph 15.65 contains further information on statutory maternity entitlements.

### Continuous service

- 15.60 For the purposes of calculating whether the employee meets the 12 months' continuous service with one or more NHS employers qualification set out in paragraph 15.7 (i), the following provisions shall apply:
- i) NHS employers include health authorities, NHS boards, NHS trusts, primary care trusts and the Northern Ireland Health Service
  - ii) a break in service of three months or less will be disregarded (though not count as service).
- 15.61 The following breaks in service will also be disregarded (though not count as service):
- i) employment under the terms of an honorary contract
  - ii) employment as a locum with a general practitioner for a period not exceeding 12 months
  - iii) a period of up to 12 months spent abroad as part of a definite programme of postgraduate training on the advice of the postgraduate dean or college or faculty advisor in the speciality concerned
  - iv) a period of voluntary service overseas with a recognised international relief organisation for a period of 12 months, which may exceptionally be extended for 12 months at the discretion of the employer which recruits the employee on her return
  - v) absence on a employment break scheme in accordance with the provisions of Section 36 of this Handbook

- vi) absence on maternity leave (paid or unpaid) as provided for under this agreement.
- 15.62 Employers may at their discretion extend the period specified in paragraphs 15.60 (ii) and 15.61.
- 15.63 Employment as a trainee with a general medical practitioner in accordance with the provisions of the Trainee Practitioner Scheme shall similarly be disregarded and count as service.
- 15.64 Employers have the discretion to count other previous NHS service or service with other employers.

### Information about statutory maternity/adoption and paternity leave and pay

- 15.65 There are occasions when employees are entitled to other statutory benefits/allowances and Information about all statutory maternity/adoption and paternity rights can be found using the following links:

[www.dti.gov.uk/employment/workandfamilies/maternity-leave-pay/guidance/page21116.html](http://www.dti.gov.uk/employment/workandfamilies/maternity-leave-pay/guidance/page21116.html)

[www.dwp.gov.uk/lifeevent/benefits/statutory\\_maternity\\_pay.asp](http://www.dwp.gov.uk/lifeevent/benefits/statutory_maternity_pay.asp)

<http://jobcentreplus.gov.uk/JCP/Customers/WorkingAgeBenefits/Dev008115.xml.html>

Information about health and safety for new and expectant mothers at work can be found using the following link:

[www.hse.gov.uk](http://www.hse.gov.uk)



## Section 16: Redundancy pay

### Introduction

16.1 This section sets out the arrangements for redundancy pay for employees dismissed by reason of redundancy who, at the date of termination of their contract, have at least 104 weeks of continuous full-time or part-time service. These take effect from 1 October 2006. It also sets out the arrangements for early retirement on grounds of redundancy and in the interests of the service for those who are members of the NHS Pension Scheme and have at least two years' continuous full-time or part-time service and two years' qualifying membership in the NHS Pension Scheme. Pension changes take effect from 1 December 2006. It further sets out transitional arrangements from 1 December 2006 to 30 September 2011 for staff aged over 50 at the time of redundancy who are members of the NHS Pension Scheme with at least five year's pensionable service.<sup>3</sup>

### Definition of redundancy

16.2 The Employment Rights Act 1996 Section 139 states that redundancy arises when employees are dismissed in the following circumstances:

- “where the employer has ceased, or intends to cease, to carry on the business for the purposes of which the employee was employed; or where the employer has ceased, or intends to cease, to carry on the business in the place where the employee was so employed; or
- where the requirements of the business for employees to carry out work of a particular kind, in the place where they were so employed, have ceased or diminished or are expected to cease or diminish.”

### Qualification for a redundancy payment

16.3 To qualify for a redundancy payment, the member of staff must be an employee, working under a contract of employment for an NHS employer. 'NHS employer' means any of the organisations listed at Annex A in the handbook and any predecessor or successor body. Non-executive directors of NHS organisations do not qualify. Contracts of employment may be written or verbal, and can be for a fixed period or be continuous. In law, employees have a contract as soon as they start work and in accepting and undertaking the work required they accept the terms and conditions offered by the employer. To qualify for a redundancy payment

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<sup>3</sup> There is currently a consultation underway on the NHS Pension Scheme. It is expected that new pension arrangements will be in place effective from December 2007. Once final agreement has been reached the Agenda for Change redundancy arrangements will be amended to take into consideration the new arrangements.

the employee must also have at least 104 weeks of continuous full-time or part-time service.

### Definition of continuous service

16.4 “Continuous service” means full-time or part-time employment with the present or any previous NHS Employer. If with more than one NHS employer, there must not have been a break of more than a week (measured Sunday to Saturday) between employments.

### Definition of reckonable service

16.5 “Reckonable service” for the purposes of an NHS redundancy payment, which is calculated on the basis of the service up to the date of termination of the contract, means continuous full-time or part-time employment with the present or any previous NHS employer but with the following additions:

- where there has been a break in service of 12 months or less, the period of employment prior to the break will count as reckonable service
- periods of employment as a trainee with a general medical practitioner in accordance with the provisions of the Trainee Practitioner Scheme will count as reckonable service
- at employer discretion, any period or periods of employment with employers outside the NHS where these are judged to be relevant to NHS employment can be included in reckonable service – see Section 12 of the handbook.

16.6 The following employment will not count as reckonable service:

- employment that has been taken into account for the purposes of a previous redundancy, or loss of office payment by an NHS employer
- where the employee has previously been given pension benefits, any employment that has been taken into account for the purposes of those pension benefits.

### Definition of a month's pay

16.7 “Month's pay” means whichever is the more beneficial of the following calculations:

- 4.35 times a week's pay calculated in accordance with the provisions of Section 221 to 229 of the Employment Rights Act 1996
- an amount equal to 1/12<sup>th</sup> of the annual salary in payment at the date of termination of employment.

## Calculation of redundancy payment

- 16.8 The redundancy payment will take the form of a lump sum, dependent on the employee's reckonable service at the date of termination of employment. The lump sum will be calculated on the basis of one month's pay for each complete year of reckonable service subject to a minimum of two years' (104 weeks') continuous service and a maximum of 24 years' reckonable service being counted.
- 16.9 Fractions of a year of reckonable service will not be taken into account.

## Early retirement on grounds of redundancy for employees entitled to pension benefits

### Qualification criteria

- 16.10 Members of the NHS Pension Scheme who are made redundant and meet the conditions set out above in Paragraphs 3 to 6, may choose to retire early without reduction in the value of pension benefits as an alternative to receiving the full lump sum benefit set out in Paragraph 8. To qualify for early retirement the member of staff must:
- be a member of the NHS Pension Scheme
  - have at least two years' continuous service and two years' qualifying membership
  - have reached the minimum pension age. The Finance Act 2004 allows for protection of a minimum pension age of 50 for members who had the right to take reduced benefits at that age on 5 April 2006. This protection may continue as long as members retiring early after 6 April 2010 take all their benefits payable under scheme rules. In the NHS Pension Scheme, for those without this protection, members who first joined and some who returned to the scheme after 6 April 2006, minimum pension age will change from 50 to 55 from 6 April 2010.<sup>4</sup>

### Definition of qualifying membership

- 16.11 'Qualifying membership' is membership that counts towards entitlement for benefits. Pensionable membership is membership that counts when benefits are calculated. This may be different from reckonable service for the purposes of a redundancy payment as it can include pensionable service from previous periods of employment with the NHS or another employer and periods of part-time working.

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<sup>4</sup> Subject to consultation, for those who are in the new pension scheme (with a normal pension age of 65), minimum pension age will be 55 from when the scheme is set up.

## Use of redundancy payment to pay for early retirement

- 16.12 If the redundant member of staff chooses to take early retirement with an unreduced pension under these arrangements, they will receive immediately the full value of their qualifying pension benefits at the point of redundancy without the actuarial reduction that would occur with voluntary early retirement. Their employer will pay the relevant NHS pension scheme a sum equivalent to the capitalised cost of paying the pension and lump sum early; either as one payment or in five instalments.<sup>5</sup>
- 16.13 This sum will be paid from the lump sum redundancy payment that otherwise would have been paid to the employee. If the cost to the employer of paying by single payment for early retirement is less than the value of the redundancy payment that the member would have received under Paragraph 8, then the redundant employee will also receive from the employer a redundancy payment equivalent to the difference between the two sums. The cost to the employer would therefore normally be the same as if the employee had chosen to take a redundancy payment without unreduced early retirement. However, if the cost of early retirement is more than the redundancy payment due, the employer will pay the additional cost. If the employer chooses to pay in five instalments, the employer is responsible for the additional interest charge.

## Treatment of concurrent pensionable employment

- 16.14 Where there is concurrent pensionable employment, members may choose between:
- ceasing all pensionable employment and taking early retirement on the terms set out below in respect of each employment, in which case they cannot be pensionable again in the current scheme (normal pension age of 60). (An employment may continue if it is not more than 16 hours a week, without affecting the payment of enhanced benefits, but it will not be pensionable in the scheme) and
  - taking benefits only in respect of the employment that is being terminated, in which case they can continue being pensionable in other employments. After 6 April 2010 this will not apply if taking benefits under the age of 55
  - members with concurrent practitioner and non-practitioner employments, who choose to cease all pensionable employments, will receive only their non-practitioner benefits on redundancy grounds. Where appropriate, benefits for practitioner membership may be taken on an early retirement basis with an actuarial reduction or preserved for payment at age 60.<sup>6 7</sup>

<sup>5</sup> It is open to qualifying members to take early retirement under the normal scheme arrangements for voluntary early retirement or normal age retirement.

<sup>6</sup> Where practitioner membership ended 12 months or more before the date of non-practitioner retirement on redundancy, and all other posts have ceased, practitioner benefits will be paid at

16.15 The employer who authorises early retirement will be responsible for the pension costs accruing from other terminating employment. If a member returns to work after taking their pension, their pension will be abated, if the combined value of their pension and salary is greater than they earned prior to retirement. This will continue until they reach their normal pension age.

### Exclusion from eligibility

- 16.16 Employees shall not be entitled to redundancy payments or early retirement on grounds of redundancy if:
- they are dismissed for reasons of misconduct, with or without notice; or
  - at the date of the termination of the contract have obtained without a break, or with a break not exceeding four weeks, suitable alternative employment with the same or another NHS employer; or
  - unreasonably refuse to accept or apply for suitable alternative employment with the same or another NHS employer; or
  - leave their employment before expiry of notice, except if they are being released early (see Paragraphs 20 to 21 below); or
  - are offered a renewal of contract (with the substitution of the new employer for the previous NHS one)
  - where their employment is transferred to another public service employer who is not an NHS employer.

### Suitable alternative employment

16.17 Employers have a responsibility before making a member of staff redundant or agreeing early retirement on grounds of redundancy to seek suitable alternative employment for that person, either in their own organisation or through arrangements with another NHS employer. Employers should avoid the loss of staff through redundancy wherever possible to retain valuable skills and experience where appropriate within the local health economy.

16.18 'Suitable alternative employment', for the purposes of paragraph 17, should be determined by reference to Sections 138 and 141 of the Employment Rights Act 1996. In considering whether a post is suitable alternative employment, regard should be had to the personal circumstances of the employee. Employees will, however, be expected to show some flexibility.

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the same time as the redundancy benefits and associated pension costs will be met by the NHS employer authorising retirement.

<sup>7</sup> Practitioners are general medical and general dental practitioners.

16.19 For the purposes of this scheme any suitable alternative employment must be brought to the employee's notice in writing or by electronic means agreed with the employee before the date of termination of contract and with reasonable time for the employee to consider it. The employment should be available not later than four weeks from that date. Where this is done, but the employee fails to make any necessary application, the employee shall be deemed to have refused suitable alternative employment. Where an employee accepts suitable alternative employment the 'trial period' provisions in Section 138 (3) of the Employment Rights Act 1996 will apply.

### Early release of redundant employees

16.20 Employees who have been notified of the termination of their employment on grounds of redundancy, and for whom no suitable alternative employment in the NHS is available, may, during the period of notice, obtain other employment outside the NHS.

16.21 If they wish to take this up before the period of notice of redundancy expires the employer will, unless there are compelling reasons to the contrary, release such employees at their request on a mutually agreeable date. That date will become the revised date of redundancy for the purpose of calculating any entitlement to a redundancy payment under this agreement.

### Claim for redundancy payment

16.22 Claims for redundancy payment or retirement on grounds of redundancy must be submitted within six months of date of termination of employment. Before payment is made the employee will certify that:

- they had not obtained, been offered or unreasonably refused to apply for or accept suitable alternative health service employment within four weeks of the termination date
- they understand that payment is made only on this condition and undertake to refund it if this condition is not satisfied.

### Retrospective pay awards

16.23 If a retrospective pay award is notified after the date of termination of employment, then the redundancy payment and/or pension will be recalculated, and any arrears due paid.

### Disputes

16.24 An employee who disagrees with the employer's calculation of the amount of redundancy payment or the rejection of a claim for redundancy payment should make representations to the employer via

local grievance procedures. See also paragraph 22 about making a claim for a redundancy payment.

### Early retirement in the interests of the efficiency of the service

- 16.25 Members of the NHS Pension Scheme will receive payment of benefits without reduction if they retire early in the interests of the efficiency of the service, and they satisfy the qualifying conditions set out in paragraph 10. Retiring early in the interests of the service is a flexibility available at employer discretion. In these cases, no redundancy payment is due. In agreeing to retirement in the interests of the service, the employer undertakes to pay the costs of paying the pension and lump sum early. Employers will need to ensure that they exercise this discretion appropriately and will be conscious of the implications of any potential discrimination on grounds of age, sex, race, religion or disability.
- 16.26 These arrangements are aimed at employees who have given valuable NHS service in the past but are no longer capable of doing so. This might be because of new or expanded duties or a decline in the ability to perform existing duties efficiently but not so as to qualify them for ill health retirement. Employers would be expected to consider alternatives before agreeing to early retirement.
- 16.27 The relevant NHS pension scheme certifies the grounds on which early retirement is taking place. The scheme does so on the basis of the information provided by the employer. In each case, therefore, an appropriate senior manager should authorise the early retirement, ensuring that the relevant criteria have been met.

### Employer responsibilities

- 16.28 Employer contributions to the NHS Pension Scheme do not cover the costs of early retirement benefits. There is a requirement for NHS employers to pay these costs if they retire staff early on grounds of redundancy or in the interests of the service.

### Transitional arrangements: 1 October 2006 to 30 September 2011

- 16.29 There will be transitional arrangements in place from 1 December 2006 to 30 September 2011. These transitional arrangements apply to staff:
- whose continuous NHS service and/or Pension Scheme membership began before 1 October 2006
  - who are aged over 50 on 30 September 2006 or who reach 50 during the transition period: 1 October until 30 September 2011; (after 6 April 2010 subject to the rules on minimum pension age set out in paragraph 10)

- who are members of the NHS Pension Scheme and have at least five years' qualifying membership in the scheme at the date of redundancy.
- 16.30 Employees who are made redundant and qualify for transitional protection can choose between a redundancy payment under the new arrangements and payment under transitional protection. The transitional arrangements for early retirement (but not the redundancy payment) will also apply to staff given early retirement in the interests of the service and who meet the qualifying conditions in paragraph 29.
- 16.31 Transitional protection has two phases. The first phase applies from 1 December 2006 to 30 June 2007. During this phase the maximum pension that an employee can receive on taking redundancy retirement is that to which they would have been entitled had they been made redundant under the old agreement on 30 September 2006.
- 16.32 The second phase is from 1 July 2007 to 30 September 2011. During this phase, as well as freezing the maximum enhanced pension at that which would have been available on 30 September 2006, there will be a further reduction so that all enhancements are removed by 30 September 2011.
- 16.33 The date used to calculate the level of both final pensionable pay and of salary for redundancy payment under the transition will be set by reference to the actual date of redundancy.

### Calculation of baseline entitlement during transition

- 16.34 For employees taking advantage of the transitional arrangements, and subject to a maximum of 20 years' reckonable service being counted, the lump sum redundancy payment will be calculated based on the arrangements in place before 1 October 2006 as follows. Based on service at 30 September 2006:
- 1<sup>1/2</sup> weeks' pay for each complete year of reckonable service at age 41 or over
  - one week's pay for each complete year of reckonable service at age 22 or over but under 41
  - 1/2 week's pay for each complete year of reckonable service at age 18 or over but under 22
  - overall maximum 30 weeks' pay.
- 16.35 Fractions of a year of reckonable service will not be taken into account except that they may be aggregated under paragraph 34 above to make complete years. The lowest weeks' pay multiplier relevant to the employee's calculation will apply to the complete year aggregated.



## Reduction to baseline entitlement

- 16.36 Redundant employees who are entitled to an enhancement of their pension benefits on ceasing to be employed will, if the enhancement of service if they had been made redundant on 30 September 2006 is less than ten years, be entitled to receive a redundancy payment. Where the enhancement of service does not exceed  $6\frac{2}{3}$  years they will be paid in full; where the enhancement of service exceeds  $6\frac{2}{3}$  years they will be reduced by 30 per cent in respect of each year of enhanced service over  $6\frac{2}{3}$  years with pro-rata reduction for part years.
- 16.37 The redundancy payment made under these transitional arrangements will be based on the number of weeks' service applicable for a redundancy on 30 September 2006 along with the reduction for enhancement greater than  $6\frac{2}{3}$  years that would have been made had the redundancy taken place on that date. If there has been a break in continuous service between 1 October 2006 and the date of redundancy, then the payment would be based on the number of years' continuous service at the date of redundancy.
- 16.38 As a baseline calculation for transitional protection all employees eligible for premature payment of pension and compensation benefits under the terms of this agreement on transition shall have their reckonable years in the NHS scheme at 30 September 2006 doubled, subject to a maximum enhancement of ten added years. Total reckonable years (including enhancements) will in all cases be limited to the lesser of:
- the total reckonable service that would have been attained by continuing in service to retirement age; or
  - 40 years; provided that:
  - the enhancement of reckonable service for employees with relevant optant service shall be based on the aggregate of their reckonable NHS service and their relevant optant service.

## Transition Phase One: 1 October 2006 to 30 June 2007

- 16.39 For redundancies from 1 October 2006 until 1 December 2006, when the regulations to give effect to the transition are introduced, employees will receive enhanced pension based on the pre 1 October arrangements, including the calculation of redundancy payment.
- 16.40 From 1 December 2006 to 30 June 2007, the enhancement that the employee will be eligible to receive will be the enhancement on which the pension would have been based had they been made redundant on 30 September 2006, less the number of days since 30 September 2006. For those who have any part-time membership, the reduction in enhancement will be scaled down according to the scaling factor applicable at 30 September 2006.

### Transition Phase Two: 1 July 2007 to 30 September 2011

- 16.41 During this phase, maximum enhancement available to the employee made redundant will continue to be the enhancement available on 30 September 2006 less the number of days since 30 September 2006. There will be a further reduction in entitlement to enhancement. For those whose enhancement on 30 September 2006 would have been greater than five years, the additional amount of service enhancement over five years should be reduced by  $1/60^{\text{th}}$  for each whole month that has elapsed between 30 September 2006 and the date of redundancy. The effect of the two transition elements together is that after each year of transition, the maximum enhancement would be reduced by two years until no enhancement is available from 1 October 2011.
- 16.42 Paragraphs 29 to 42 will be removed from this agreement on 1 October 2011.

## Section 17: Mileage allowances<sup>8</sup>

### Lease cars

- 17.1 Where locally, staff and employer representatives agree arrangements which provide benefits to staff beyond those provided by this section or are agreed as operationally preferable, those local arrangements will apply.
- 17.2 Employers may offer lease cars<sup>9</sup> to employees whom they require to be mobile and where they deem it in the interest of the service to do so.
- 17.3 The base vehicle (i.e. the employer's assessment of the particular size or type of vehicle appropriate to the post or its financial equivalent) should have an engine capacity no larger than 1800cc. However, this shall not prevent an employee who is willing to pay the excess costs (e.g. of a larger engine capacity or a better equipped car) from choosing a car other than the base vehicle where the option of contracting for private use is exercised.
- 17.4 Employees who prefer to use their own car rather than accept the employer's offer of a lease car shall be reimbursed at the rate of mileage allowance set out in paragraph 1 of Annex L.

### Withdrawal of lease car

- 17.5 Where, after joint consideration of the current options, including the alternative means of mobility, the employer decides not to continue to offer the use of a lease car to a lease car user, the employee shall be entitled to the regular user allowances and lump sums set out in Annex L, provided the qualifications set out in paragraph 17.9 below apply, or to the standard rate of mileage allowance as set out in Annex L.

### Other arrangements

- 17.6 Detailed arrangements governing the provision, use, reimbursement of costs, and charges for private use of lease cars shall be decided locally taking account of the principles set out at Annex M. Where the employer withdraws the offer of private use of a lease car, the employee is entitled to full mileage rates.

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<sup>8</sup> This is an abbreviated version of the Section 24 of the GWC Handbook and is not intended to replace provisions that are in place at local level.

<sup>9</sup> Lease cars for the purposes of this agreement shall be taken to include pool cars, i.e. a car leased or owned by the employer and available for NHS business use only.

## Mileage and other allowances

17.7 For the purpose of this agreement the term 'motor cycles' includes motor cycle combinations, motor scooters and motor-assisted bicycles.

## Public transport mileage rate

17.8 Standard or regular user rates of mileage allowance shall not apply if an employee uses a private motor vehicle in circumstances where travel by public transport would be appropriate. For such journeys the public transport rate set out in Annex L shall be paid unless this is higher than the standard or regular user rate for the appropriate engine band, when that lower rate should be paid.

## Regular user allowances

17.9 The allowances set out in paragraph 2 of Annex L shall be paid to those employees who are classified by their employer as a regular car user and for whom their employer has deemed it uneconomic, or is unable, to offer them a lease car even though they are required by their employer to travel on NHS business and, in so doing, either:

- travel an average of more than 3,500 miles a year;  
or
- travel an average of at least 1,250 miles a year; and
- necessarily use their car an average of three days a week;  
or
- spend an average of at least 50 per cent of their time on such travel, including the duties performed during the visits;  
or
- travel an average of at least 1,000 miles a year and spend an average of at least four days a week on such travel, including the duties performed during the visits.

17.10 If there is a change in an employee's duties, or if the annual official mileage falls below that on which a regular user classification was based, the continued application to the employee of the regular user provisions shall be reconsidered. Any decreases in the annual official mileage or the frequency of travel which is attributable to either prolonged sick leave or the temporary closure of one place of duty, should be ignored for this purpose.

17.11 Payments of the annual lump sum allowances shall be made in equal monthly instalments over a period from 1 April in any year to 31 March in the succeeding year.

- 17.12 In the case of employees who take up an appointment or leave the employment of their employer after 1 April in any year, the total allowance payable should be so calculated that the amount payable is directly proportionate to a full year's allowance. The calculation of the mileage allowance should thus be in accordance with the following procedure:
- the mileage allowance to be paid at the higher rate would, at 9,000 miles per annum, be equivalent to 750 miles per month of service. The excess over 750 miles per month of service would be paid at the reduced rate. For example, where the total service in the period 1 April in any year to 31 March in the succeeding year is five months, then up to 3,750 miles would be paid at the higher rate and any excess at the lower rate. Similarly, the lump sum should be divided into 12 monthly payments
  - when employees leave the employment of their employer a calculation shall be made in respect of their entitlement for the portion of the year served with the employer and any adjustments made thereafter.
- 17.13 Part months of service shall be regarded as complete months for the purposes of paragraph 17.12 above. However, a regular user who leaves the service of one NHS employer and enters the employment of another during the same month shall receive only one lump sum instalment for that month, payable by the former employer.
- 17.14 Where employees entitled to the regular user allowance do not use their car as a result of mechanical defect or absence through illness, the lump sum payment should be paid for the remainder of the month in which the car was out of use and for a further three months thereafter. For the following three months, payment should be made at the rate of 50 per cent of the lump sum payment. No further payments should be made if the car is out of use for six months or longer.
- 17.15 During the period when the car is 'off the road' for repairs, out of pocket expenses in respect of travel by other forms of transport should be borne by the employer.
- 17.16 Where maternity leave is granted under Section 15, the lump sum payment should be paid for the remainder of the month in which the car was out of use and for a further three months thereafter. Payment should be made at the rate of 50 per cent of the lump sum payment for a further three months or until the end of maternity leave, whichever is less. No further payment should be made if the car is out of use for six months or longer. Employees not intending to return to work should have payment limited to the period of paid maternity leave granted under Section 15.
- 17.17 Where employees entitled to the regular user allowance do not use their car as a result of attendance on an approved training course, the lump

sum payment shall continue to be paid throughout the period of attendance on the approved training course.

### Protection of the regular user allowances resulting from the 1992 agreement

17.18 Staff with existing protection of regular user allowances as a result of the 1992 agreement on the date on which this agreement comes into operation may continue to receive the regular lump sum payments and allowances as set out in paragraph 2 of Annex L to this handbook for so long as they remain in the same post or until they voluntarily accept a lease car.

### Standard mileage rates

17.19 The standard mileage allowances set out in Annex L shall be paid to employees who use their own vehicles for official journeys other than in the circumstances described at paragraphs 17.7 and 17.8 above.

### Passengers

17.20 With the exception of lease car users, where other employees or members of an NHS organisation are conveyed in the same vehicle on NHS business and their fares would otherwise be payable by the employer, passenger allowances at the rates set out at Annex L shall be paid.

### Journeys between home and headquarters or place visited

17.21 Employees who are based at a designated headquarters shall be paid the regular user, standard rate or public transport rate as appropriate, limited to the distance which would have been travelled if the journey had started and finished at the designated headquarters, or the distance actually travelled if less.

17.22 Employees who are based at home for mileage purposes shall be paid the regular user, standard rate or public transport rate as appropriate for all journeys by the most direct route from their home to all places necessarily visited on duty and back to their home.

17.23 Paragraphs 17.21 and 17.22 do not apply to lease car users.

### Other allowances

17.24 Subject to the production of vouchers wherever possible, employees using their private motor vehicles on an official journey at the standard or regular user rates of mileage allowances shall be refunded reasonable garage and parking expenses and charges for tolls and ferries necessarily incurred, except that charges for overnight garaging or parking shall not

be reimbursed unless the employee is entitled to night subsistence allowance for overnight absence. Similar expenses may also be refunded to employees only entitled to the public transport rate of mileage allowance, provided that the total reimbursement for an official journey does not exceed the cost which would otherwise have been incurred on public transport, including the fares of any official passengers.

- 17.25 Reimbursement for employees using pedal cycles for official journeys will be for local agreement, subject to the minimum rate set out in Annex L.
- 17.26 Where, at the requirement of the employer, an employee carries heavy or bulky equipment in a private car, an allowance at half the passenger rate set out in Annex L shall be paid for journeys on which the equipment is carried, provided that either:
- the equipment exceeds a weight which could reasonably be carried by hand; or
  - the equipment cannot be carried in the boot of the car and is so bulky as to reduce the seating capacity of the vehicle.

### Change of base of work resulting from amalgamation of NHS employers or from acceptance of another post in consequence of redundancy

- 17.27 Employees who are required to change their base of work as a result of a merger of NHS employers or their acceptance of another post as an alternative to redundancy, may be reimbursed their extra daily travelling expenses for a period of four years from the date of transfer. The excess shall be calculated on the basis of the bus fares or standard rail travel or, if the employee travels by private motor vehicle, on the basis of the public transport mileage rate.

### Attendance at place of employment outside normal hours

- 17.28 This paragraph applies to employees who are required to return to or to attend their place of employment outside their normal hours of duty. This will be in circumstances where they would be entitled to overtime or time off in lieu. In these circumstances any expenses which are in excess of the expenses they incur as a result of their normal attendance at work, and which are actually and necessarily incurred in travelling to and from home, shall be reimbursed. This will be on the basis of the public transport mileage rate (Annex L). Claims for expenses should not be met when no additional expenditure is incurred e.g. when the employees concerned have a season ticket, or where the time lapse between two consecutive periods is sufficiently short for it to be considered reasonable for the employee to remain at or near their place of employment.

### Temporary transfer

- 17.29 Employees who are required by their employer to carry out temporary duties at a place other than their permanent place of employment, and who travel daily to their temporary headquarters whilst continuing to live near their permanent headquarters, may be reimbursed their excess travelling expenses in accordance with locally determined provisions for expenses incurred in connection with removals.



## Section 18: Subsistence allowances

- 18.1 Where locally, staff and employer representatives agree arrangements which are more appropriate to local operational circumstances or which provide benefits to staff beyond those provided by this section, or are agreed as operationally preferable, those local arrangements will apply.
- 18.2 The purpose of this section is to reimburse staff for the necessary extra costs of meals, accommodation and travel arising as a result of official duties away from home. Business expenses which may arise, such as the cost of a fax or official telephone calls, may be reimbursed with certificated proof of expenditure.

### Night subsistence

#### Short overnight stays in hotels, guesthouses and commercial accommodation

- 18.3 When an employee stays overnight in a hotel, guesthouse, or other commercial accommodation with the agreement of the employer, the overnight costs will be reimbursed as follows:
- the actual, receipted cost of bed and breakfast up to the normal maximum limit set out in Annex N; plus
  - a meals allowance, to cover the cost of a main evening meal and one other day-time meal, at the rate set out in Annex N.
- 18.4 Where the maximum limit is exceeded for genuine business reasons (e.g. the choice of hotel was not within the employee's control or cheaper hotels were fully booked) additional assistance may be granted at the discretion of the employer.

#### Short overnight stays in non-commercial accommodation

- 18.5 Where an employee stays for short overnight periods with friends or relatives or in a caravan or other non-commercial accommodation, the flat rate sum set out in paragraph 3 of Annex N is payable. This includes an allowance for meals. No receipts will be required.
- 18.6 Employees staying in accommodation provided by the employer or host organisation shall be entitled to an allowance to cover meals which are not provided free of charge up to the total set out in paragraph 2 of Annex N.
- 18.7 Where accommodation and meals are provided without charge to employees, e.g. on residential training courses, an incidental expenses allowance at the rate set out in paragraph 6 of Annex N will be payable. All payments of this allowance are subject to the deductions of

appropriate tax and National Insurance contributions via the payroll system.

### Travelling overnight in a sleeping berth (rail or boat)

- 18.8 The cost of a sleeping berth (rail or boat) and meals, excluding alcoholic drinks, will be reimbursed subject to the production of vouchers.

### Short-term temporary absence travel costs

- 18.9 Travel costs between the hotel and temporary place of work will be separately reimbursed on an actual cost basis.

### Long-term overnight stays

- 18.10 After the first 30 nights' stay in the same location the entitlement to night subsistence shall be reduced to the maximum rates set out in paragraph 4 of Annex N. Meals allowances are not payable to these employees. Those who continue to stay in non-commercial accommodation will continue to be entitled to the rate set out in paragraph 3 of Annex N.

### Day subsistence

- 18.11 A meal allowance is payable when an employee is necessarily absent from home on official business and more than five miles from their base, by the shortest practicable route, on official business. Day meals allowance rates are set out in paragraph 5 of Annex N. These allowances are not paid where meals are provided free at the temporary place of work.
- 18.12 A day meals allowance is payable only when an employee necessarily spends more on a meal/meals than would have been spent at their place of work. An employee shall certify accordingly on each occasion for which day meals allowance is claimed but a receipt is not required.
- 18.13 Normally, an employee claiming a lunch meal allowance would be expected to be away from his/her base for a period of more than five hours and covering the normal lunch time period of 12:00 pm to 2:00 pm. To claim an evening meals allowance an employee would normally be expected to be away from base for more than ten hours and unable to return to base or home before 7:00 pm and as a result of the late return is required to have an evening meal. Employees may qualify for both lunch and evening meal allowance in some circumstances. There will be occasions where, due to the time of departure, there will be the necessity to take a meal but the conditions relating to the time absent from the base are not met. This, and any other exceptions to the rules, may be allowed at the discretion of the employer.

18.14 The scope and level of any other payments will be determined by the employer according to local needs on a vouched basis.

### Late night duties allowance

18.15 An employee who is required to work late at night in addition to a day duty may be paid an evening meal allowance at the rate set out in paragraph 7 of Annex L. It will be for the employer to determine who will be entitled and in what circumstances.

18.16 Late night duties allowance will be subject to deduction of appropriate tax and National Insurance contributions via the payroll system.

## Section 19: Other terms and conditions

- 19.1 Other terms and conditions not covered in this handbook will be determined locally following consultation with staff representatives, with a view to reaching agreement on such terms and conditions or any changes to them (see Annex O).
- 19.2 The same terms and conditions should apply to all staff groups unless there are significant reasons why this is not appropriate and these reasons are justifiable in relation to the principles of equal pay for work of equal value.

Sections 20–24  
(Unallocated)

PART 4: EMPLOYEE RELATIONS

4

# Part 4: Employee relations

## Section 25: Facilities<sup>10</sup> for staff organisations

- 25.1 Partnership underpins and facilitates the development of sound and effective employee relations throughout the NHS. It is acknowledged by all stakeholders that recognising the priority needs for patient services, staff representatives can participate fully in the partnership process.
- 25.2 NHS employers should allow reasonable paid facility time for recognised staff officials to carry out negotiations with the employer about matters for which the union is recognised and to undergo training relevant to these duties.
- 25.3 Examples of these duties include:
- terms and conditions of employment
  - engagement or termination of employment
  - allocation of work
  - matters of discipline
  - union membership or non-membership
  - facilities for staff officials
  - machinery for negotiation or consultation or other procedures.
- 25.4 Examples of time off for training include:
- initial basic training, subsequent skills and advanced training
  - training for changes in the structure or topics of negotiation
  - training for legislative changes.
- 25.5 NHS employers should also give reasonable time off during working hours for trade union members or representatives for:

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<sup>10</sup> Guidance on time and facilities for trade unions involved in implementing Agenda for Change is available at:

[www.dh.gov.uk/policyandguidance/humanresourcesandtraining/modernisingpay/agendaforchange/partnership/timeandfacilitiesforstaffrepresentatives](http://www.dh.gov.uk/policyandguidance/humanresourcesandtraining/modernisingpay/agendaforchange/partnership/timeandfacilitiesforstaffrepresentatives)

- executive committee meetings or annual conference or regional union meetings
  - voting in properly conducted ballots on industrial relations
  - voting in union elections
  - meetings to discuss urgent matters relating to the workplace.
- 25.6 Further information about the partnership approach to the implementation of pay modernisation is set out in Part 1, including the need to ensure that the representatives of trade unions, and other staff organisations recognised for purposes of collective bargaining at local level, are released appropriately to participate in the implementation process, and that nominated officers of the local joint staff representatives can be fully involved in the local partnership arrangements.
- 25.7 *The resource pack on staff involvement (better decisions, better care) in England* is designed to help organisations promote and implement staff involvement through partnership working with staff and their representatives. It says: "In an involving culture, managers and staff organisation representatives work in partnership to liberate the knowledge, skills and commitment of staff to improve patient care... NHS staff organisations' national and regional officers are committed to supporting staff involvement through partnership working... "
- 25.8 The resource pack is available at:
- [www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModelEmployer/StaffInvolvementAndPartnerships](http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModelEmployer/StaffInvolvementAndPartnerships)
- 25.9 Within NHSScotland the Staff Governance Standard applies. The Standard sets out what each NHS Employer must achieve in order to improve continuously in relation to the fair and effective management of staff. Implicit in the Standard is that legal obligations are met and that all policies and agreements are implemented. In addition to this, the Standard specifies that staff are entitled to be:
- well informed
  - appropriately trained
  - involved in decisions which affect them
  - treated fairly and consistently; and
  - provided with an improved and safe working environment.
- 25.10 The Staff Governance Standard is available at:
- [www.sehd.scot.nhs.uk/psu/documents/staffgovernancestandard.pdf](http://www.sehd.scot.nhs.uk/psu/documents/staffgovernancestandard.pdf)



25.11 There are equivalent programmes in Wales and Northern Ireland.

## Section 26: Joint consultation machinery

- 26.1 Joint consultation arrangements should be set up in agreement with employee representatives to lay down the rules and procedures which will govern the operation of a joint consultative committee (JCC).
- 26.2 Joint consultative arrangements should be based on a partnership approach to industrial relations. This should involve the systematic and routine involvement of staff and their trade union representatives at all levels in shaping the service and in the decision making process at all stages which affects their working lives and the delivery of healthcare.
- 26.3 Agreement should be reached on a number of issues when establishing a JCC. These include:
- size and composition of the committee
  - organisation of committee meetings
  - subjects to discuss
  - facilities for committee members; and
  - arrangements for reporting back.
- 26.4 All organisations benefit from good employer/employee consultation. Organisations which ensure that systematic communication and consultation take place on a wide range of subjects will benefit from better decision making, greater employee understanding and commitment and improved industrial relations.
- 26.5 Further guidance on the setting up of a JCC as well as a checklist of issues to be covered in a JCC constitution is contained in the ACAS booklet, *Employee communications and consultation*.

## Section 27: Working time regulations

- 27.1 There is a general responsibility for employers and employees under health and safety law to protect as far as is practicable the health and safety of all employees at work. Control on working hours should be regarded as an integral element of managing health and safety at work and promoting health at work. It is, therefore, appropriate that health service employers, when organising work, should take account of the general principle of adapting work to the worker.
- 27.2 In reaching local arrangements to implement this agreement, employers or employees are expected to ensure that no arrangements are reached which discriminate against members of staff with family or other carer responsibilities.

### Exceptions

27.3 Doctors in training are excluded from the provisions of this agreement.

27.4 Regulation 18 of the Working Time Regulations states:

“Regulations 4(1) and (2), 6(1), (2) and (7), 7(1), and (6), 8, 10(1), and 11(1) and (2), 12(1), 13 and 16 do not apply ...

(c) where characteristics peculiar to certain specified services such as the armed forces or the police, or to certain specific activities in the civil protection services, inevitably conflict with provisions of these Regulations.”

27.5 Regulation 2 cites ambulance services within the definition of civil protection services. In the case of employees unable to benefit from the protection of the Working Time Regulations, ambulance services employers are expected to apply the principles of the Regulations and this agreement as far as the exigencies of the service permit.

### Protection

27.6 Employees must suffer no detriment because they have exercised any of their entitlements under the Regulations. The provisions of the Working Time Regulations are not maximum standards and conditions which are currently in place and more favourable to staff should not be worsened.

### Records

27.7 Employers must keep records, which will be available to locally recognised unions, which are adequate to ensure that the limits specified in paragraph 27.9 (maximum working weekly time), paragraph 27.15 (rest breaks), paragraph 27.17 (daily rest), paragraph 27.19 (weekly rest

periods), and paragraph 27.20 (night work) are complied with and that where there is an entitlement to compensatory rest this is provided for.

### Maximum weekly working time

- 27.8 Working time may or may not happen to coincide with the time for which a worker receives pay or with the time during which he/she may be required to work under a contract of employment. Working time will include time taken for training purposes, civic and public duties, health and safety and trades union duties.
- 27.9 Employees will normally not be expected to work more than 48 hours per each seven-day period calculated over an averaging period of 17 weeks. In exceptional circumstances, for those health professionals involved in the need for continuous care relating to reception, treatment or care of patients, the reference period may be extended by agreement with locally recognised unions to a maximum of 26 weeks.
- 27.10 Unless it is agreed with locally recognised unions to the contrary, the averaging reference period (as per paragraph 27.9) is the 17 weeks immediately preceding each day in the course of a worker's employment.
- 27.11 Working time will be calculated exclusive of meal breaks except where individuals are required to work during meals, in which case such time should be counted as working time.

### Individual option to work more than 48 hours a week

- 27.12 Individuals may choose to agree to work more than the 48 hours average weekly limit if they agree with their employer in writing. A decision to exercise this option is an individual, voluntary one and no pressure should be placed on an employee to take this option. Such an individual agreement may either relate to a specified period or apply indefinitely. To end any agreement a worker must give written notice to his/her employer. This can take the form of a previously specified notice period of up to three months written in any agreement or, if no notice period is specified, only seven days notice would be required. Records of such agreements must be kept and be made available to locally recognised unions.

### On-call staff

- 27.13 Staff who are on-call, i.e. available to work if called upon, will be regarded as working from the time they are required to undertake any work-related activity. Where staff are on-call but otherwise free to use the time as their own, this will not count towards working time. This method of calculating working time will not affect on-call payments (see also paragraph 27.8 and Section 2).

- 27.14 Where staff are required to 'sleep in' on NHS premises for the duration of a specified period, local agreements should be made for compensatory rest.

### Rest breaks

- 27.15 Where the working day is longer than six hours, all staff are entitled to take a break of at least 20 minutes. Rest breaks must be taken during the period of work and should not be taken either at the start or the end of a period of working time. Employees should be able to take this rest break away from their work station. In exceptional circumstances and by agreement with the worker, where a rest break cannot be taken the unused entitlement should be claimed as a period of equivalent compensatory rest. Line managers should ensure that provision is made to allow compensatory rest to be taken. Existing local arrangements which already provide for breaks of more than 20 minutes (e.g. lunch breaks) will meet the requirements of this provision and no further action will be needed.
- 27.16 In circumstances where work is repetitive, continuous or requiring exceptional concentration employers must ensure the provision of adequate rest breaks as an integral part of their duty to protect the health and safety of their employee. In such circumstances the advice of local occupational health services should be sought.

### Minimum daily rest periods

- 27.17 Employees should normally have a rest period of not less than 11 hours in each 24 hour period. In exceptional circumstances where this is not practicable because of the contingencies of the service, daily rest may be less than 11 hours. In these circumstances records should be kept by the employer which will be available to locally recognised unions. Local arrangements should be agreed to ensure that a period of equivalent compensatory rest is provided. Any proposed regular amendment to the minimum daily rest period must be agreed with locally recognised unions. It is recognised that in some emergency situations compensatory rest may not always be possible.
- 27.18 Where full daily rest cannot be taken because a worker is changing shifts the employer should make arrangements to allow equivalent compensatory rest.

### Weekly rest periods

- 27.19 All employees should receive an uninterrupted weekly rest period of 35 hours (including the eleven hours of daily rest) in each seven day period for which they work for their employer. Where this is not possible they should receive equivalent rest over a 14 day period, either as one 70 hour period or two 35 hour periods.

## Night work

- 27.20 Night-time is a period of at least seven hours which includes the period from midnight to 5 am. A night worker is someone who is classed as working for at least three hours daily during night-time hours as a “normal course.” Employers should ensure that the “normal hours” of their night workers does not exceed an average of eight hours over a 17 week period.
- 27.21 “Normal hours” are those which are regularly worked and/or fixed by contract of employment. The calculation is not affected by absence from work, as a worker’s normal hours of work would remain the same regardless of the “actual” hours worked. Time worked as overtime is not normal work unless an employee’s contract fixes a minimum number of hours.

## Special hazards or heavy physical or mental strain

- 27.22 Employers must identify special hazards faced by night workers by identifying them in risk assessments as involving a significant risk to health and safety undertaken in accordance with the Management of Health and Safety at Work Regulations 1992.
- 27.23 Employers should ensure that night workers, whose work does involve special hazards or heavy physical or mental strain, do not actually work for more than eight hours in any 24 hour period during which the night worker performs night work.

## Health assessment for night workers/transfer to day work

- 27.24 All night workers are entitled to a regular free and confidential occupational health assessment and additionally when a work-related problem is identified to determine whether the worker is fit to undertake the night work to which he/she is assigned. The format and content of the health assessment should be agreed by locally recognised unions in accordance with the advice on occupational health services issued by NHS Employers and the Health and Safety Commission's Health Services Advisory Committee.<sup>7</sup> Paid time off should be given to employees to attend occupational health assessments.
- 27.25 Employees identified by a medical practitioner as having health problems related to night work should be offered, wherever possible, the option of transfer to suitable day work with appropriate pay and conditions of service.

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<sup>7</sup> *The management of health, safety and welfare issues for NHS staff* (NHS Employers, 2005) and *The management of occupational health services for healthcare staff* (Health Services Advisory Committee, 1993).

## Sections 28 and 29

(Unallocated)

## PART 5: EQUAL OPPORTUNITIES

# 5



# Part 5: Equal opportunities

## Section 30: General statement on equality and diversity

- 30.1 All parties to this agreement are committed to building a NHS workforce which is valued and whose diversity reflects the communities it serves, enabling it to deliver the best possible healthcare service to those communities.
- 30.2 Everyone working in the NHS should be able to achieve his or her full potential in an environment characterised by dignity and mutual respect.
- 30.3 The past effects of institutional discrimination are recognised and all parties seek to guarantee equality of opportunity for all.
- 30.4 Equality of opportunity means that an individual's diversity is viewed positively and, in recognising that everyone is different, valuing equally the unique contribution that individual experience, knowledge and skills can make.
- 30.5 Everyone who works in the NHS, or applies to work in the NHS, should be treated fairly and valued equally. All conditions of service and job requirements should fit with the needs of the service and those who work in it, regardless of age, disability, race, nationality, ethnic or national origin, gender, religion, beliefs, sexual orientation, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership.
- 30.6 The NHS should strive to be a place where people want to work, and to be a leader in good employment practice. This agreement seeks to build on the current legal framework through the establishment of good practice.

### Making it happen

- 30.7 The aim is to make equality and diversity part of everything that the NHS does. To make this happen:
  - everyone who works in the NHS needs to know about the agreements which exist and what they say

- everyone needs to know what their responsibilities are in relation to equality and diversity
- steps taken to promote equality and diversity need to be monitored
- appropriate training should be provided
- there must be a willingness to recognise the need for investment to provide and spend such money as is necessary to achieve these aims
- the boards of NHS trusts (of NHS boards in Scotland) and other NHS organisations and senior managers must work for the aims of the agreements, and show that they are doing so in the decisions they take, their policies and actions
- the NHS should encourage other organisations, such as local authorities, education providers, contractors and recruitment agencies, to work in partnership with the service to ensure that everyone working in and with the NHS does so in the spirit of this agreement.

30.8 It is recognised that not everybody who works for the NHS is covered by this agreement. All parties to this agreement believe that it should be a model for all employers within the service.

### Monitoring and review

30.9 The NHS Staff Council will keep this agreement under review against best practice as it develops inside the NHS and elsewhere.

30.10 NHS employers and local staff representatives should look together at what progress they are making towards the aims of this agreement within their own local arrangements. Annual 'equality audits' are recommended, and these should cover:

- data on the make-up of the workforce by race, sex, age, disability and contract status (i.e. part time)
- what equality policies and procedures are in place
- pay and grading
- current monitoring processes.

30.11 Based upon the results of the audit, plans should be agreed about what is to be done towards meeting the aims of the agreement over the coming year. Guidance on the conduct of an equality audit will be developed separately. Where under-representation of particular racial groups, particular age groups, disabled staff or of a particular sex is identified, employers should take advantage of the positive action provisions in the discrimination legislation, assuming that the detailed conditions in the legislation are met. Guidance on positive action will be developed separately.

## Complaints

30.12 An agreed complaints procedure should be available for any person who believes that this agreement is not being applied to them. All complaints will be taken seriously and dealt with quickly, and no one will be told about the complaint without appropriate permission. Agreed procedures should provide for the complaint being dealt with at local level.

## Definitions

30.13 Where the term “requires” is used in this agreement, this denotes a requirement set down in law.

30.14 Where “should” is used, this denotes that there is a national agreement to that effect.

30.15 The agreements contained in this part of the handbook should be taken as policy by NHS employers. Any advice on best practice should be taken as being recommended by the NHS Staff Council.

30.16 Where it is recommended that employers and local staff representatives agree arrangements, any advice on best practice is there for guidance.

## Scope

30.17 Each of the key areas to be addressed are contained in this handbook at Sections 31 to 36 as follows:

- Section 31: Recruitment, promotion and staff development
- Section 32: Dignity at work
- Section 33: Caring for children and adults
- Section 34: Flexible working arrangements
- Section 35: Balancing work and personal life
- Section 36: Employment break scheme.

30.18 This agreement has been developed based on the legal minima and best practice and policy, thereby anticipating the need for change. There still remains significant scope to develop local procedures to inform action.

30.19 Some NHS employers will have established procedures which have been agreed with their local staff representatives. Where such procedures are consistent with the principles outlined in this agreement, these should not be disturbed. However, local agreements should be reviewed and updated in light of legal and best practice.

## Section 31: Recruitment, promotion and staff development

### General

- 31.1 It is consistent with the delivery of the highest quality healthcare that all NHS employers should have fair and non-discriminatory systems for recruiting, developing and promoting people. Fair and open recruitment procedures should be in place and those people with a responsibility for recruitment should be trained for their role.
- 31.2 Recruitment and promotion procedures should be regularly monitored to identify where and how they can be improved, and to enable the planning of potential positive action initiatives for under-represented groups.
- 31.3 Equality of access to opportunities for the development of skills should apply regardless of hours worked or any other non-standard term in the contract of employment.
- 31.4 Recruitment agencies used for finding permanent or temporary staff should be informed of this agreement and expected to follow fair and objective selection procedures. They should also be informed that their performance will be monitored in line with local arrangements.

### Job and person specifications

- 31.5 Before any decision is made to advertise a job, NHS employers should decide that a real vacancy exists and should be clear about requirements of the job. Opportunities for flexibility, as set out in Section 34, should be assessed and acted upon so as to attract as talented a group of applicants as possible without needless conditions being applied.
- 31.6 Each job should have a written job description and person specification. These should be reviewed every time a vacancy occurs to ensure that they remain relevant and are flexible, including making reasonable adjustments should people with disabilities apply.
- 31.7 Person specifications should outline the genuine minimum requirement and, where appropriate, any genuine occupational qualification (GOQ) necessary for the job to be done effectively. Emphasis should be placed on quality, rather than length of experience, and consideration should be given to experience gained outside paid employment.

### Selection

- 31.8 Selection should always be a competitive process except where a member of staff is being re-deployed to accommodate their disability, health

needs, maternity, training or other similar situation. In any of these situations there should still be a KSF for the post (see Section 6).

- 31.9 All applicants, where they request it, are entitled to know the reasons why their application has been unsuccessful.

### Seeking applicants

- 31.10 All jobs must be advertised except where there is a redundancy exercise in progress.
- 31.11 Advertisements should be designed and placed to attract as wide a group of suitably qualified applicants as possible. Where recruitment agencies are involved they should be made aware of the requirements of this agreement and given clear instructions regarding the employer's policies.
- 31.12 Advertisements should be expressed in clear language and available in a variety of formats. Further information should also be available in large print or on tape, and advice given to applicants should be measurably uniform.

### Forms of application

- 31.13 Where application forms are used they should be simple and to the point, requesting only that information which is essential to making an informed decision.
- 31.14 Where written applications would restrict the diversity of applicants, applications other than those in writing should be considered.
- 31.15 Whichever type of application is adopted, a confidential means for monitoring applicants and the success of their application should be agreed at local level.

### Selection decision

- 31.16 Everyone involved in selection should be trained in undertaking fair and objective recruitment.
- 31.17 Selection decisions should be carried out by more than one person. Where a panel is appropriate, it should reflect the diversity of the workforce.
- 31.18 Selection should be consistently applied and based upon clear criteria which are in line with the job description and person specification.
- 31.19 A written record of all decisions should be kept for a minimum of one year.

31.20 A means of monitoring the selection process should be agreed at local level.

### Selection processes and tools

31.21 Interviews are one means of selecting job applicants. Consideration should be given to the options available. In all cases the process should suit the requirements of the job and be designed to bring out the best in the applicants.

31.22 All shortlisted applicants should be asked if they require any particular arrangements to be made in the selection process to enable ease of participation.

### Promotion to a higher payband

31.23 Promotion should be a competitive selection process for internal candidates except in cases where the provisions for the development of professional roles for certain staff in band 5 apply (see Annex T).

31.24 Opportunities for promotion should be as widely publicised as possible and open to anyone with either the skills, or potential after training, to meet the requirements of the job description.

31.25 Selection processes should apply as above.

31.26 All applicants, where they request it, should be entitled to reasons why their promotion has been unsuccessful.

### Positive action

31.27 As set out in the general statement in Section 30, positive action measures are permitted where the conditions set down in legislation are met.

31.28 Statements in advertisements, and the appropriate placement of advertisements, can encourage people from under-represented groups to apply.

### Training and development

31.29 Every new employee should undergo a comprehensive induction programme, including training in equal opportunities policy and practice at work.

31.30 Every employee should have annual development reviews and a personal development plan (see Section 3 of the KSF Handbook).

31.31 Information on training and development opportunities should be widely publicised and the take up of such opportunities monitored as part of the auditing process.

### Monitoring and review

31.32 Recruitment policies and practices should be monitored in line with codes of practice published by both statutory bodies.

31.33 Action should be taken by employers to analyse data on recruitment, promotion and training in partnership with local staff representatives.

31.34 Records on recruitment and promotion, including reasons for decisions to employ or not, should be kept for a minimum of twelve months.

## Section 32: Dignity at work

### Policy

- 32.1 As part of the overall commitment to equality for a diverse workforce, NHS employers should aim to create a culture in which all staff have the right to be treated with dignity and respect.
- 32.2 To achieve this employers should, in partnership with local staff representatives, draw up a policy on dignity at work, including a procedure for dealing effectively with cases of harassment.
- 32.3 The policy should apply to all staff, contractors and employees of other organisations who are on site, volunteers, visitors and patients at the point of service delivery.
- 32.4 It should be the responsibility of employers through publication and promotion to ensure that all concerned are aware of this policy and of sources of available support; that managers and staff are aware of the expectations which flow from the policy and what to do if these are not met.
- 32.5 There should be appropriate training undertaken to support the promotion of this policy.

### Setting a culture to promote dignity at work

- 32.6 NHS employers and local staff representatives should agree what actions will be taken to identify the main causes of harassment or bullying at work and what actions should be taken to remove these causes.
- 32.7 NHS employers have a duty to prevent harassment taking place. Managers have a responsibility to set the standards of acceptable behaviour expected of staff. They should ensure their own behaviour could not be construed as personal harassment by acting with fairness and equity. This includes using their judgement to correct standards of conduct or behaviour which could be seen as harassment, and to remind staff of these standards. Each member of staff carries responsibility for his or her own behaviour.

### Dealing with complaints

- 32.8 NHS employers and local staff representatives should agree in partnership a procedure designed to deal with cases where there has been a departure from the dignity at work policy or where there has been an allegation of harassment or bullying.



## Definitions

- 32.9 Harassment is defined as “any conduct based on age, sex, sexual orientation, gender reassignment, disability, HIV status, race, colour, language, religion, political, trade union or other opinion or belief, national or social origin, association with a minority, domestic circumstances, property, birth or other status which is unreciprocated or unwanted and which affects the dignity of men and women at work.”
- 32.10 Bullying is defined as “the unwanted behaviour, one to another, which is based upon the unwarranted use of authority or power.”
- 32.11 In all cases it will be for the recipient to define what is inappropriate behaviour.
- 32.12 “At work” includes any place where the occasion can be identified with either the requirements of the employer, or with social events linked to the same employment. It includes any place where NHS care is delivered.

## Process

- 32.13 The procedure for dealing with complaints against members of staff should be seen as separate and different from the grievance procedure, and should recognise the difficulties being experienced by complainants.
- 32.14 Separate procedures dealing with complaints by members of staff against patients, visitors or employees of other organisations should be drawn up.
- 32.15 The procedures should advise complainants that they may, if they wish, deal with their complaint informally, by directly requesting the behaviour to stop (or with the assistance of a colleague).
- 32.16 All complaints should be taken seriously and investigated promptly and thoroughly.
- 32.17 For complaints against other staff members:
- there will be rights of representation in line with the grievance procedure and complainants should have access to trained advisers to help them to deal with the process of complaint
  - there will be specific provision within the procedure to deal with cases where the alleged harasser manages, or is managed by, the complainant
  - an alleged harasser will have the right to be informed in writing of the complaint made against them.
- 32.18 A formal complaint should trigger an investigation, with the investigator(s) operating outside their normal area of responsibility.

- 32.19 Investigators should be trained in the skills of objective investigation, interviewing and report writing.
- 32.20 The investigator(s) should produce a factual report in reasonable time for presentation to the relevant reporting manager.
- 32.21 It is the responsibility of the reporting manager to produce an outcome to a valid complaint which offers a remedy which may include mediation.
- 32.22 The reporting manager will decide whether the disciplinary procedure needs to be invoked for the alleged harasser.
- 32.23 Confidentiality should be maintained as far as is compatible with thorough investigation and the effective handling of each case, and steps should be taken to ensure that complainants and witnesses remain free from victimisation.
- 32.24 When a complaint turns out not to be made in good faith, the reporting manager should decide whether the disciplinary procedure be invoked for the complainant.

### Appeals

- 32.25 The procedure should allow for either party to appeal.
- 32.26 The complainant may appeal if it is felt that the process of investigation and subsequent application, or not, of the disciplinary procedure has been unfairly or poorly carried out or agreed. There should be no appeal allowed to the complainant against the perceived severity or leniency of the disciplinary action taken.
- 32.27 The alleged harasser may appeal if it is felt that the process of investigation or subsequent application of the disciplinary procedure has been unfairly or poorly carried out or agreed. The alleged harasser should also be allowed to appeal against the perceived severity of the disciplinary action taken.

### Monitoring and review

- 32.28 Provision should be made for managers to monitor complaints and their outcomes in partnership with local staff representatives.
- 32.29 Monitoring arrangements should be capable of seeking out the causes of harassment and bullying so as to remove them from the organisation.

## Section 33: Caring for children and adults

### General

- 33.1 All NHS employers must have a carer's policy to address the needs of people with caring responsibilities and to meet the requirements of the 'right to request' flexible working legislation for carers of children and dependant adults (see Employment Relations Act for definition of 'carer'). This policy should emphasise the benefits of flexible working arrangements, balancing work and personal life and employment breaks as set out in Section 34 to 36.
- 33.2 The policy should seek to balance the requirements of delivering a first-class service with the needs of employees, to find the most effective means of supporting those with carer responsibilities as part of a wider commitment by the NHS to improve the quality of working life.
- 33.3 Many of the policies related to child and dependant care will have relevance to other forms of care. For example, the planning process for checking out what would help eligibility criteria and ensuring equality of access. These should be considered when drawing up a carer's policy.

### Child and dependant care

- 33.4 Childcare covers a range of care choices for children from birth up to age 14 years.
- 33.5 Dependant care covers a range of options to meet the needs of dependant adults, where an employee is involved in substantial and regular care sufficient for them to seek a change in their permanent contract of employment.
- 33.6 The policy should be drawn up jointly between employers and local staff side representatives. This should cover:
- the child and dependant care needs of people relative to matters such as place of work, working patterns (including shift patterns) and hours worked
  - policy on child and dependant care support particularly related to specific difficulties in recruiting and retaining people in certain job categories
  - equality of access to child and dependant care and affordability, respecting the diversity of personal domestic circumstances
  - guidelines on eligibility
  - how the policy relates to other Sections in this part, in particular those covering leave and flexible working arrangements

- the range of options open to carers, i.e. crèche facilities, childminders, workplace nurseries, allowances, school and holiday play schemes, term-time contracts etc. The policy should be clear as to why certain options are available
  - partnership options with other employers and trade unions
  - allocation of senior management responsibility for the operation and monitoring of the policy.
- 33.7 Where a decision is taken not to offer particular forms of childcare, the policy should indicate where other arrangements are available to support people with childcare responsibilities, and what alternative ways of working exist.
- 33.8 Applications and outcomes should be monitored annually, in partnership with local staff representatives.
- 33.9 Monitoring information should be analysed and used to review and revise policies and procedures to ensure their continuing effectiveness.
- 33.10 Applications and outcomes, from both employer and employees should be recorded and kept for a minimum of one year.

## Section 34: Flexible working arrangements

### General

- 34.1 NHS employers in partnership with staff organisations will develop positive flexible working arrangements which allow people to balance work responsibilities with other aspects of their lives. In considering the provisions of this paragraph employers should also have regard to the provisions in Section 2 *Maintaining round the clock services*
- 34.2 Employers are required to consider flexible working options as part of their duty to make reasonable adjustments for disabled staff and job applicants under the Disability Discrimination Act, and staff returning from maternity leave (see Section 15).
- 34.3 New working arrangements should only be introduced by mutual agreement, whether sought by the employee or the employer.
- 34.4 Flexible working should be part of an integrated approach to the organisation of work and the healthy work/life balance of staff.
- 34.5 Policies for flexible working should be made clear to all employees.
- 34.6 Employers should develop policies on flexible working which, as far as is practicable, should include:
- part-time working, where a person works to a pattern and number of hours by mutual agreement
  - job sharing, where two or more people share the responsibilities of one or more full-time job(s), dividing the hours, duties and pay between them
  - flexi-time, where employees can choose their own start and finish time around fixed core hours
  - annual hours contracts, where people work a specific number of hours each year, with the hours being unevenly distributed throughout the year
  - flexible rostering, using periods of work of differing lengths within an agreed overall period
  - term-time working, where people work during the school term but not during school holidays
  - school-time contracts
  - tele-working, where people work from home for all or part of their hours with a computer or telecommunication link to their organisation
  - voluntary reduced working time, where people work reduced hours by agreement at a reduced salary

- fixed work patterns, where, by agreement, days off can be irregular to enable, for example, access by separated parents to their children and flexible rostering
- flexible retirement.

34.7 Flexible working arrangements should be available to all employees.

34.8 All jobs should be considered for flexible working; if this is not possible the employer must provide written, objectively justifiable reasons for this and give a clear, demonstrable operational reason why this is not practicable.

34.9 There should be a clear procedure for application for flexible working, agreed by employers and local staff representatives.

34.10 All people with flexible working arrangements should have access to standard terms and conditions of employment, on an equal or pro-rata basis, unless different treatment can be justified for operational reasons.

### Monitoring and review

34.11 Applications and outcomes should be monitored annually, in partnership with local staff representatives.

34.12 Monitoring information should be analysed and used to review and revise policies and procedures to ensure their continuing effectiveness.

34.13 Applications and outcomes, from both employer and employees, should be recorded and kept for a minimum of one year

## Section 35: Balancing work and personal life

### General

- 35.1 NHS employers should provide employees with access to leave arrangements which support them in balancing their work responsibilities with their personal commitments.
- 35.2 Leave arrangements should be part of an integrated policy of efficient and employee friendly employment practices, and this Section should be seen as operating in conjunction with other provisions, particularly the employment break scheme, flexing work positively and the caring for children and adults sections.
- 35.3 Arrangements should be agreed between employers and local staff representatives.
- 35.4 A dependent is someone who is married to, or is a partner or civil partner, "a near relative" or someone who lives at the same address as the employee. A relative for this purpose includes: parents, parents-in-law, adult children, adopted adult children, siblings (including those who are in-laws), uncles, aunts, grandparents and step relatives or is someone who relies on the employee in a particular emergency.

### Forms of leave

#### Parental leave

- 35.5 This should be a separate provision from either maternity or maternity support leave and should provide a non transferable individual right to at least 13 weeks' leave (18 weeks if child is disabled). Leave is normally unpaid, but may be paid by local agreement.
- 35.6 Parental leave should be applicable to any employee in the NHS who has nominated caring responsibility for a child under age 14 (18 in cases of adoption or disabled children).
- 35.7 Leave arrangements need to be as flexible as possible, so that the leave may be taken in a variety of ways by local agreement. Parental leave can be added to periods of maternity support or maternity leave.
- 35.8 Notice periods should not be unnecessarily lengthy and should reflect the period of leave required. Employers should only postpone leave in exceptional circumstances and give written reasons. Employees may also postpone or cancel leave that has been booked with local agreement.
- 35.9 During parental leave the employee retains all of his/her contractual rights, except remuneration and should return to the same job after it.

Pension rights and contributions shall be dealt with in accordance with NHS Superannuation Regulations. Periods of parental leave should be regarded as continuous service.

- 35.10 It is good practice for employers to maintain contact (within agreed protocols) with employees while they are on parental leave.

### Maternity support (paternity) leave and pay and ante-natal leave

- 35.11 This will apply to biological and adoptive fathers, nominated carers and same-sex partners.

- 35.12 There will be an entitlement to two weeks' occupational maternity support pay. Full pay will be calculated on the basis of the average weekly earnings rules used for calculating occupational maternity pay entitlements. The employee will receive full pay less any statutory paternity pay receivable. Only one period of occupational paternity pay is ordinarily available when there is a multiple birth. However, NHS organisations have scope for agreeing locally more favourable arrangements where they consider it necessary, or further periods of unpaid leave.

- 35.13 Eligibility for occupational paid maternity support pay will be 12 months' continuous service with one or more NHS employers at the beginning of the week in which the baby is due. More favourable local arrangements may be agreed with staff representatives and/or may be already in place.

- 35.14 Local arrangements should specify the period during which leave can be taken and whether it must be taken in a continuous block or may be split up over a specific period.

- 35.15 An employee must give his/her employer a completed form SC3 "Becoming a Parent" at least 28 days before they want leave to start. The employer should accept later notification if there is good reason.

- 35.16 Reasonable paid time off to attend ante-natal classes will also be given.

- 35.17 All employees are entitled to two weeks' maternity support leave. Employees who are not eligible for occupational maternity support pay may still be entitled to statutory paternity pay (SPP) subject to the qualifying conditions. The rate of SPP is the same as for statutory maternity pay (SMP).

### Adoption leave and pay

- 35.18 All employees are entitled to take 52 weeks' adoption leave.



- 35.19 There will be entitlement to paid occupational adoption leave for employees wishing to adopt a child who is newly placed for adoption.
- 35.20 It will be available to people wishing to adopt a child who has primary carer responsibilities for that child.
- 35.21 Where the child is below the age of 18 adoption leave and pay will be in line with the maternity leave and pay provisions as set out in this agreement.
- 35.22 Eligibility for occupational adoption pay will be 12 months' continuous NHS service ending with the week in which they are notified of being matched with the child for adoption. This will cover the circumstances where employees are newly matched with the child by an adoption agency.
- 35.23 If there is an established relationship with the child, such as fostering prior to the adoption, or when a step-parent is adopting a partner's children, there is scope for local arrangements on the amount of leave and pay in addition to time off for official meetings.
- 35.24 If the same employer employs both parents, the period of leave and pay may be shared. One parent should be identified as the primary carer and be entitled to the majority of the leave. The partner of the primary carer is entitled to occupational maternity support leave and pay.
- 35.25 Reasonable time off to attend official meetings in the adoption process should also be given.
- 35.26 Employees who are not eligible for occupational adoption pay may still be entitled to statutory adoption pay (SAP) subject to the qualifying conditions. The rate of SAP is the same as for statutory maternity pay.

### Keeping in touch

#### Work during the adoption leave period

#### Keeping in touch days

- 35.27 Employees will be entitled to keep in touch days (KIT) in line with the maternity leave and pay provisions as set out in Section 15 of this agreement.

#### Leave/time off for domestic reasons

- 35.28 This form of leave should cover a range of needs, from genuine domestic emergencies through to bereavement.
- 35.29 These provisions should cover all employees.

- 35.30 Payment may be made by local agreement, but the expectation is that relatively short periods of leave for emergencies will be paid.
- 35.31 If the need for time off continues, other options may be considered, such as a career break.
- 35.32 Applicants for the above forms of leave should be entitled to a written explanation if the application is declined.
- 35.33 Appeals against decisions to decline an application for leave should be made through the grievance procedure.

### Monitoring and review

- 35.34 All applications and outcomes should be recorded, and each leave provision should be annually reviewed by employers in partnership with local staff representatives.
- 35.35 Applications and outcomes should be monitored annually, in partnership with local staff representatives.
- 35.36 Monitoring information should be analysed and used to review and revise policies and procedures to ensure their continuing effectiveness.
- 35.37 Applications and outcomes, from both employer and employees should be recorded and kept for a minimum of one year.

## Section 36: Employment break scheme

### General

- 36.1 NHS employers should provide all staff with access to an employment break scheme.
- 36.2 The scheme should be agreed between employers and local staff representatives.
- 36.3 The scheme should be viewed with other sections in this handbook, particularly those relating to flexible working, balancing work and personal life, and provisions for carers, as part of the commitment to arrangements which enable employees to balance paid work with their other commitments and responsibilities.
- 36.4 The scheme should also enable employers to attract and retain the experience of staff consistent with the NHS commitment to the provision of high quality healthcare.
- 36.5 The scheme should provide for people to take a longer period away from work than that provided for by the parental leave and other leave arrangements.

### Scope

- 36.6 The scheme should explicitly cover the main reasons for which employment breaks can be used, including childcare, eldercare, care for another dependant, training, study leave or work abroad. It should also indicate that other reasons will be considered on their merits.
- 36.7 People on employment breaks will not normally be allowed to take up paid employment with another employer except where, for example, work overseas or charitable work could broaden experience. In such circumstances written authority from the employer would be necessary.

### Eligibility

- 36.8 The employment break scheme should normally be open to all employees who have a minimum of 12 months' service.
- 36.9 Applications should be submitted in writing and notice periods should be clearly stated in an agreement between the employee and employer.

### Length of break

- 36.10 The maximum length of break should be five years.

- 36.11 Breaks should be able to be taken either as a single period or as more than one period.
- 36.12 The minimum length of break should be three months.
- 36.13 The length of any break should balance the needs of the applicant with the needs of the service.
- 36.14 The scheme should have provision for breaks to be extended with appropriate notice, or for early return from breaks.
- 36.15 All breaks should be subject to an agreement between the employer and applicant before the break begins. See also separate provisions in Section 12, paragraph 12. The agreement should cover:
- the effect of the break on various entitlements related to length of service
  - a guarantee that, if the applicant returns to work within one year, the same job will be available, as far as is reasonably practicable
  - if the break is longer than one year, the applicant may return to as similar a job as possible
  - return to work at the equivalent salary level, reflecting increases awarded during the break
  - the notice period required before the return to work should be two months if the break is less than a year and six months if the break is more than a year
  - arrangements for keeping in touch during the break
  - requirements on the applicant to keep up to date with their relevant professional registration needs, including attendance at specified training courses and conferences, and any assistance the employer may give in the support of this
  - training arrangements for re-induction to work
  - any other conditions required either by the employer or the applicant.

### Return to work

- 36.16 Applicants should not have to resign to take an employment break, although there will be a change to the contract of employment.
- 36.17 The period of the break should count toward continuous employment for statutory purposes.
- 36.18 Other provisions depending upon length of service, i.e. pensions, contractual redundancy payments, leave entitlements etc, should be suspended for the period of the break (see also separate provisions in Section 12).

## Appeals

36.19 Applicants should be entitled to a written reason for the refusal of any application.

36.20 Applicants may resort to the grievance procedure if a request for a break is refused.

## Monitoring and review

36.21 All records of applications and decisions should be kept for a minimum of twelve months.

36.22 The operation of the scheme should be monitored annually by employers in partnership with local staff representatives.

## Sections 37–39

(Unallocated)

## PART 6: OPERATING THE SYSTEM

# 6

# Part 6: Operating the system

## Section 40: New bodies and procedures

40.1 This section describes the roles and functions of the national bodies which will be responsible for making recommendations on pay and conditions of service in the modernised NHS pay system. These are:

- the NHS Staff Council
- NHS Pay Review Bodies
- the Pay Negotiating Council.

### The NHS Staff Council

40.2 The NHS Staff Council has overall responsibility for the pay system described in this handbook which relates to staff on pay spines two and three.

40.3 Its remit includes:

- maintenance of the new pay system, including any variations to the national agreements
- the negotiation of any variations in the harmonised national core conditions of service across the NHS as set out in Part 3 of this handbook
- the negotiation of any enabling agreements or variations in any enabling agreements in respect of conditions of service which are not harmonised
- the interpretation of the national agreement and the general operation of the modernised NHS pay system, including any concerns about equal pay for work of equal value across the three pay spines
- the discussion of any other general issues of common concern on pay and terms and conditions of service.

40.4 The NHS Staff Council will not negotiate pay settlements. However, the Government, employers' representatives or staff organisations may initiate consultation in the Council where they believe recommendations by the Review Bodies or agreements of the Pay Negotiating Council may have brought pay out of line across the NHS for jobs of broadly equal



weight in a way which may not be justifiable under the relevant legislation. The NHS Staff Council may then draw this to the attention of the Review Bodies or the Pay Negotiating Council to consider the corrective action.

- 40.5 The four UK Health Departments, all organisations representing NHS employers and all the nationally recognised staff organisations should have the right to be represented in this forum.
- 40.6 The NHS Staff Council will operate in a spirit of social partnership and will have joint chairs, one from representatives of staff organisations and one from representatives of employers. When both chairs are present, the functional chair will alternate each year.
- 40.7 There will be sufficient permanent members to ensure representation of all the groups described in paragraph 40.5. (Irrespective of the number of permanent members, decisions may only be reached by agreement between the two representative groups). There will be a joint Executive. Meetings of the Council will be hosted by agreement between the two representative groups, and the expenses of individual members will be borne by the organisations nominating them.
- 40.8 The employer representatives will include the employer representatives' chair and representatives of the UK Health Departments, the NHS Confederation, the Ambulance Services Association, and other employer representatives including a primary care representative, a health authority or health board nominee and a representative of NHS foundation trusts. The employer representatives may invite one or more additional persons who appear to them to have special expertise or locus in any of the items under discussion to attend for the discussion of those items.
- 40.9 The staff representatives should both reflect membership in the NHS but also make some provision to ensure that smaller staff organisations have a voice in the new system. The weighting of membership among the staff representatives will be a matter for them to determine. The staff representatives may invite one or more additional persons who appear to them to have special expertise or locus in any of the items under discussion to attend for the discussion of those items.
- 40.10 The NHS Staff Council will not consider individual cases, which will continue to be resolved at individual employer level.
- 40.11 The NHS Staff Council will be scheduled to meet at least twice yearly but meetings may be cancelled by agreement if there is not enough business to justify a meeting.
- 40.12 The NHS Staff Council may form sub-groups to discuss analysis, evidence and issues with significant implications for a particular group, or to oversee particular parts of the system, and make recommendations on them to the Council.

- 40.13 Decisions of the NHS Staff Council will be reached by agreement of both employer and staff representatives. All decisions of the Council will require the formal agreement of the Secretary of State for Health and the Ministers of Health for Scotland, Northern Ireland and the National Assembly for Wales.
- 40.14 An executive committee of the NHS Staff Council will meet at least four times a year, or more frequently if agreed necessary, to take forward the day-to-day business of the Council and to hear reports from any technical working groups that may be established.
- 40.15 The staff organisations with national recognition for the purposes of the NHS Staff Council currently are:
- UNISON
  - The Royal College of Nursing (RCN)
  - The Royal College of Midwives (RCM)
  - Amicus
  - GMB
  - The Transport and General Workers Union (TGWU)
  - The Union of Shop, Allied and Distributive Workers (USDAW)
  - The Chartered Society of Physiotherapy (CSP)
  - The Community and District Nursing Association (CDNA)
  - The Society of Radiographers (SoR)
  - The Federation of Clinical Scientists (FCS)
  - The British Association of Occupational Therapists (BAOT)
  - The Union of Construction Allied Trades and Technicians (UCATT)
  - The British Orthoptic Society (BOS)
  - The Society of Chiropodists and Podiatrists (SoCP)
  - The British Dietetic Association (BDA).

## NHS REVIEW BODIES

### The Review Body for Nursing Staff and Other Health Professions

- 40.16 The following paragraphs describe the changes that have been made to the terms of reference of the NHS Pay Review Bodies and the pay review process that are intended to:

- help ensure that the Review Bodies' recommendations do not result in different rates of pay for jobs of equal value except where this can be objectively justified by material factors; and
- extend the staff coverage of the Review Body for Nursing and Other Health Professions to other health professional groups and their support staff.

40.17 These changes have been approved by the Prime Minister, the Secretary of State for Health and the First Ministers for Scotland and Wales.

40.18 These changes will continue to ensure the independence of the review bodies.

### Changes to help ensure consistency with equal pay principles

40.19 Changes have been made to the Review Bodies' terms of reference so that:

- (i) the Review Bodies are formally asked to take into account the principle of equal pay for work of equal value in formulating their recommendations
- (ii) the Review Bodies objectively justify any recommendation to make an award that is likely to result in different levels of pay for staff groups with comparable job weights, whether the staff groups in question are within the same Review Body remit or in different Review Body remits
- (iii) the Review Body chairmen may consult each other where the evidence suggests there is a need to address equal pay considerations affecting staff groups in different remits.

40.20 It will be open to the Government, the organisations representing staff or employer organisations to make a case for awarding differential pay increases to staff with comparable job weights, or national recruitment and retention premia, where they consider that this can be justified by differential labour market pressures and their impact on recruitment and retention. It will also be open to the Government, the organisations representing staff or employer organisations to make a case for adjusting the differentials between pay bands.

40.21 Where, based on material factors, the Review Body recommends differential awards of these kinds, it should make explicit in its report the reasons for such recommendations.

40.22 Where higher awards to particular groups are justified by reference to material factors, the additional award should be separately identifiable and may typically take the form of a recruitment and retention premium. Any such additions should be periodically reviewed by the Review Body and may over time be adjusted or withdrawn to reflect changes in the

relevant material factors, for instance in the scale of labour market pressures and their impact on recruitment and retention.

## Changes to the remit of the Nursing and Other Health Professions Review Body

- 40.23 The Nursing and Other Health Professions Review Body will make recommendations on the remuneration of all staff employed in the NHS on the second pay spine.
- 40.24 The terms of reference for the Nursing and Other Health Professions Review Body has been extended to include all staff employed in the NHS belonging to professions which:
- have a minimum entry requirement of three years' education study (or equivalent) to diploma level or higher in a health specific area (other than medicine or dentistry)
  - are state registered; and
  - have a substantial majority of members employed in healthcare.
- 40.25 Staff belonging to professional groups that meet the majority but not all of the above criteria should be considered for addition to the remit of the Review Body on a case by case basis.
- 40.26 The following NHS professional staff groups have been added to the remit of the Review Body:
- those staff defined as allied health professions who are not already within the existing remit of the Review Body
  - healthcare scientists
  - healthcare pharmacists, hospital optometrists, clinical psychologists, adult and child psychotherapists
  - family therapists with a minimum training requirement of at least three years to diploma level or equivalent in family therapy
  - operating department practitioners.
- 40.27 The extended remit will also include staff employed in the NHS who support the professional staff described in paragraphs 40.24 and 40.26 and who have a direct connection with those staff similar to that between nursing auxiliaries and registered nurses, provided that this does not change the predominantly professional status of the remit of the Review Body.
- 40.28 Where a new role is created which the NHS Staff Council agrees is analogous to roles already covered by staff within the remit of the review body, it may be attributed to the appropriate pay band on the second pay spine.

40.29 A full list of the groups covered by the review body (including details of staff who support the professional staff described in paragraph 40.26 above) is at Annex P.

### Review Body on Doctors' and Dentists' Remuneration

40.30 Medical and dental staff on the first pay spine will continue to have their remuneration recommended by the Review Body on Doctors' and Dentists' Remuneration.

### Equal pay and implementation of review body recommendations

40.31 Both review bodies will be expected to take into account the principle of equal pay for work of equal value when formulating their recommendations.

40.32 Final decisions on implementation of recommendations of either pay review body are a matter for the Prime Minister and relevant health ministers.

### The PAY NEGOTIATING COUNCIL

40.33 A Pay Negotiating Council (the Negotiating Council) will be responsible for negotiating and monitoring the pay awards of all staff on pay spine three.

40.34 The Negotiating Council will replace the relevant functional Whitley Councils and other related bodies with regard to negotiating pay awards.

40.35 There will be direct linkage between basic pay awards (excluding awards to deal with recruitment and retention or other special issues affecting particular groups) for staff on pay spine two and those in an equivalent position on pay spine three.

40.36 The Negotiating Council will negotiate any variation in these basic pay awards having regard to the same factors in relation to its remit group as the pay review bodies for their remit groups.

40.37 It will be open to the Government, the organisations representing staff or employer organisations to make a case for awarding differential pay increases, where these are justified by the impact of different labour markets, or to tackle recruitment and retention difficulties.

40.38 Where, based on material factors, the Negotiating Council judges differential awards are required, either at particular levels within the pay structure or in respect of particular groups, the Negotiating Council should be explicit about the reasons for such recommendations.

- 40.39 Where higher awards to particular groups are justified by reference to material factors, the additional award should be separately identifiable and may typically take the form of a recruitment and retention premium. Any such additions should be periodically reviewed by the Negotiating Council and may over time be adjusted or withdrawn to reflect changes in the relevant material factors, for instance in the scale of labour market pressures and their impact on recruitment and retention.
- 40.40 The Negotiating Council will operate in a spirit of social partnership. It will have joint chairs, one from representatives of staff organisations and one from representatives of employers. When both chairs are present, the functional chair will alternate each year.
- 40.41 There will be a joint executive. The expenses of individual members will be born by the organisations nominating them.
- 40.42 The employer representatives will include representatives of the UK Health Departments, the NHS Confederation, the Ambulance Services Association and other employer representatives including a primary care representative, a health authority or health board nominee and representatives of NHS foundation trusts.
- 40.43 The staff representatives should reflect membership in the NHS but also make some provision to ensure that smaller staff organisations with national recognition for pay purposes have a voice in the new system. The weighting of membership among the staff representatives will be a matter for them to determine.
- 40.44 The Negotiating Council should meet at least twice yearly and may form sub-groups to discuss analysis, evidence and issues with significant implications for a particular group, or to oversee particular parts of the system, and make recommendations on them to the Council.
- 40.45 Decisions of the Negotiating Council will be reached by agreement of both employer and staff representatives. All decisions of the Negotiating Council will require the formal agreement of the Secretary of State for Health and the Ministers of Health for Scotland and Northern Ireland and the National Assembly for Wales.
- 40.46 The staff organisations with national recognition for pay purposes with staff who may be on pay spine three currently are:
- UNISON
  - GMB
  - The Transport and General Workers Union (TGWU)
  - Amicus
  - The Union of Construction, Allied Trades and Technicians (UCATT)
  - The Union of Shop Distributive and Allied Workers (USDAW).

## Sections 41–45

(Unallocated)

PART 7: TRANSITIONAL  
ARRANGEMENTS

7



# Part 7: Transitional arrangements

## Section 46: Assimilation and protection

### Assimilation to new pay structure

- 46.1 Staff on national contracts and other contracts which incorporate, or permit employers to incorporate, national agreements on pay and conditions of service will assimilate to the new pay system on the effective date determined below.
- 46.2 Staff on local contracts not incorporating national agreements on pay and conditions of service will be offered the opportunity to assimilate to the new pay system with the same effective date, subject to them giving their employer reasonable notice of their decision. If these staff do not exercise this right within the initial notice period, they may:
- do so later and the effective date of assimilation will be the start of the next pay period after they have notified the employer of their decision
  - or
  - defer their decision on moving to the new pay system until the outcome of the review of unsocial hours payments is known and providing they have given their employer reasonable notice their effective date of assimilation will be the effective date of the new arrangements.
- 46.3 Staff on local contracts may move on to the new pay system after this when their effective date will be the start of the next pay period after they have notified the employer of their decision.
- 46.4 Where organisations have normally adopted senior manager pay contracts, these should be regarded as "national agreements" for the purposes of this provision.
- 46.5 Newly appointed or promoted staff should be appointed or promoted on the new terms. However, if during the implementation phase employees are recruited after 1 October 2004 on pre-Agenda for Change terms and conditions pending assimilation of their posts to the new pay system, then the protection arrangements set out in this agreement will apply.

## Effective dates and operational dates

- 46.6 The operational date for national roll out will be 1 December 2004, with an effective date for any changes in pay and conditions of 1 October 2004, except for hours of the working week where staff will retain their existing hours until 30 November 2004, after which the new hours will apply subject to the transitional arrangements set out in paragraphs 46.30 to 46.32 below.
- 46.7 For staff returning from secondment to their substantive post on the same contract of employment after the time of assimilation the protection arrangements set out in this section will apply. For example, staff currently working less than 37½ hours will have their hours protected for a phased protection period as set out in Table 10.
- 46.8 To support the smooth transfer of staff onto new contracts, employers may agree locally, through their joint negotiating machinery, a series of operational dates for staff to move in practice to the new system. These operational dates may vary for different categories of staff. Where this provision is used locally, the aim should be to have matched most staff to their new pay bands by 31 March 2005 and to have completed the assimilation of staff no later than the end of September 2005. Any member of staff whose assimilation to the new system is deferred for operational reasons under this provision will have any pay increase and any other improvement in terms and conditions back-dated to the effective date, subject to the qualification in relation to the retention of existing hours until 30 November 2004 set out in paragraph 46.6 above.

## Assimilation to new pay spines and bands

- 46.9 Employee's current pay for the purpose of assimilation to the new pay spines and bands, referred to below as "basic pay before assimilation", is their annual full-time equivalent basic pay on the effective assimilation date plus the annual value of any job evaluation related allowances (see Annex Q) plus the average value of any bonus payments under schemes which are discontinued (see paragraph 46.42 below).
- 46.10 Where the employee's basic pay is already subject to protection at the point of assimilation, the protected level of basic pay should be used in this calculation.
- 46.11 For staff returning from career breaks, maternity leave or other special leave, current pay shall be calculated as in paragraph 46.9 above but by reference to the current values of the pay and allowances received in the post they held prior to the break.
- 46.12 The rules for assimilating staff to the new pay bands are as follows:

- where basic pay before assimilation is between the new minimum and maximum of the new pay band, staff will assimilate to the next equal or higher pay point in the new pay band
- in pay band 1, where basic pay before assimilation is below the new minimum, staff in pay band 1 will all move straight onto the minimum. Most staff in other pay bands will assimilate either at the new minimum or, if they are significantly below the minimum, on to special transitional points. Staff will then progress automatically through the special transitional points in annual steps until they reach the minimum of their new pay band, when the normal rules on pay progression will apply, subject to the special provision in Section 6, paragraph 22. Special arrangements for staff approaching retirement age are set out below in paragraph 46.17.
- in a minority of cases, basic pay before assimilation will be above the maximum of the new pay band. In some instances this situation has been addressed by agreeing that it is appropriate to pay a recruitment and retention premium (see Section 5 and Annex R) from the outset. Where a difference remains, pay protection will apply
- in the case of staff with an incremental date of 1 October 2004 under their pre-*Agenda for Change* pay arrangements, their basic pay for the purpose of any assimilation calculation will include the incremental increase payable on that date.

46.13 The special transitional points referred to above are set out in Annex B and Annex C. These special transitional points can only be used during assimilation and will be removed once assimilation is complete.

46.14 Subject to paragraph 46.15 below, special transitional points will be available for use as follows:

- for staff in early implementer sites the minimum transitional points available are:
  - from 1 June 2003 to 31 May 2004 the lowest point
  - from 1 June 2004 to 31 May 2005 the second lowest point
  - from 1 June 2005 to 31 May 2006 the highest transitional point.
- for all other NHS staff the dates are as follows:
  - from 1 October 2004 to 30 September 2005 the lowest point
  - from 1 October 2005 to 30 September 2006 the second lowest point
  - from 1 October 2006 to 30 September 2007 the highest transitional point.

46.15 During any period when the special transitional points are in use in respect of any member of staff in a given unit or equivalent work area, new appointees to the same pay band in that unit or work area, who would normally join at the minimum pay for the job, should be appointed on the lowest special transitional point currently in use.

46.16 Where a special transitional point is in use:

- all new appointees appointed on it during the year will move up a point on the 1 October following appointment and their incremental date will be 1 October regardless of when in the year they were appointed
- where existing staff assimilate to a special transitional point, they will progress on their normal incremental date to the next point.

### Staff approaching retirement age

46.17 During the period of assimilation the following rules will apply for staff approaching retirement age<sup>8</sup> whose basic pay before assimilation is below their new minimum:

- assimilation for staff two years or less from their normal retirement age on the effective date of assimilation should be no lower than the normal minimum
- for staff three years or less from their normal retirement age on the effective date, assimilation should be to a point no lower than the highest special transitional point
- for staff four years or less from their normal retirement age on the effective date, assimilation should be to a point no lower than the second highest special transitional point
- for staff five years or less from their normal retirement age on the effective date, assimilation should be to a point no lower than the lowest special transitional point.

### Pay protection

#### Calculating pay before and after assimilation

46.18 In the case of the minority of individual staff whose regular pay might otherwise be lower under the new system, the following arrangements will apply to ensure that any such staff will be no worse off on assimilation.

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<sup>8</sup> In accordance with the relevant NHS pension provisions, including those relating to any special classes. (In Scotland information about pensions is in Superannuation (Health Services) Circular No 1995/4).

46.19 The level of pay before and after assimilation should be calculated taking account of the payments set out in Table 8 below, subject to the qualifications set out in paragraph 46.20.

Table 8

Payment before assimilation	Payment after assimilation
<p>Basic pay, including any contractual overtime: <b>plus</b></p> <p>Leads and allowances measured in the Job Evaluation Scheme, or taken into account in any recruitment and retention premia (see Annex Q): <b>plus</b></p> <p>London weighting, fringe allowances and cost of living supplements: <b>plus</b></p> <p>Shift allowances and other payments related to unsocial hours (see Annex Q): <b>plus</b></p> <p>On-call payments (unless special transitional arrangements are in force – see paragraph 2.46) (That is where it is agreed locally to retain existing on-call arrangements for a transitional period from the effective date of assimilation. In such cases, on-call payments should be excluded from the calculation): <b>plus</b></p> <p>Bonus payments from schemes discontinued following implementation of the new pay system: <b>plus</b></p> <p>Other leads and allowances paid as part of regular pay which will cease on assimilation (see paragraph 46.40 below).</p>	<p>Basic pay, including any contractual overtime: <b>plus</b></p> <p>Recruitment and retention premia: <b>plus</b></p> <p>High cost area supplements: <b>plus</b></p> <p>Shift allowances and other payments related to working outside normal hours (see Section 2 and Annex Q): <b>plus</b></p> <p>On-call payments (unless special transitional arrangements are in force – see paragraph 2.46): <b>plus</b></p> <p>Any new bonus schemes authorised under the new system.</p>
<b>Total</b>	<b>Total</b>

46.20 The level of pay before assimilation for the purpose of this calculation will be the average level of the payments in the left-hand column of Table 8 over a reference period of 12 weeks or three months ending at the assimilation date, except:

- where this period includes the annual pay award due in April 2005 or an annual increment, the protected amount should be adjusted as if that award or increment had applied throughout the reference period
- where the shift allowances or payments for working outside normal hours vary over a rota which is longer than three months, the average over the full rota should be used
- where bonuses are paid less frequently than monthly an average over the last 12 months should be used.

### Accelerated progression for staff in high cost areas

46.21 In the case of staff in high cost areas, as defined in Section 4, where the combined value of the payments before assimilation is greater than the combined value of payments after assimilation, the latter should be recalculated using the first or second available higher pay point within the pay band to that indicated in paragraph 46.12 if that will obviate the need for protection. In such cases the employee's next incremental increase will be payable on 1 October 2005 and 1 October will be the employee's incremental date.

### Pay protection arrangements

46.22 Where the combined value of the payments before assimilation remains greater than the combined value of the payments after assimilation, the former level of pay will be protected. These protection arrangements apply to the combined value of payments before and after assimilation, not to individual pay components, excepting the provisions relating to retention of existing on-call arrangements (see Table 8 above and paragraph 46 in Section 2).

46.23 The level of protected pay will be re-calculated for staff assimilating after April 2004 taking into account the 3.225 per cent uplift in April 2005 in respect of all payments to which it applies.

46.24 If standard hours change during the period of protection, other than under the rules for assimilation to new standard hours below (for example, where a member of staff changes from full-time to part-time employment), or if a staff member reduces his or her hours of work or level of unsocial hours working, the protected level of pay will be re-calculated.

46.25 The period of protection will end when the total level of payments under the new system exceeds the level of protected pay, or when the protected

person changes job voluntarily, or at the latest on 30 September 2009 for staff in early implementer sites and 31 March 2011 for staff in national roll-out. For protection arrangements in NHSScotland, please refer to the pay protection section of the pay and modernisation website: [www.show.scot.nhs.uk/sehd/paymodernisation/afc.htm](http://www.show.scot.nhs.uk/sehd/paymodernisation/afc.htm)

46.26 As soon as possible during the period of protection, the skills, knowledge and role of staff subject to protection will be reviewed to establish whether they could be re-assigned to a higher weighted job or offered development and training to fit them for a higher weighted job.

46.27 Staff with pay protection arising from changes unrelated to this agreement who are also eligible for protection under this agreement may, at the time of assimilation, elect either to continue with their existing protection agreement or to move to this protection agreement. When the agreement concerned expires they will move onto the normal terms and conditions under this agreement.

### Incremental dates

46.28 Subject to the special provisions set out in Section 6, paragraph 32 relating to temporary movement into a higher pay band, paragraph 46.16 for staff on special transitional points and paragraph 46.21 in relation to accelerated progression for staff in high cost areas, incremental dates will be determined as follows:

- for existing staff on spot salaries (i.e. in posts with a single salary rate and no increments) or staff who are on or above the maximum of their current pay scale the incremental date will be the anniversary of the effective date of assimilation
- for newly appointed or promoted staff the incremental date will be the date they take up their post.

46.29 All other staff will retain their current incremental date.

### Assimilation to new conditioned hours

46.30 For staff who currently work more than 37½ hours, excluding meal breaks, there is a two year transitional period during which the new contracted hours will be phased in, as set out in Table 9 below, and during which staff may be required to work up to their old contracted hours with overtime payable for any hours in excess of their standard hours. Pro-rata arrangements will apply to part-time staff.

**Table 9:**  
Assimilation of working hours for those currently working more than 37½ hours

Current standard hours	New standard hours
Up to 39	37½ from 1 December 2004
More than 39, up to 41	39 from 1 December 2004 37½ from 1 December 2005
More than 41	40½ from 1 December 2004 39 from 1 December 2005 37½ from 1 December 2006

- 46.31 Staff currently working less than 37½ hours, excluding meal breaks, will have their hours protected for a phased protection period as set out in Table 10, below. These protection arrangements will continue to apply where staff move to a post with the same hours under the old pay system during the protection period.
- 46.32 Part-time staff whose hours of work change under Agenda for Change may opt to either retain the same number of hours they currently work or have their part-time hours altered to represent the same percentage of full time hours as is currently the case.

**Table 10:**  
Assimilation of working hours for those currently working less than 37½ hours

Current full-time standard hours	New standard hours (years from 1 December 2004)
37 hours	<ul style="list-style-type: none"> <li>• Three years on 37 hours</li> </ul>
36½ hours	<ul style="list-style-type: none"> <li>• Three years on 36½ hours</li> <li>• One year on 37 hours</li> </ul>
36 hours	<ul style="list-style-type: none"> <li>• Three years on 36 hours</li> <li>• Two years on 37 hours</li> </ul>
35 hours	<ul style="list-style-type: none"> <li>• Four years on 35 hours</li> <li>• Two years on 36 hours</li> <li>• One year on 37 hours</li> </ul>
33 hours	<ul style="list-style-type: none"> <li>• Four years on 33 hours</li> <li>• Two years on 35 hours</li> <li>• One year on 37 hours</li> </ul>



## Assimilation to new annual leave or general public holiday arrangements

- 46.33 Any additional leave and general public holiday entitlements set out in Section 13 will begin to accrue from the effective date of assimilation. This will be 1 October 2004 for national roll-out sites. If the staff member remains in post for the remainder of the leave year, the additional leave available in that year will be calculated pro-rata to the proportion of the leave year falling after the date of assimilation.
- 46.34 Any member of staff whose leave entitlement is reduced under Agenda for Change will have their existing entitlement protected for five years from the date of assimilation onto the new system. During this period staff may continue to claim existing entitlements.
- 46.35 Length of service for the purposes of calculating the additional leave entitlements set out in Section 13 includes service prior to the effective date of assimilation (see Section 12 for provisions governing reckonable service).

## Leads and allowances

- 46.36 Within the new pay structure all leads and allowances will be replaced by higher basic pay for the majority of staff. This supports simplification of the pay system and is consistent with the principle of equal pay for work of equal value. Employers may use their discretion, subject to partnership arrangements, to reward staff undertaking statutory, regulatory duties performed outside of those required by the job description and/or measured by the NHS Job Evaluation Scheme. Current examples of such statutory regulatory duties include midwifery supervision.
- 46.37 The current value of national leads and allowances or other special payments, which compensate staff for elements of their work which are valued within the NHS Job Evaluation Scheme, have been taken into account in setting levels of basic pay in the new system. The allowances it is agreed fall in this category are listed at Annex Q.
- 46.38 The current value of national leads and allowances and other special payments which reflect continuing special recruitment and retention needs such as London allowances, the chaplains' accommodation allowance, the special hospital lead and the regional secure unit allowance, have been taken into account in either new payments in high cost areas or in new recruitment and retention payments (see Section 4 and Annex Q).
- 46.39 Local allowances and other special local payments intended to enable NHS employers to respond to high market wages for staff in particular occupations or with particular skills will be reviewed under the rules for recruitment and retention premia in Agenda for Change. Where they

continue to be justified, the resources concerned will be taken into account in new recruitment and retention premia under the new system. See Section 5 and Annex Q.

- 46.40 All other leads and allowances paid when staff are assimilated onto the new system, whether agreed nationally or locally, will cease. The value of any such payments made as part of regular pay before assimilation will, however, be taken into account in assimilation and in the calculation of any pay protection for the minority of individual staff whose regular pay may otherwise be lower under the new system. See the pay protection provisions above in paragraphs 46.22 to 46.27.

### Trainees

- 46.41 The arrangements for the pay and banding of trainees are set out in Annex U.

### Bonus payments

- 46.42 Agenda for Change does not preclude bonus schemes, provided they are related to genuinely measurable targets (and not part of regular pay) and provide fair and equal opportunities for all staff in the organisation or unit or work area concerned to participate. However, it is agreed that most existing bonus schemes/performance agreements are unlikely to be compatible with these principles. All existing schemes, excepting any local schemes that do meet these requirements will, therefore, cease at the date of assimilation. If they cease then the value of the bonus payments should be included in the calculation of regular pay for assimilation purposes or, if agreement can be reached locally, the resources reinvested in a properly constituted scheme offering fair access to all staff.

### High cost area supplements

- 46.43 Current payments for London weighting, fringe allowances and cost of living supplements will be discontinued once the new arrangements are in force.
- 46.44 For existing staff, where the new level of supplement falls short of the combined entitlement to these former payments, the former level of payment will be included in the calculation of any protected level of pay (see the pay protection provisions above), provided they remain in a job in which they would have received the former payment.
- 46.45 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.

## Nationally agreed recruitment and retention premia

- 46.46 The use of job evaluation to ensure fair pay between NHS jobs has revealed a number of jobs with relatively high levels of pay in relation to job weight which appear to reflect past responses to external labour market pressures. In some cases these market pressures require continuing special measures.
- 46.47 Table 11, below, lists a number of jobs for which there is prima facie evidence from both the work on the job evaluation scheme and consultation with management and staff representatives that a premium is necessary to ensure the position of the NHS is maintained during the transitional period.

**Table 11:**  
Jobs subject to nationally agreed recruitment premia

Chaplains
Clinical coding officers
Cytology screeners
Dental nurses, technicians, therapists and hygienists
Estates officers/works officers
Financial accountants
Invoice clerks
Biomedical scientists
Payroll team leaders
Pharmacists
Qualified maintenance craftspersons
Qualified maintenance technicians
Qualified medical technical officers
Qualified midwives (new entrant)
Qualified perfusionists

- 46.48 Initial guidance to employers in setting appropriate levels of premia in these cases and the arrangements for their review is included at Annex R. It requires the level of premium payable to be set locally on assimilation in cash terms at a level at least sufficient to ensure that at assimilation an existing member of staff will be no worse off than now, and that these premia should be uprated by 3.225 per cent in April 2005. The guidance may be revised by the NHS Staff Council and any uprating of these premia beyond 2005 will be by agreement at national or local level.

## Career and pay progression

- 46.49 The gateway system set out in Section 6 will only become fully operational when an employer has put in place reasonable arrangements to ensure that staff have access to development reviews, personal development plans and appropriate support for training and development

to meet the applied knowledge and skills required at the gateway concerned. This must be done for all posts covered by this agreement no later than October 2006.

- 46.50 Existing staff with at least 12 months' experience in post will be assumed to have met the criteria for passing through the foundation gateway. Where the gateway system is operational, they will, however, be subject to the normal operation of the new system at the second gateway.

## Section 47: Monitoring, reviews and appeals

### Monitoring

- 47.1 A national framework will be agreed by the NHS Staff Council for national roll-out, supported by the learning gathered during early implementation, to ensure that consistent information will be collected on:
- the use of the Job Evaluation Scheme and job profiles
  - the use of the unsocial hours system
  - the use of recruitment and retention premia against the criteria identified in Section 5
  - the use of the KSF and development reviews
  - the provision of support for training/development (including funding and protected time)
  - the progression of staff through payband gateways.
- 47.2 This information will be gathered locally in such a way as to enable analysis by occupational group, age, pay band, ethnicity, disability, gender (and community in Northern Ireland), including both full-time and part-time staff.
- 47.3 Employers and staff side representatives, in partnership, will use the results of the monitoring exercise to ensure best practice is being followed. The information will also be used by the NHS Staff Council to ensure the equity of the system and provide support to employers and local staff representatives.

### Local reviews

- 47.4 The information will also be used locally to identify problems.
- 47.5 Where common problems arise for a group of staff in an organisation, the employer and staff representatives, working in partnership, should review the problem in order to try to identify a common solution which can be applied to as many of the cases as possible.
- 47.6 Where the issue appears to have implications beyond the organisation concerned, and in particular where the issue is the interpretation of this agreement, the matter should be referred to the NHS Staff Council and may be so referred at the request of either party.
- 47.7 The results of a review and the reasons for them will be made available to all those concerned. Where a matter has been dealt with by review, and remedial action instituted, no further right of appeal will exist, unless the

staff member concerned can show a material difference in their case which was not considered by the review.

## National reviews

47.8 As outlined in paragraph 40.4, the NHS Staff Council can be consulted by local employers or staff representatives on the interpretation of the agreement where there is an issue which may have wider applicability. Additionally, the NHS Staff Council will have a monitoring role in the identified areas, and where inconsistencies are emerging recommendations and advice will be given to local employers and staff representatives.

## Appeals

47.9 Every effort will be made to ensure that locally managers and staff are able to resolve differences without recourse to formal procedures. They should agree in partnership a procedure to resolve differences locally based on the framework attached at Annex S or, in the case of disagreements over decisions on job profile matching or local job evaluations, based on the protocols set out in the Job Evaluation Handbook (see paragraph 47.11 below) within three months.

47.10 Where appeals are upheld, the associated pay or benefits will normally be backdated to the date the appeal was lodged. But in the case of appeals relating to decisions in relation to assimilation, they will be backdated to the effective date of assimilation provided the appeal was lodged within six months of the date on which the person was notified or could otherwise have reasonably been expected to be aware of the decision giving rise to the appeal.

## Job evaluations

47.11 The Job Evaluation Handbook sets out protocols for resolving disagreements in relation to matching of jobs against national job evaluation profiles, or in relation to local job evaluations. Appeals may not be made against the evaluation of a nationally profiled post. There is a right to a review on the grounds that the post does not match the national profile but not on the grounds that the national profile is incorrect.

47.12 Decisions in relation to assimilation will be backdated to the effective date of assimilation.

# ANNEXES

# Annexes

## Annex A NHS Employers

Unless the text indicates otherwise, any reference to NHS employers in this Handbook shall mean any of the following organisations:

### Early implementer sites (since June 2003)

James Paget Healthcare NHS Trust  
Guy's and St Thomas' Hospital NHS Trust  
City Hospitals Sunderland NHS Trust  
Papworth Hospital NHS Trust  
Aintree Hospitals NHS Trust  
Avon and Wiltshire Mental Health Partnership NHS Trust  
South West London and St George's Mental Health NHS Trust  
West Kent NHS and Social Care Trust  
Herefordshire NHS Primary Care Trust  
Central Cheshire Primary Care Trust  
North East Ambulance Service NHS Trust  
East Anglian Ambulance NHS Trust

### National roll-out – from December 2004

#### **England**

NHS trusts  
Primary care trusts  
Strategic health authorities  
Special health authorities

#### **Northern Ireland**

HSS health boards  
HSS trusts  
HSS special agencies



**Scotland**

Health boards  
Special health boards

**Wales**

NHS trusts  
Local health boards

## Annex B

Table 12  
Pay bands and pay points on second and third pay spines  
at 1 October 2004

Point	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8				Band 9
								Range A	Range B	Range C	Range D	
1	11,135	<i>11,135</i>										
2	11,508	11,508	<i>11,668</i>									
3	11,827	11,827										
4	12,147	12,147	<i>12,147</i>									
5		12,520										
6		12,893	<i>12,733</i>									
7		13,266	13,266	<i>13,479</i>								
8		13,745	13,745									
9		14,278	14,278	<i>14,278</i>								
10			14,598									
11			15,024	<i>14,811</i>								
12			15,504	15,504								
13			15,877	15,877	<i>15,877</i>							
14				16,463	<i>16,516</i>							
15				17,049	<i>17,049</i>							
16				17,581								
17				18,114	18,114							
18				18,647	18,647	<i>18,913</i>						
19					19,180							
20					19,819	<i>19,819</i>						
21					20,458							
22					21,044	<i>20,778</i>						
23					21,630	21,630						
24					22,483	22,483	<i>22,057</i>					
25					23,442	23,442	<i>23,442</i>					
26						24,401						
27						25,253	<i>24,827</i>					
28						26,106	26,106					
29						26,958	26,958					
30						27,917	27,917					
31						29,302	29,302					
32							30,155	<i>30,155</i>				
33							31,114	<i>31,114</i>				
34							32,179	<i>32,179</i>				
35							33,298	33,298				
36							34,417	34,417	<i>34,417</i>			
37								35,802	<i>35,802</i>			
38								37,187	<i>37,187</i>			
39								38,786	38,786			
40								39,958	39,958	<i>39,958</i>		
41								41,982	<i>41,982</i>			
42								44,326	<i>44,326</i>			
43								46,671	46,671			
44								47,949	47,949	<i>47,949</i>		
45									50,080	<i>50,080</i>		
46									52,425	<i>52,425</i>		
47									55,941	55,941		
48									57,539	57,539	<i>57,539</i>	
49										59,937	<i>59,937</i>	
50										62,867	<i>62,867</i>	
51										66,063	66,063	
52										69,260	69,260	
53											72,584	
54											76,068	
55											79,720	
56											83,546	

\*Pay rates in italic are special transitional points which apply only during assimilation to the new system. They are shown here for convenience. They are explained more fully in Section 46.

## Annex B

Table 12a

Pay bands and pay points on second and third pay spines  
from 1 April 2005

Point	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8				Band 9
								Range A	Range B	Range C	Range D	
1	11,494	<i>11,494</i>										
2	11,879	11,879	<i>12,044</i>									
3	12,209	12,209										
4	12,539	12,539	<i>12,539</i>									
5		12,924										
6		13,309	<i>13,144</i>									
7		13,694	13,694	<i>13,914</i>								
8		14,189	14,189									
9		14,739	14,739	<i>14,739</i>								
10			15,069									
11			15,509	<i>15,289</i>								
12			16,004	16,004								
13			16,389	16,389	<i>16,389</i>							
14				16,994	<i>17,049</i>							
15				17,598	<i>17,598</i>							
16				18,148								
17				18,698	18,698							
18				19,248	19,248	<i>19,523</i>						
19					19,798							
20					20,458	<i>20,458</i>						
21					21,118							
22					21,723	<i>21,448</i>						
23					22,328	22,328						
24					23,208	23,208	<i>22,768</i>					
25					24,198	24,198	<i>24,198</i>					
26						25,188						
27						26,068	<i>25,628</i>					
28						26,948	26,948					
29						27,828	27,828					
30						28,817	28,817					
31						30,247	30,247					
32							31,127	<i>31,127</i>				
33							32,117	<i>32,117</i>				
34							33,217	<i>33,217</i>				
35							34,372	<i>34,372</i>				
36							35,527	<i>35,527</i>				
37							36,957	<i>36,957</i>				
38							38,387	<i>38,387</i>				
39							40,036	40,036				
40							41,246	41,246			<i>41,246</i>	
41								43,336	<i>43,336</i>			
42								45,756	<i>45,756</i>			
43								48,176	48,176			
44								49,496	49,496	<i>49,496</i>		
45									51,695	<i>51,695</i>		
46									54,115	<i>54,115</i>		
47									57,745	57,745		
48									59,395	59,395	<i>59,395</i>	
49										61,870	<i>61,870</i>	
50										64,894	<i>64,894</i>	
51										68,194	68,194	
52										71,494	71,494	
53											74,925	
54											78,521	
55											82,291	
56											86,240	

\*Pay rates in italic are special transitional points which apply only during assimilation to the new system. They are shown here for convenience. They are explained more fully in Section 46.

## Annex B

Table 12b

Pay bands and pay points on second and third pay spines from  
1 April 2006

Point	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8				Band 9
								Range A	Range B	Range C	Range D	
1	11,782											
2	12,177	12,177										
3	12,514	12,514										
4	12,853	12,853	<i>12,853</i>									
5		13,247										
6		13,642	<i>13,473</i>									
7		14,037	14,037									
8		14,543	14,543									
9		15,107	15,107	<i>15,107</i>								
10			15,446									
11			15,897	<i>15,671</i>								
12			16,405	16,405								
13			16,799	16,799								
14				17,419	<i>17,475</i>							
15				18,039	<i>18,039</i>							
16				18,602								
17				19,166	19,166							
18				19,730	19,730							
19					20,294							
20					20,970	<i>20,970</i>						
21					21,646							
22					22,266	<i>21,985</i>						
23					22,886	22,886						
24					23,789	23,789						
25					24,803	24,803	<i>24,803</i>					
26						25,818						
27						26,720	<i>26,269</i>					
28						27,622	27,622					
29						28,524	28,524					
30						29,538	29,538					
31						31,004	31,004					
32							31,906					
33							32,921	<i>32,921</i>				
34							34,048	<i>34,048</i>				
35							35,232	35,232				
36							36,416	36,416				
37									<i>37,881</i>			
38								39,346	<i>39,346</i>			
39								41,038	41,038			
40								42,278	42,278			
41									44,420	<i>44,420</i>		
42									46,900	<i>46,900</i>		
43									49,381	49,381		
44									50,733			
45										52,988	<i>52,988</i>	
46										55,469	<i>55,469</i>	
47										59,189	59,189	
48										60,880	60,880	
49											63,417	<i>63,417</i>
50											66,517	<i>66,517</i>
51											69,899	69,899
52											73,281	73,281
53												76,798
54												80,485
55												84,349
56												88,397

\*Pay rates in italic are special transitional points which apply only during assimilation to the new system. They are shown here for convenience. They are explained more fully in Section 46.

## Annex C

Table 13a

Pay bands and pay points on second and third pay spines from 1 April 2007

Point	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8				Band 9
								Range A	Range B	Range C	Range D	
1	11,959											
2	12,359	12,359										
3	12,702	12,702										
4	13,045	13,045										
5		13,446										
6		13,847	<i>13,675*</i>									
7		14,247	14,247									
8		14,762	14,762									
9		15,334	15,334									
10			15,678									
11			16,135	<i>15,906*</i>								
12			16,651	16,651								
13			17,051	17,051								
14				17,681								
15				18,310	<i>18,310*</i>							
16				18,881								
17				19,454	19,454							
18				20,026	20,026							
19					20,598							
20					21,285							
21					21,971							
22					22,600	<i>22,315*</i>						
23					23,230	23,230						
24					24,146	24,146						
25					25,175	25,175						
26						26,205						
27						27,120	<i>26,663*</i>					
28						28,036	28,036					
29						28,951	28,951					
30						29,981	29,981					
31						31,469	31,469					
32							32,385					
33							33,415					
34							34,558	<i>34,558*</i>				
35							35,760	35,760				
36							36,962	36,962				
37								38,449				
38								39,937	<i>39,937*</i>			
39								41,654	41,654			
40								42,912	42,912			
41									45,086			
42									47,603	<i>47,603*</i>		
43									50,122	50,122		
44									51,494	51,494		
45										53,783		
46										56,301	<i>56,301*</i>	
47										60,077	60,077	
48										61,793	61,793	
49											64,368	
50											67,515	<i>67,515*</i>
51											70,947	70,947
52											74,381	74,381
53												77,950
54												81,692
55												85,614
56												89,723

\*Pay rates in italic are special transitional points which apply only during assimilation to the new system. They are shown here for convenience. They are explained more fully in Section 46.

## Annex C

Table 13b

Pay bands and pay points on second and third pay spines from  
1 November 2007

Point	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8				Band 9
								Range A	Range B	Range C	Range D	
1	12,182											
2	12,577	12,577										
3	12,914	12,914										
4	13,253	13,253										
5		13,647										
6		14,042										
7		14,437	14,437									
8		14,945	14,945									
9		15,523	15,523									
10			15,870									
11			16,332									
12			16,853	16,853								
13			17,257	17,257								
14				17,893								
15				18,528								
16				19,105								
17				19,683	19,683							
18				20,261	20,261							
19					20,801							
20					21,494							
21					22,187							
22					22,823							
23					23,458	23,458						
24					24,383	24,383						
25					25,424	25,424						
26						26,464						
27						27,388						
28						28,313	28,313					
29						29,237	29,237					
30						30,277	30,277					
31						31,779	31,779					
32							32,704					
33							33,744					
34							34,899					
35							36,112	36,112				
36							37,326	37,326				
37								38,828				
38								40,330				
39								42,064	42,064			
40								43,335	43,335			
41									45,530			
42									48,072			
43									50,616	50,616		
44									52,002	52,002		
45										54,313		
46										56,856		
47										60,669	60,669	
48										62,402	62,402	
49											65,003	
50											68,180	
51											71,646	71,646
52											75,114	75,114
53												78,718
54												82,497
55												86,457
56												90,607

## Annex D

# Working or providing emergency cover outside normal hours

### On-call and other extended service cover

1. From 1 October 2004, where agreed locally, all current on-call arrangements may be protected for groups of employees irrespective of whether they were nationally or locally agreed (see paragraph 31 in Section 2).
2. In order to assist local partnerships who have already opted to stay with Whitley the location of each of the Whitley on-call systems, in the Handbooks and Advance Letters of the functional Whitley Councils, is indicated below.

Nurses and midwives:	Section 5: Stand-by and On-Call allowances – Emergency Duties Nursing and Midwifery Staffs Negotiating Council Handbook
Professions allied to Medicine (PAMS)	Section 3: Emergency Duty Payments: Professions Allied to Medicine and Related Grades of Staff (PTA) Council Handbook
NHS staff covered by the Maintenance Advisory Panel (MAP):	Section 4: On-call Duty: Maintenance Staff Pay and Conditions of Service Handbook:- Working week, overtime and other enhanced payments: shift allowances, night duty allowance and unsocial hours
Administrative and Clerical staff	Section 22: Emergency Duty Payments: Administrative and Clerical Staffs Council Pay and Conditions of Service Handbook
Ancillary staff:	Section II: On-call Duty: Ancillary Staffs Council Handbook
Professional and technical Staff (estate officers;	Section 4: Emergency Duties PTB Council Handbook (the “green”

MTOs; ATOs; biomedical scientists; pathology support and dental auxiliaries:

book)

### Scientific and professional staff

Whole-time healthcare chaplains and whole-time healthcare chaplains' assistants

Appendix E to Advance Letter (SP) 3/2002: local out of hours arrangements

Speech and language therapists

No provision: see Section 2, paragraph 31

Clinical psychologists and child psychotherapists

No provision: see Section 2, paragraph 31

Healthcare pharmacists:

Advance Letter (PH) 1/86 Paragraph 4: emergency duty service and Appendix C to Advance Letter (PH) 1/2004 emergency duty commitment allowance

Healthcare scientists and optometrists

Appendix D to Advance Letter (SP) 2/2002



## Annex E

# Provisions for unsocial hours payments for ambulance staff and available to early implementer sites

### Working outside normal hours

1. The following provisions for unsocial hours payments will apply to ambulance staff employed by ambulance trusts (ambulance boards in Scotland). These provisions will also be available to the agreed early implementer sites (see Annex A).
2. Pay enhancements will be given to staff whose working pattern in standard hours, but excluding overtime and work arising from on-call duties, is carried out during the times identified below:
  - **for staff in pay bands 1 to 7** any time worked before 7:00 am or after 7:00 pm Monday to Friday, and any time worked on Saturdays, Sundays or Bank Holidays
  - **for staff in pay bands 8 and 9** any time worked before 7:00 am or after 10:00 pm Monday to Friday, any time worked before 9:00 am or after 1:00 pm on Saturdays and Sundays, and any time worked on Bank Holidays.
3. The pay enhancement will be based on the average number of hours worked outside these times during the standard working week, and will be paid as a fixed percentage addition to basic pay in each pay period. The enhancement will be pensionable and count for sick pay, but will not be consolidated for purposes of overtime or any other payment. Once the average has been agreed, the payment will not normally change because of small week to week variations in the shifts worked. It will, therefore, be payable during short periods of leave or training. It will, however, be re-calculated if there is a significant change in working pattern.
4. This average will be calculated over a 13-week reference period or over the period in which one cycle of the rota is completed, whichever most accurately reflects the normal pattern of working. For the purposes of the calculation, short meal breaks taken during each work period will be included. An eight-hour shift from 3:00 pm to 11:00 pm would, therefore, include four qualifying hours for staff in pay bands 1 to 7, irrespective of when in that period a meal break was taken.
5. The enhancement will be paid as a percentage of basic salary each month, subject to a maximum of 25 per cent for staff in pay bands 1 to 7 and 10 per cent in pay bands 8 and above. Basic salary for these purposes will be regarded as including any long-term recruitment and retention

premium. It will not include short-term recruitment and retention premia, high cost area payments or any other payment.

6. Where the average exceeds five hours a week during the times set out above, there will be a banded system of pay enhancements. The payment will not vary unless the working pattern changes sufficiently to take the number of qualifying hours outside the band over the reference period as a whole.

Table 14

Average unsocial hours	Percentage of basic salary	
	Pay Bands 1–7	Pay Bands 8 & 9
Up to 5	Local agreement	Local agreement
More than 5 but not more than 9	9%	9%
More than 9 but not more than 13	13%	10%
More than 13 but not more than 17	17%	10%
More than 17 but not more than 21	21%	10%
More than 21	25%	10%

7. Where unsocial hours working is limited or very irregular (averaging no more than five hours a week over the reference period) pay enhancements will be agreed locally. These may be fixed or variable, and based on actual or estimated hours worked, subject to local agreement. To ensure fairness to staff qualifying under the national rules set out above, locally agreed payments may not exceed the minimum percentage in the national provisions.

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

8. For part-time staff and other staff working other than 37½ hours a week excluding meal breaks, the average number of hours worked outside the normal hours will be adjusted to ensure they are paid a fair percentage enhancement of salary for unsocial hours working. This will be done by calculating the number of hours which would have been worked outside normal hours if they had worked standard full-time hours of 37½ hours a week with the same proportion of hours worked outside normal hours. This number of hours is then used to determine the appropriate percentage set out in Table 14, above.
9. For an example of the effect of this provision, see Annex F.

### Staff working rostered overtime

10. Where staff work shifts which always include a fixed amount of overtime (rostered overtime) the hours worked outside normal hours should be calculated as if they were working non-standard hours in excess of 37½

hours per week (paragraphs 8 and 9 above). For an example of the effect of this, see Annex F.

### Self-rostering schemes

11. Where staff have agreed self-rostering arrangements with their employer, local provisions should be agreed to ensure that the enhancements payable under these types of provisions are shared fairly between members of the team.
12. In these cases employers and staff side representatives should agree the level of payment appropriate for the team, on the basis of the unsocial hours coverage needed to provide satisfactory levels of patient care. This should be based on the period covering a full rota or, where there is no fixed pattern, an agreed period of not less than thirteen weeks activity for that team and divided between team members subject to a formula that they agree.
13. For an example of the effect of this provision, see Annex F.

### Annual hours and similar agreements

14. Agreement should be reached locally on pay enhancements for staff on annual hours agreements who work outside normal hours. The agreement should respect the principles of this Annex to ensure that the arrangements for these staff are consistent with those for other staff working outside normal hours.
15. For an example of the effect of this provision, see Annex F.

### Bank staff

16. Work for a staff bank run by the employer should be treated as a separate contract for the purpose of these rules and any additional payment due calculated as a percentage of their bank earnings, based on the number of bank hours worked outside normal hours.
17. For an example of the effect of this provision, see Annex F.

### Unforeseen changes to agreed patterns of working

18. Local employers and staff side representatives, working in partnership, should develop protocols which ensure sensible planning for unexpected absence (such as the use of first on-call rotas for overtime) and minimise the need for frequent or sudden changes to agreed normal working patterns.

19. However, where it is necessary for employers to ask staff to change their shift within 24 hours of the scheduled work period, such staff should receive an unforeseen change payment of £15 for doing so. The payment is not applicable to shifts which staff agree to work as overtime, or that they swap with other staff members.
20. Good management practice should ensure that this type of payment is not used where absence is predictable e.g. to cover maternity leave, long-term sick leave, planned annual leave etc. Appropriate monitoring of these payments should be undertaken at both a local (e.g. ward) and strategic (i.e. board) level in the organisation to identify circumstances which would suggest excessive or unusual trends for such payments.

## Annex F

### Provisions for unsocial hours payments for ambulance staff and available to early implementer sites

#### EXAMPLES OF SPECIAL CASES UNDER THE PROVISIONS FOR WORK OUTSIDE NORMAL HOURS

##### Example of application to part-time staff

1. A person in a job in pay band 1 works half-standard hours (18¾ hours a week) and regularly does three day shifts each week (including a half hour meal break) between 10 am and 4:45 pm on Thursdays, Fridays and Saturdays.
2. In this case only the shift worked on Saturday is outside the normal hours set out in paragraph 2 of Annex E. The hours worked outside normal hours each week are, therefore, seven hours (including for this purpose the short meal break). Because the pattern is regular, this is also the average. If this person had worked full-time standard hours of 37½ hours a week, with the same proportion of hours outside normal hours, they would have worked double the number of hours outside normal hours. The figure of 14 hours a week is therefore used in Table 14 in Annex E to determine that the appropriate enhancement to the part-time salary is 17 per cent
3. The enhancement would only need to be re-estimated if the average number of hours outside normal hours increased by three hours a week to 17 hours or more, or fell by more than one hour a week to under 13 hours. Neither is likely however unless the shift pattern changes.

##### Example of application to a self-rostering scheme (where the team agree to equalise enhancements)

4. A team of staff provide services to patients in their homes. Most visits take place during the day, but a limited number of patients require an evening visit to settle them for the night. In the past this has been covered by a shift pattern of four weeks of early shifts and one week of late shifts.
5. In this case, the team, who work well together, ask their manager if they can agree among themselves each month who will cover the evening work. They also ask if they can control the timing of late shifts to better balance work and home life and allow more patients to be settled at a time they prefer, and if they can share the unsocial hours payments to

avoid money being an issue in the rostering.

6. In this case the employer and team agree that the previous shift pattern satisfactorily defines the degree of unsocial hours working necessary to provide a satisfactory level of patient care. The unsocial hours enhancement due under these rules would then be calculated on the basis that each team member worked the number of hours outside normal hours implied by the four-early one-late shift system, and a percentage enhancement is paid on that basis to each team member irrespective of the actual rostering provided the team continue to provide satisfactory levels of patient care.

### Example of application to annual hours agreements

7. A number of staff members ask if they can work variable hours to allow them to better combine work and care responsibilities, subject to working an agreed number of hours annually.
8. In order to allow for the fact that standard hours are variable under this agreement, the employer and employee agree to estimate the average hours worked outside normal hours on the basis of the average for colleagues in the same role in the same work area, subject to a retrospective adjustment if there were evidence that the actual average hours worked outside normal hours over the year as a whole had varied significantly from this level.

### Example of application to bank staff

9. A member of staff in pay band 6 works full-time on alternate early and late shifts Monday to Friday. No hours are worked outside normal hours during the early shift. But four hours per day are worked outside normal hours during each late shift. This results in an average of ten hours per week being worked outside normal hours, and the staff member receives an enhancement of 13 per cent of salary under the normal rules.
10. However, they also work an eight-hour bank shift once a fortnight on average during a weekend period. This is treated as a separate contract under these rules. So the enhancement for working outside normal hours for their bank work is calculated as if they were a part-time worker working all their hours outside normal hours.
11. In this case the hours worked for the bank each week are four hours, all of which fall outside normal hours. Under the rule for part-time workers in paragraph 8 of Annex E, if the person had worked full-time for the bank with the same proportion of hours outside normal hours they would have worked 37½ hours a week outside normal hours. This figure is therefore used to determine the appropriate enhancement to the income from the bank which in this case is 25 per cent.

12. In this case the enhancement to bank earnings does not need to be re-calculated however many hours are actually worked for the bank at weekends since they are all outside normal hours. If, however, the person started doing significant bank work in normal hours, the enhancement might need to be re-estimated if the proportion worked outside normal hours fell to 21 hours out of every 37½ or below as the enhancement would then fall into a different band.

### Example of application to staff working rostered overtime

13. A person works on a maintenance team which deploys staff on alternate weeks of early and late nine hour shifts, 7:00 am to 4:00 pm and 1:00 pm to 10:00 pm Monday to Friday, with a half hour meal break. Their regular shift pattern therefore covers 42½ hours a week excluding meal breaks and always includes five hours of overtime.
14. Because their shift pattern always includes a fixed amount of overtime, this is treated as rostered overtime within a non-standard working week. As a result all the hours may count towards the total of hours outside normal hours, but this is then adjusted for the longer week.
15. In this example an average of 7½ hours a week are worked outside normal hours over the whole rota. If, however, they had worked the same proportion of hours outside normal hours in a standard week, the total would have been just under 6.7 hours a week. This qualifies for a payment of 9 per cent of basic pay for working outside normal hours, in addition to the normal overtime payment for the overtime hours.

## Annex G

# Good practice guidance on managing working patterns

1. An important aspect of managing the provision of emergency cover outside normal hours is ensuring good management practice and, where necessary, ensuring appropriate protocols are put in place. This should reduce the difficulties arising from the unpredictability within the system.
2. Similarly, in line with good working practices, employers should ensure that staff are given adequate time to be made aware of their working patterns, as a guide at least four weeks before they become operational.
3. Flexible working arrangements are a key element of the Improving Working Lives Standard and ensuring the effective management of the rostering process can impact on unexpected difficulties.
4. The Improving Working Lives (IWL) website at: <http://www.dh.gov.uk/en/Policyandguidance/Humanresourcesandtraining/Modemployer/Improvingworkinglives/index.htm>  
  
includes a good practice database, which details a raft of information and provides examples of how flexible working is used to cover both normal hours and the provision of care outside normal hours. There are comparable initiatives providing similar information in each of the other countries (e.g. the PIN Guidelines in NHSScotland).
5. A series of Improving Working Lives toolkits have been produced to provide guidance to both managers and staff covering the whole range of issues within Improving Working Lives, including flexible working. Specific toolkits have also been produced aimed at particular staff groups, for example, allied health professionals and healthcare scientists. These documents can be downloaded from the IWL website.



## Annex H

### High cost area payment zones

- The zones for high cost area payments are defined as inner London, outer London and fringe areas. These zones are based on the current PCT geographical boundaries as set out below.

Table 15  
Inner London

SHAs	PCTs within SHAs
NW London SHA	Hammersmith & Fulham PCT Kensington & Chelsea PCT Westminster PCT
North Central London SHA	Camden PCT Islington PCT
NE London SHA	City & Hackney PCT Tower Hamlets PCT
SE London SHA	Lambeth PCT Lewisham PCT Southwark PCT
SW London SHA	Wandsworth PCT

Table 16  
Outer London

SHAs	PCTs within SHAs
NW London SHA	Brent PCT Ealing PCT Harrow PCT Hillingdon PCT Hounslow PCT
North Central London SHA	Barnet PCT Enfield PCT Haringey PCT
NE London SHA	Barking & Dagenham PCT Havering PCT Newham PCT Redbridge PCT Waltham Forest PCT
SE London SHA	Bexley PCT Bromley PCT Greenwich PCT
S W London SHA	Croydon PCT Kingston PCT Richmond & Twickenham PCT Sutton & Merton PCT

Table 17  
Fringe area

SHAs	PCTs within SHAs
Kent & Medway SHA	Dartford, Gravesham & Swanley PCT
Essex SHA	Basildon PCT Billericay, Brentwood & Wickford PCT Epping Forrest PCT Harlow PCT Thurrock PCT
Bedfordshire & Hertfordshire SHA	Dacorum PCT Hertsmere PCT Royston, Buntingford & Bishop Stortford PCT South East Hertfordshire PCT St Albans & Harpendon PCT Watford & Three Rivers PCT Welwyn, Hatfield PCT
Thames Valley SHA	Bracknell Forrest PCT Slough PCT Windsor, Ascot & Maidenhead PCT Wokingham PCT
Surrey & Sussex SHA	East Elmbridge & Mid Surrey PCT East Surrey PCT Guildford & Waverley PCT North Surrey PCT Surrey Heath and Woking PCT

## Annex I

### High cost area supplements

Table 18  
From 1 October 2004 (See Section 4)

Area	Level (1 October 2004)
Inner London	20% of basic salary, subject to a minimum payment of £3,197 and a maximum payment of £5,328.
Outer London	15% of basic salary, subject to a minimum payment of £2,664 and a maximum payment of £3,729
Fringe	5% of basic salary, subject to a minimum payment of £799 and a maximum payment of £1,385

Table 18a  
From 1 April 2005

Area	Level (1 April 2005)
Inner London	20% of basic salary, subject to a minimum payment of £3,300 and a maximum payment of £5,500
Outer London	15% of basic salary, subject to a minimum payment of £2,750 and a maximum payment of £3,850
Fringe	5% of basic salary, subject to a minimum payment of £825 and a maximum payment of £1,430

Table 18b  
From 1 April 2006

Area	Level (1 April 2006)
Inner London	20% of basic salary, subject to a minimum payment of £3,383 and a maximum payment of £5,638
Outer London	15% of basic salary, subject to a minimum payment of £2,819 and a maximum payment of £3,946
Fringe	5% of basic salary, subject to a minimum payment of £846 and a maximum payment of £1,466

Table 19  
From 1 April 2007

Area	Level (1 April 2007 and 1 November 2007)
Inner London	20% of basic salary, subject to a: <ul style="list-style-type: none"> <li>• minimum payment of £3,434 from 1 April and £3,468 from 1 November; and a</li> <li>• maximum payment of £5,722 from 1 April and £5,779 from 1 November</li> </ul>
Outer London	15% of basic salary, subject to a <ul style="list-style-type: none"> <li>• minimum payment of £2,861 from 1 April and £2,890 from 1 November; and a</li> <li>• maximum payment of £4,005 from 1 April and £4,045 from 1 November</li> </ul>
Fringe	5% of basic salary, subject to a <ul style="list-style-type: none"> <li>• minimum payment of £859 from 1 April and £867 from 1 November; and a</li> <li>• maximum payment of £1,488 from 1 April and £1,503 from 1 November</li> </ul>

## Annex J

# Local recruitment and retention premium criteria

1. To ensure consistency in the application and payment of recruitment and retention premia, local employers should adhere to the following protocol.

### Recruitment

2. All new vacancies should be advertised in relevant local, regional, national and/or professional media.
3. Where adverts have produced no suitable applicants, HR personnel service/department managers and staff representatives should consider the reasons for this. Account should be taken of the number of applicants, relevant national vacancy data and local labour market information, the media used and any non-pay improvements which could be made to the employment package (e.g. training opportunities, childcare, relocation), or any expected increase in the supply of staff suitable for the post.
4. If it could be reasonably assumed that vacancies could be filled through, for example, advertising in different media or by waiting for an expected increase in supply (for example from new trainees) then vacant posts should be re-advertised.
5. However, if on the basis of paragraphs 2 and 3 above, it is decided that the vacancy problem can be addressed most effectively only through payment of a recruitment and retention premium, the employer should decide in partnership with local staff representatives whether the problem is likely to be resolved in the foreseeable future (in which case any premium should be short-term) or whether it is likely to continue indefinitely (in which case any premium should be long-term (see Section 5)).
6. The employer should then consult with neighbouring employers, the strategic health authority, workforce development confederations, staff organisations and other stakeholders, before implementing any premium.

### Retention

7. Before consideration is given to paying recruitment and retention premia to increase retention of staff, HR personnel, service/department heads and relevant staff representatives should ensure non-pay benefits (e.g. childcare support, training and development) are sufficiently developed. Where possible, local turnover rates should be compared with national rates. Employers are also advised to undertake regular exit surveys to assess how far pay is a factor in employees' decisions to leave the

organisation.

8. However, if it is decided that a retention problem can be addressed most effectively only through payment of a recruitment and retention premium, the employer should decide whether the problem is likely to be resolved in the foreseeable future (in which case any premium should be short-term) or whether it is likely to continue indefinitely (in which case any premium should be long-term (see Section 5).
9. The employer should then consult with neighbouring employers, the strategic health authority, workforce development confederations, relevant staff organisations and other stakeholders.

## Review

10. Once recruitment and retention premia are awarded, they should be reviewed annually. This review should be done by HR personnel, relevant service/department heads and staff representatives.
11. The review should consider, amongst other factors:
  - how far the recruitment and retention premia have allowed the NHS organisation to reduce its vacancy rates and turnover
  - the likely impact on vacancies of removing or reducing a recruitment and retention premium
  - any changes in labour market circumstances.
12. The principle consistent with equal pay for work of equal value should be that where the need for a recruitment and retention premium is reduced or has ended, short-term premia should be reduced or withdrawn as soon as possible consistent with the protection period in Section 5. Long-term premia should be adjusted or withdrawn for anyone offered a qualifying post after the decision to withdraw or reduce the premium has been made.

## Annex K

# Additional freedoms for NHS foundation trusts and other trusts with earned autonomy in England

1. The new pay system set out in this handbook will be implemented in all NHS organisations, giving extra local freedoms within the new system compared to current national agreements. But where NHS organisations acquire earned autonomy or foundation trust status in England, they will have greater autonomy in relation to the use of specified local freedoms under this agreement. In these areas:
  - (i) NHS foundation trusts will be able to act independently, consistent with their licence and any contractual agreements with PCTs
  - (ii) three-star NHS organisations will be able to act independently, but will be required to consult with local or neighbouring employers before final decisions are taken on the use of these freedoms
  - (iii) all other NHS organisations will be able to act only as permitted by guidelines agreed through the NHS Staff Council and where appropriate with the explicit agreement of their strategic health authority.
2. The specified local freedoms which can be exercised with greater autonomy are as follows:

### Freedoms which require good management

- (i) the ability to offer alternative packages of benefits of equivalent value to the standard benefits set out in this agreement, among which the employee can make a personal choice (e.g. greater leave entitlements but longer hours)
- (ii) the ability to negotiate local arrangements for compensatory benefits such as expenses and subsistence which differ from those set out in this handbook
- (iii) the ability to award recruitment and retention premia above 30 per cent of basic pay where that is justified, without prior clearance by the NHS Staff Council or strategic health authority.

Freedoms which must be part of a properly constituted reward scheme for individual, team or organisational performance related to genuinely measurable targets, offering equal opportunities for all staff in the relevant organisation, unit or work area to participate

- (i) the establishment of new team bonus schemes and other incentive schemes
- (ii) the establishment of schemes offering additional non-pay benefits above the minimum specified elsewhere in this agreement
- (iii) accelerated development and progression schemes.



## Annex L Mileage allowances

### 1. Public transport rate

23p per mile

### 2. Regular user allowance

Cars:

Engine capacity:	Up to 1000cc	1001 to 1500cc	Over 1500cc
Lump sum	£508	£626	£760
Up to 9000 miles	27.0p Per mile	33.5p Per mile	40.0p Per mile
Thereafter	16.2p Per mile	18.3p Per mile	20.5p Per mile

### 3. Standard rates

a. Cars:

Engine capacity:-	Up to 1000cc	1001 to 1500cc	Over 1500cc
Up to 3,500 miles	34.0p Per mile	43.0p Per mile	53.0p Per mile
Thereafter	16.2p Per mile	18.3p Per mile	20.5p Per mile

b. Motor cycles:

Engine capacity:	125 cc or less	Over 125cc
Up to 5,000 Miles	16.2p Per mile	25.3p Per mile
Over 5,000 miles	6.1p Per mile	9.0p Per mile

c. Pedal cycles:

For local agreement, subject to a minimum of 6.2p per mile.

**4. Passenger allowances**

Each passenger      2p per mile

## Annex M

### Lease car policies

1. Local lease car schemes should take into account the following principles:
  - i. the scheme is voluntary and is offered to eligible employees
  - ii. employees shall be charged the full cost for private use.
2. Transparent arrangements for meeting the cost of NHS business use. Where arrangements are based on reimbursement of fuel paid for by the employee on a mileage basis, mileage rates should be subject to regular review to take account of significant changes in fuel costs.
3. Employees shall be made aware as fully as possible of any tax implications of having a lease car.
4. Local policies shall set out details of early termination costs and the circumstances in which these would apply, and where these would not apply such as death in service. Wherever possible, provision should be made for options to be explored to obviate the need for the return of the car and early termination costs following a change in the employees circumstances e.g. on transfer to another employer.
5. The employer will be responsible for any excess insurance charges incurred during business use of the vehicle.
6. The base cars of lease schemes shall be consistent with the proper use of public monies, NHS business needs and wider environmental considerations. Any employee choosing a car larger than the base car shall pay the additional full costs of this.

## Annex N

# Subsistence allowances

### Schedule of recommended allowances

1. Night Allowances: first 30 nights  
  
Actual receipted cost of bed and breakfast up to a maximum of £55 (subject to the provisions of paragraph 18.3 of Section 18 if this is exceeded for genuine business reasons)
2. Meals Allowance  
  
Per 24 hour period: £20.00
3. Night allowances in non-commercial accommodation  
  
Per 24 hour period: £25.00
4. Night Allowances: after first 30 nights  
  
Married employees and employees with responsibilities equivalent to those of married employees  
  
Maximum amount payable: £35.00  
  
Employees without responsibilities equivalent to those of married employees and those staying in non-commercial accommodation  
  
Maximum amount payable: £25.00
5. Day Meals Subsistence Allowances  
  
Lunch Allowance (more than five hours away from base, including the lunchtime period between 12:00pm to 2:00pm) £5.00  
  
Evening Meal Allowance (more than ten hours away from base and return after 7:00pm) £15.00
6. Incidental Expenses Allowance (this allowance is subject to a tax liability)  
  
Per 24 hour period: £4.20
7. Late Night Duties Allowance (this allowance is subject to a tax liability)  
  
Per 24 hour period: £3.25

## Annex O

### Other terms and conditions

1. For the purposes of Section 19 of this handbook, other terms and conditions will include:
  - **arrangements for carry over of annual leave** – existing arrangements (as provided by GWC Section 1) will continue to apply, unless or until new arrangements are agreed
  - **special leave**
  - **removal expenses and associated provisions**
  - **reimbursement of telephone expenses**
  - **the resolution of disciplinary matters and disputes procedures**
  - **health awareness for NHS staff**
  - **protection of pay and conditions of service** – local arrangements should be in place for protection in circumstances of organisational change (previously required by GWC Section 48)
  - **preparation for retirement**
  - **minimum periods of notice.**

## Annex P

# Coverage of Nurses and Other Health Professions Review Body

Nurses  
Midwives  
Health visitors

### Allied health professional groups

Art therapists  
Drama therapists  
Music therapists  
Chiropodists/podiatrists  
Dietitians  
Occupational therapists  
Orthoptists  
Orthotists  
Prosthetists  
Physiotherapists  
Radiographers  
Speech and language therapists  
Ambulance paramedics

### The professions in healthcare science

#### Engineering and the physical sciences

Clinical engineers  
Medical physicists  
Medical physics technologists  
Nuclear medicine technologists  
Critical care technologists  
Radiotherapy technologists  
Rehabilitation engineers  
Clinical measurement technicians  
Vascular technologists  
Medical illustrators  
Renal dialysis technologists  
Technologists in equipment management

#### Physiological sciences

Audiological scientists  
Hearing therapists  
Audiological technicians  
Cardiology physiologists  
Cardiographers  
Clinical perfusionists

Gastroenterology technicians  
Neurophysiologists  
Respiratory physiologists

### Life sciences

Biomedical scientists  
Cytology screeners  
Medical laboratory assistants  
Phlebotomists  
Clinical biochemists  
Clinical cytogeneticists  
Molecular geneticists  
Cytogenetics and molecular genetics assistants  
Clinical embryologists  
Clinical microbiologists  
Clinical scientists (in haematology)  
Clinical scientists (in immunology and histocompatibility)  
Post-mortem technicians  
Quality assurance scientists

### Other healthcare professions

Healthcare pharmacists  
Hospital optometrists  
Clinical psychologists  
Adult and child psychotherapists  
Family therapists (with a minimum training requirement of at least three years to diploma level or equivalent in family therapy)  
Operating department practitioners

### Clinical support workers and technicians

Clinical support workers and technicians who directly support the work of the professions outlined above:

- nursing auxiliaries, healthcare assistants and maternity assistants (supporting nurses, midwives and health visitors)
- assistant psychologists and child psychotherapists (supporting clinical psychologists and child psychotherapists)
- dental nurses, technicians, therapists and hygienists
- medical laboratory assistants, assistant technical officers, senior assistant technical officers (supporting healthcare scientists)
- operating department assistants (supporting operating department practitioners)
- pharmacy technicians and assistants
- AHP helpers, AHP assistants and technical instructors, speech and language therapist assistants and ambulance technicians.

# IMPLEMENTATION ANNEXES



# Implementation annexes

## Annex Q

### Classification of leads and allowances (listed by staff group)

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

#### 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)

### 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 chiropody (PAMs)  
Blood transfusion team leaders' allowance (nurses)  
Geriatric lead (nurses)  
Psychiatric lead (nurses)

Allowances which relate to unsocial and flexible working patterns are:

### 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 R

# Guidance on the application of nationally agreed recruitment and retention premia

1. This note provides initial guidance on setting the levels of long-term recruitment and retention premia which have been agreed in principle at national level under the new NHS pay system.

### Background

2. Recruitment and retention premia are additions to the pay of a post or group of similar posts where market pressures would otherwise prevent the employer from being able to recruit or retain staff in sufficient numbers at the normal salary for jobs of that weight. The new system provides for them to be awarded on either a national or local basis. But where it is agreed nationally that a recruitment and retention payment is necessary for a particular group the level of the 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.
3. This guidance therefore covers the award of long-term recruitment and retention premia for staff in the limited number of posts for which the payment of a premium has been pre-agreed. This does not mean that other premia cannot be agreed locally, provided the correct procedure for determining a premium is followed as set out in Annex J, including consultation with staff representatives and other local NHS employers.

### Posts to which this guidance applies

4. The use of job evaluation to ensure fair pay between NHS jobs has revealed a number of jobs with relatively high levels of pay in relation to job weight which appear to reflect past responses to external labour market pressures. In some cases employers have used higher grades than would appear appropriate on the basis of a strict interpretation of grading definitions in order to recruit or retain staff. In other cases there have been national agreements to improve the pay of particular grades or groups because of concerns about recruitment and retention.
5. Under normal circumstances, when the new pay system is fully operational, evidence would be sought that it is not possible to recruit or retain staff at the normal job-evaluated pay level before agreeing a recruitment and retention premium. However, this process cannot be safely applied to the transitional period in which the new system is being implemented, because data on recruitment at the new pay levels cannot be sought until the new pay rates are in force. That could result in the withdrawal of all past local and national measures aimed at dealing with

recruitment problems for a period of several months and possibly longer, while data on recruitment at the new pay levels was gathered, which could severely disadvantage the NHS in the labour market.

6. The negotiators of Agenda for Change have therefore agreed a list of jobs for which there is prima facie evidence from both the work on the job evaluation scheme and consultation with management and staff representatives that a premium is necessary to ensure the position of the NHS is maintained during the transitional period. The jobs concerned are listed in Table 20, below.

Table 20

Type of post
Chaplains
Clinical coding officers
Cytology screeners
Dental nurses, technicians, therapists and hygienists
Estates officers/works officers
Financial accountants
Invoice clerks
Biomedical scientists
Payroll team leaders
Pharmacists
Qualified maintenance craftspersons
Qualified maintenance technicians
Qualified medical technical officers
Qualified midwives (new entrant)
Qualified perfusionists

7. Under these circumstances, however, it is difficult, and in most cases would be inappropriate, to determine a national rate for the premium. The agreement therefore provides in these cases only that the premium must be sufficient to ensure no loss (in line with the principle that the NHS should not be disadvantaged in the labour market during the transitional period) while requiring employers working in partnership with staff representatives to review the evidence available locally. The exception dealt with below is that of staff who require full electrical, plumbing or mechanical crafts qualifications, where there is a high degree of consistency in NHS rates and readily available published market rates, on the basis of which an initial rate for the premium has been set.
8. The following paragraphs provide guidance on how the no loss guarantee should be interpreted, the constraints within the new system on the maximum level of premium which may be paid and specific guidance on some of the groups concerned where additional considerations apply, including the agreed rate in the case of staff who require full electrical, plumbing or mechanical crafts qualifications.

### Minimum level of premium

9. The level of premium payable should be set locally on assimilation in cash terms at a level at least sufficient to ensure that at assimilation an existing member of staff will be no worse off. The level of premium agreed locally should therefore be at least sufficient to ensure that the staff in these posts do not require protection under the separate protection arrangements.
10. As set out in paragraph 2 of Section 5, employers may establish different premia for different classes or types of post, provided there is evidence that the recruitment and retention position is different, for example because they have significantly different job descriptions and are in different pay bands under the new system.

### Maximum level of premium

11. Unless necessary to ensure no loss as described above, no premium may exceed 30 per cent except as set out below.
12. Premia in excess of 30 per cent may be paid where justified under the criteria in Annex J.

### Further guidance on specific cases

#### Qualified maintenance crafts persons and qualified maintenance technicians

13. Given the high degree of consistency in NHS rates and the existence of published market rates, it is appropriate to specify a single level of premium for staff who require full electrical, plumbing or mechanical crafts qualifications of £3,016 a year (from April 2007) rising to £3,046 from November 2007. Premia should only exceed this rate, or the equivalent rate as uplifted under the provisions below, where that is necessary to ensure no loss under the rules in paragraphs 4 to 7, above.
14. Premia may also be agreed locally for building crafts, subject to the guidance above on minimum and maximum rates.

### Chaplains

15. The agreement instituting the new pay system includes agreement that the chaplains' accommodation allowance should be replaced by a recruitment and retention premium. In the case of chaplains, therefore, any premium agreed, in addition to meeting the normal rules on the minimum level of allowance set out above, must not be less than the level of any accommodation allowance already in payment.

### Qualified midwife (new entrant)

16. Premia should be set at the level necessary to ensure that newly qualified midwives in post on assimilation to pay band 5 suffer no loss under the rules in paragraph 9 above. Trusts should then apply the same premium to other newly qualified midwives in pay band 5 appointed after the effective date for assimilation. No premium should be paid to midwives in more senior jobs at pay band 6 and above on the basis of this guidance. Employers are, however, free (as with all other jobs) to agree local recruitment and retention premia for other midwives locally under the new system, where the criteria are met.

### Uprating of nationally agreed premia

17. The value of the premium in paragraph 13 is the value effective from 1 April 2007 and subsequently 1 November 2007. Any premia paid prior to this date should be uplifted at that date to this amount. Any uprating of premia thereafter will be by either national or local agreement.

### Review of this guidance

18. This initial guidance on the level of nationally agreed recruitment and retention premia has been drafted to allow flexibility for the service during assimilation to the new system, taking account of the fact that the current grading of posts varies widely. Future reviews of the guidance should seek to introduce greater consistency in rates of premium for newly appointed staff, unless variation is justified by the evidence.

## Annex S

# Local appeals procedures

### 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 new national agreement to their individual pay and terms and conditions of service, including:
  - (i) the application of the unsocial hours system
  - (ii) the use of local recruitment and retention premia
  - (iii) the use of the NHS Knowledge and Skills Framework 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 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.
12. Decisions in relation to assimilation will be backdated to the effective date of assimilation.

## Annex T

### Development of professional roles

1. The NHS Job Evaluation Scheme recognises that all healthcare professionals who have, as a base level, graduate qualification evaluate at a similar level. Whilst there may be differences these are unlikely to be 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 effected 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.

## Annex U

### Arrangements for pay and banding of trainees

1. The NHS has a wide range of people described as trainees working and studying within its services. The arrangements set out below describe how those trainees employed by the NHS should be dealt with under the Agenda for Change arrangements.
2. Trainees fall into three broad categories:
  - (i) trainees studying and/or working in the NHS who are already in possession of qualifications at a high level. Such staff are often studying for a higher level qualification and undertaking a role that can be assessed using the NHS Job Evaluation Scheme. An example of this category is a trainee psychologist
  - (ii) trainees who are undertaking a short period of learning on the job, usually less than 12 months. Typically, these staff enter whilst already in possession of the basic skills and knowledge to undertake the role. This type of trainee can also be evaluated using the NHS Job Evaluation Scheme. If profiles for this role exist, the lowest banded profile will be appropriate. During the period of traineeship the post holder should not move through the KSF foundation gateway. An example of this type of trainee is a trainee secretary
  - (iii) trainees who enter the NHS and undertake all their training whilst an employee. Typically, these staff develop their knowledge and skills significantly during a period of time measured in years. Given the significant change in knowledge and skills during the training period the use of job evaluation is not appropriate. Pay should be determined as a percentage of the pay for qualified staff.
3. For trainees covered by paragraph 2(iii) above, where periods of training last for between one and four years, pay will be adjusted as follows:
  - (iv) up to 12 months prior to completion of training: 75 per cent of the pay band maximum of the fully qualified rate
  - (v) more than one but less than two years prior to completion of training: 70 per cent of the pay band maximum of the qualified rate
  - (vi) more than two but less than three years prior to completion of training: 65 per cent of the pay band maximum for the qualified rate
  - (vii) more than three years from completion of training: 60 per cent of the pay band maximum for the qualified rate.
5. Starting pay for any trainee must be no less than the rate of the main (adult) rate of the National Minimum Wage. Where the calculation above

results in the National Minimum Wage being payable for year two and beyond, an addition to pay should be made on top of the minimum wage. The addition should be equal to the cash value of the difference between the percentages of maximum pay in the year of payment and the previous year. For example, the supplement in payment in year two would be the value of 65 per cent of maximum minus 60 per cent of maximum pay for the band.

6. On assimilation to the pay band following completion of training, the trainee should enter either on the first pay point of the appropriate pay band or the next pay point above their training salary.

# Annex V

## NHSScotland

### Partnership information network guidelines

Managing health at work

Dignity at work

Equal opportunities policies

Management of employee conduct

Facilities arrangements

Personal development planning and review

Family friendly policies

Dealing with employee concerns

Management of employee capability

Redeployment

Secondment

These guidelines can be found at:

[www.show.scot.nhs.uk/spf/partnershipinformationnetwork.htm](http://www.show.scot.nhs.uk/spf/partnershipinformationnetwork.htm)

## Annex W

### Support for professional fees for staff in bands 5 to 8A (England only)

1. Clinical staff in pay bands 5 to 8A inclusive who are in professions where registration with one of the regulatory bodies is mandatory in order to practice, will be paid an allowance of up to £38 as a contribution to the payment of their clinical registration fees.
2. Where registration fees are charged at a rate less than the set allowance (e.g. for new registrants) then the allowance should be restricted to the amount that is actually paid annually.
3. The allowance will be paid directly to individual employees, who will continue to be responsible for paying their fees and for notifying HMRC to obtain tax relief.
4. Payment will be made from 1 November 2007 and each year until November 2010 inclusive by which time it will have been reviewed.
5. This allowance will cover relevant staff requiring registration by the:
  - **Nursing and Midwifery Council (NMC).**
  - **Health Professions Council (HPC)**
  - **General Dental Council (GDC)**
  - **Royal Pharmaceutical Society**
  - **General Social Care Council (GSCC)**
7. Where employees work for more than one NHS organisation, it is their responsibility to ensure that they only claim this allowance once, from their main employment.

## Annex X

### Working or providing emergency cover outside normal hours

1. During the first three years of the new system of payments transitional rates will apply to some staff in pay bands 2, 3, 4 and 5. The percentage enhancements applicable to these staff will change in the second and third year of operation of the new system. From 1 April 2011 the percentage enhancements for these staff will be the same as those for all other staff, as set out in Table 2 in Section 2.
2. Table 21 below shows the transitional rates for staff in pay bands 2, 3, 4 and 5. who were previously in the remit of the Ancillary Staffs Whitley Council (ASC), staff previously in the remit of the Maintenance Staffs Advisory Panel (MAP) and those previously in the Administrative and Clerical Staffs Council who are moving to lower levels of unsocial hours payments.

Table 21  
 Ancillary staff, healthcare maintenance staff and administrative  
 and clerical staff in pay bands 2, 3, 4 and 5

Column 1	Column 2	Column 3	Column 4
Year	Pay band(s)	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 April 2008 to 31 March 2009	2 to 5 inclusive	Time plus 50%	Double Time
1 April 2009 to 31 March 2010	2	Time plus 48%	Time plus 96%
	3	Time plus 46%	Time plus 92%
	4 and 5	Time plus 44%	Time plus 88%
1 April 2010 to 31 March 2011	2	Time plus 46%	Time plus 92%
	3	Time plus 42%	Time plus 84%
	4 and 5	Time plus 37%	Time plus 74%
1 April 2011	2	Time plus 44%	Time plus 88%
	3	Time plus 37%	Time plus 74%
	4 and 5	Time plus 30%	Time plus 60%



3. Support staff in pay bands 2 and 3 transferring from the nurses' and midwives' Whitley system of unsocial hours payments will move to the new payment system in accordance with Table 22 below.

**Table 22**  
Support staff in pay bands 2 and 3 transferring from the nurses' and midwives' Whitley system of unsocial hours payments

Column 1	Column 2	Column 3	Column 4
<b>Year</b>	<b>Pay band</b>	<b>All time on Saturday (midnight to midnight) and any week day after 8 pm and before 6 am</b>	<b>All time on Sundays and Public Holidays (midnight to midnight)</b>
1 April 2008 to 31 March 2009	2	Time plus 39%	Time plus 78%
	3	Time plus 35%	Time plus 70%
1 April 2009 to 31 March 2010	2	Time plus 42%	Time plus 84%
	3	Time plus 36%	Time plus 72%
1 April 2010 to 31 March 2011	2	Time plus 43%	Time plus 86%
	3	Time plus 37%	Time plus 74%
1 April 2011	2	Time plus 44%	Time plus 88%
	3	Time plus 37%	Time plus 74%

4. In the interim regime staff who were previously employed on Whitley terms and conditions, without provision for unsocial hours payments, normally received entitlements according to the rules applicable to nurses and midwives. Exceptionally, some staff remained on local arrangements. In these cases local partnerships will need to decide if these staff should move to the new system of payments or retain their existing entitlements pending full implementation of paragraphs 2.31 to 2.49 of the Terms and Conditions of Service Handbook. If it is decided to transfer these staff to the new system this may be by moving them immediately to the new levels of payments in Table 2 in Section 2 on the effective date. Alternatively, local partnerships may decide to use tables 21 and 22 in this Annex or design their own arrangements for transferring these staff from their existing entitlements to the new system of payments. This should be completed by 1 April 2011.

5. The shift allowances paid to Ancillary (ASC) staff, health service maintenance staff previously in the remit of the Maintenance Staff's Advisory Panel (MAP) and Administrative and Clerical (A&C) Staff during the "*interim regime*" have been replaced by the allowances in Table 2 in Section 2.
6. Ancillary (ASC) Staff working alternating shifts as defined in paragraph 168 (a) of the Ancillary Staffs Whitley Council Handbook who were regularly receiving the annual alternating shift allowance of £581 during the six months ending on 31 December 2007 and who are still employed on 1 April 2008, will receive a single payment of £3,000.
7. Paragraph 107.2 of the Maintenance Staff's Handbook sets out the conditions for the payment of "Alternative Shift Allowance" of thirty five pence per hour. Maintenance staff who were regularly receiving this allowance during the six months ending on 31 December 2007 and who are still employed on 1 April 2008, will receive a single payment of £3,000.
8. Some Administrative and Clerical (A and C) Staff working alternating shifts as defined in paragraph 741 of the Administrative and Clerical Staffs Whitley Council Handbook have been receiving the 10 per cent addition to basic pay in paragraph 742 (iii). A and C staff regularly receiving this allowance during the six months ending on 31 December 2007 and who are still employed on 1 April 2008 will receive a single payment of 30% of their basic pay, calculated on the rate effective from 1 April 2008.
9. The provisions for pay protection in paragraph 2.19 will not apply to staff who receive one of the single payments in paragraphs 6, 7 and 8 of this Annex. Part-time employees will receive the single payments on a pro-rata basis to full-time colleagues.

## Annex Y

### Arrangements for general and public holidays over the Christmas and New Year holiday periods

Table 23

When 25 December falls on a Friday		
Friday 25 December	The provisions for work on a public holiday apply	Except that any employee working on 25, 26 and 28 December will be entitled to two public holidays. Any employee working on all four of these days will be entitled to a maximum of two public holidays and on "Sunday".
Saturday 26 December	The provisions for work on a public holiday apply	
Sunday 27 December	The provisions for work on a Sunday apply	
Monday 28 December	The provisions for work on a public holiday apply	
Friday 1 January	The provisions for work on a public holiday apply	

Table 24

When 25 December falls on a Saturday		
Saturday 25 December	The provisions for work on a public holiday apply	Except that any employee working on 25, 27 and 28 December will be entitled to a maximum of two public holidays. Any employee working on 25, 26 and 27 December or on 26, 27 and 28 December or on all four of these days will be entitled to a maximum of two public holidays and one "Sunday".
Sunday 26 December	The provisions for work on a public holiday apply	
Monday 27 December	The provisions for work on a public holiday apply	
Tuesday 28 December	The provisions for work on a public holiday apply	
Saturday 1 January	The provisions for work on a public holiday apply	Except that an employee working on 1 and 3 January will be entitled to a maximum of one public holiday. Any Employee working on all three of these days will be entitled to one public holiday and one "Sunday".
Sunday 2 January	The provisions for work on a Sunday apply	
Monday 3 January	The provisions for work on a public holiday apply	

Table 25

When 25 December falls on a Sunday		
Saturday 24 December	The normal provisions for work on a Saturday apply	
Sunday 25 December	The provisions for work on a public holiday apply	Any employee working on all three of these days will be entitled to a maximum of two public holidays and one "Sunday".
Monday 26 December	The provisions for work on a public holiday apply	
Tuesday 27 December	The provisions for work on a public holiday apply	
Sunday 1 January	The provisions for work on a public holiday apply	Except that any employee working on both of these days will be entitled to a maximum of one public holiday and one "Sunday".
Monday 2 January	The provisions for work on a public holiday apply	

1. Staff will be entitled to the rate of pay which would normally apply to public holiday working.
2. Local partnerships are free to vary these provisions to meet local operational needs so long as there are no more than three public holidays in the combined Christmas and New year holiday period

# Annex Z

## Managing sickness absences – developing local policies and procedures

The management of ill health within the NHS is challenging, but provides opportunities to improve the overall health and wellbeing in the workplace, which will ultimately boost organisational productivity and support service improvements for patients.

The arrangements set out in this annex are intended to support employers and staff in the management of sickness absence and in managing the risk of premature and unnecessary ill health retirements. It is intended that employers will amend, in partnership with local staff sides, their local policies and procedures consistent with the provisions of this agreement.

This agreement details the responsibilities of both staff and employers in the management of ill health in the NHS.

This annex should be read in conjunction with:

- Section 14 Sickness Absence
- Section 30 General statement on Equality and Diversity
- Section 32 Dignity at Work
- Section 34 Flexible working arrangements

### Local sickness absence procedures

Effective partnership working is crucial in achieving the effective management of sickness absences. Employers therefore, in partnership with local staff side representatives, should ensure that their local sickness absence procedure and working arrangements incorporate the minimum standards set out below to minimise the risk of premature and unnecessary ill health retirements. This will ensure that, where possible, staff are able to continue working despite experiencing periods of ill health or disability.

- *legal responsibilities* including mutual responsibilities of employers and staff to comply with health and safety requirements, reporting of injuries and dangerous occurrences (RIDDOR), disability discrimination and other relevant legislation.
- *key employer responsibilities*; employers are expected to:
  - communicate appropriately with absent staff
  - manage absences under the locally agreed sickness absence procedure
  - provide support and advice through the use of occupational health services where appropriate
  - develop reporting arrangements, recognising that high levels of sickness absence are a financial risk to the organisation
  - have appropriate management systems in place to collect good quality data on sickness absence.

- in partnership with Trade Union representatives, regularly monitor and review arrangements to identify where and how policies can be improved.
- *key employee responsibilities*; employees are expected to:
  - ensure regular attendance at work
  - communicate appropriately with employer when absent from work
  - co-operate fully in the use of the locally agreed sickness absence procedures

Partnership arrangements should also ensure the regular monitoring and review of local policies and procedures is undertaken, to identify where and how policies can be improved

### The key elements of local procedure will include:

#### A structured review process

Regular reviews should be carried out to assess and monitor staff when they are off sick, and determine what action is needed at each stage. Where a member of staff is unlikely to return to work this would culminate in a final review where a decision on the appropriate way forward is made i.e. return to substantive employment/redeployment/termination of contract. It is assumed that as part of this process that reasonable adjustments have been considered. Medical evidence should be made available to support the review process and occupational health advice should be sought on the likelihood of:

- ◆ the prospects of a likely return to the previous employment with or without adjustments
- ◆ a phased return with or without a need for adjustments
- ◆ redeployment
- ◆ a successful ill health retirement application.

#### Early interventions

In order to avoid premature and unnecessary ill health retirements employers should also consider the following interventions as early as is practically possible and at the latest within one month of an employee going sick:

*Rehabilitation* – identifying appropriate ways of supporting staff to remain in work or return to work at the earliest opportunity through intervention with appropriate treatment. This will mean providing staff with direct access through appropriate dedicated resources, such as physiotherapy and cognitive behavioural therapy.

*Phased return* - enabling staff to work towards fulfilling all their duties and responsibilities within a defined and appropriate time period, through interim flexible working arrangements whilst receiving their normal pay.

*Redeployment* - enabling the retention of staff unable to do their own job through ill health or injury as an alternative to ill health retirement or

termination. Staff should be made aware of the provisions within the NHS Pension scheme to assist this process through “step down and wind down” arrangements.

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

*Occupational health support* – Occupational health services have a responsibility to provide advice and support to both the individual and the employer. Line managers should seek advice on long term sickness cases from their occupational health service as early as reasonably practical. Individuals may also self-refer for advice and support about the best way of seeking a return to work.

## Termination

Where termination of the contract of employment on the grounds of incapacity is considered, all reasonable efforts should be made to obtain appropriate medical evidence via the occupational health service, including occupational health advice on the likely outcome of a successful ill health retirement application. Before a decision to terminate is made all other options should meaningfully be considered, including:

- ◆ Rehabilitation
- ◆ Phased return
- ◆ A return to work with or without adjustments.
- ◆ Redeployment with or without adjustments

Contractual notice must be given to a member of staff whose contract is being terminated on grounds of ill-health.