



THE SCOTTISH OFFICE

Department of Health

NHS
MEL(1999)28

NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG

26th March 1999

Dear Colleague



DISCRETIONARY POINTS FOR NURSES, MIDWIVES, HEALTH VISITORS AND PAMS

REVIEW OF TEMPORARY CONTRACTS

1. The Minister has highlighted a number of important initiatives in recent weeks. The guidance in the attached annexes aims to assist Trusts and Health Boards implementation of:

- i) **DISCRETIONARY POINTS FOR NURSES, MIDWIVES, HEALTH VISITORS AND PAMS - ANNEX A; and**
- ii) **REVIEW OF TEMPORARY CONTRACTS - ANNEX B**

2. The guidance represents the first in a series developed by the Scottish Partnership Forum (SPF). Over the coming weeks further guidance will be issued on Local Partnership Agreements and Personal Safety and Effectiveness, initiatives which were also highlighted by the Minister.

Action

3. Trusts and Health Boards should address the actions set out within each of the attached annexes.

Yours sincerely

P.P. Stuart Robur

GERRY MARR
Director of Human Resources

Addressees

For action:
General Managers, Health Boards

General Manager, Common Services Agency

General Manager, State Hospital

General Manager, Health Education Board for Scotland

Executive Director, Scottish Council for Postgraduate Medical and Dental Education

Chief Executives, NHS Trusts

Unit General Managers

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DISCRETIONARY POINTS FOR NURSES, MIDWIVES, HEALTH VISITORS AND PAMs

BACKGROUND

1. The Government accepted the recommendation made by the Review Body for Nursing Staff, Midwives, Health Visitors and Professions Allied to Medicine (NPRB) in their 1998 Report, regarding the introduction of up to three discretionary points for experienced nursing and PAMs staff.
2. The recommendation covers F, G, H and I grade nurses and Senior II, Senior I and Superintendent/Head/Chief IV and III grade PAMs.
3. Guidance on implementation of the recommendation in relation to nurses was issued under cover of PCS(NM)98/2 and for PAMs PCS(PAM)(PTA)98/2 and this remains extant. However, it was agreed within the National Health Service in Scotland (NHSiS) that further guidance, covering local procedures, would assist in ensuring consistency and fair consideration of applications from staff across the service.
4. This guidance on how local procedures should work has been prepared under the auspices of the Scottish Partnership Forum (SPF).

ACTION REQUIRED

5. Trusts and Health Boards should ensure that the arrangements outlined in this guidance are communicated to all relevant staff. Health Boards should each nominate an individual for their area (likely to be a Human Resource Director) to co-ordinate the necessary action to establish local assessment panels.
6. Trusts and Health Boards should also comply with the monitoring requirements set out at paragraph 19 of this guidance.

LOCAL PROCEDURES

7. This guidance covers:
 - eligibility;
 - the assessment process; and
 - assessment documentation.

ELIGIBILITY

8. Discretionary points are not part of normal, annual, incremental progression but may be awarded to:

Nurses

- nurses on the top incremental point of F, G, H or I grade; and

who have demonstrated a significant contribution to service priorities by undertaking additional tasks and responsibility using skills, responsibilities and knowledge, which are greater than those required for the grade in respect of at least one of the following:

Criteria 1: Contribution to professional and multi-disciplinary team working

Criteria 2: Training and education of other staff and/or participating in the training of staff from other professions

Criteria 3: Demonstrating a wider contribution to the work of the Trust/Health Boards

Criteria 4: Demonstration of research, innovation and/or responsibility for improvements in service delivery

Criteria 5: Demonstration of advances in knowledge and skills to the benefit of patient care.

Criteria 6: Demonstration of significant contribution to service priorities

PAMs

- PAM staff who have been on the top increment of either Senior II, Senior I, Superintendent/Head/Chief IV or III for a minimum of two years; and

who fulfil service priorities by undertaking additional responsibilities and/or working under sustained pressure in respect of at least one of the following criteria at a level beyond that which is expected of the grade:

Criteria 1: Contribution to professional and multidisciplinary team working;

Criteria 2: Training and education of other staff, not otherwise covered by the agreement on payment of the Student Training Allowance, and/or participating in the training of staff from other professions;

Criteria 3: Demonstrating a wider contribution to the work of the Trust/Health Board;

Criteria 4: Demonstration of research innovation and improvements in service delivery;

Criteria 5: Demonstration of advances in knowledge and skills to the benefit of patient care;

Criteria 6: Exemplary clinical practice; and

Criteria 7: Sustained effort to meet service priorities.

ASSESSMENT PROCESS

9. The local procedure for submitting and considering applications for discretionary points is shown in diagrammatic form at Appendix I. The process follows three stages:

- self nomination;
- validation by the immediate supervisor; and
- submission of application to a discretionary points panel.

SELF NOMINATION

10. Any member of staff who feels they meet the eligibility criteria described in paragraph 8 above should complete the self-nomination form at Appendix II(a) for Nurses or Appendix II(b) for PAMs. **All** staff who are eligible to apply for the awards may submit an application, whether or not their application is validated by their immediate supervisor.

11. Where an application is not validated by line management, the postholder may provide the local assessment panel with additional written supporting evidence.

12. It has been agreed that initial applications approved under the terms of this guidance will be backdated to 11 September 1998. To qualify for backdated payment, all applications must be submitted by postholders/supervisors to the appropriate local Human Resources Director by no later than 30 April 1999.

VALIDATION

13. All applications should be in writing and submitted to the postholder's immediate supervisor for validation. The supervisor should arrange to discuss with the postholder their evidence in relation to the criteria for awards. It is vital that these discussions are constructive and reinforce the positive elements of the postholder's performance. The supervisor should indicate on the self-nomination form whether they have validated the application or not. A written rationale for the supervisor's decision should be completed at Part 2 of the form and shown to and discussed with the postholder.

14. If the supervisor does not validate the application and the postholder accepts the rationale, the application may be withdrawn at this stage. In all other circumstances, whether or not the application has been validated, the supervisor and postholder should sign the form and submit it to the local Human Resources Director for consideration by the discretionary

points panel. Applications submitted without validation by the supervisor may be supplemented with additional written supporting evidence.

LOCAL ASSESSMENT PANELS

15. Local discretionary points assessment panels should consist of five members: two Trust representatives; two trade union representatives (selected by trade unions) and a human resources advisor. Panels can agree to co-opt individuals as required to advise the panel on particular areas of expertise. Panel members should be fully prepared and informed of the agreed framework for assessing applications for discretionary points. Regional training days will be arranged to support this work. Panel members may come from other Trusts or Health Boards outwith the locality and to support this a list of experts available for panel work will be established. Training arrangements and the establishment of expert lists will be taken forward through the Scottish Personnel Group (SPG) network.

16. Panels will rigorously apply all of the eligibility criteria, shown at paragraph 8 above, in judging applications. Written notification will be issued to the applicant giving the panel's decision and outlining the reasons behind this. Applicants will have no further right of appeal but are free to re-apply 6 months from the date of their previous application.

17. Trust representatives on panels should reflect the profession of the postholder whose application is being considered and be of a higher grade than the applicant.

18. The expectation is that panels will consider all applications by 31 July 1999, with the first cohort of applications backdated to 11 September 1998 (where appropriate). Thereafter applications will be considered by panels as and when necessary with successful awards being effective from two implementation dates - either 1 April or 1 October each year.

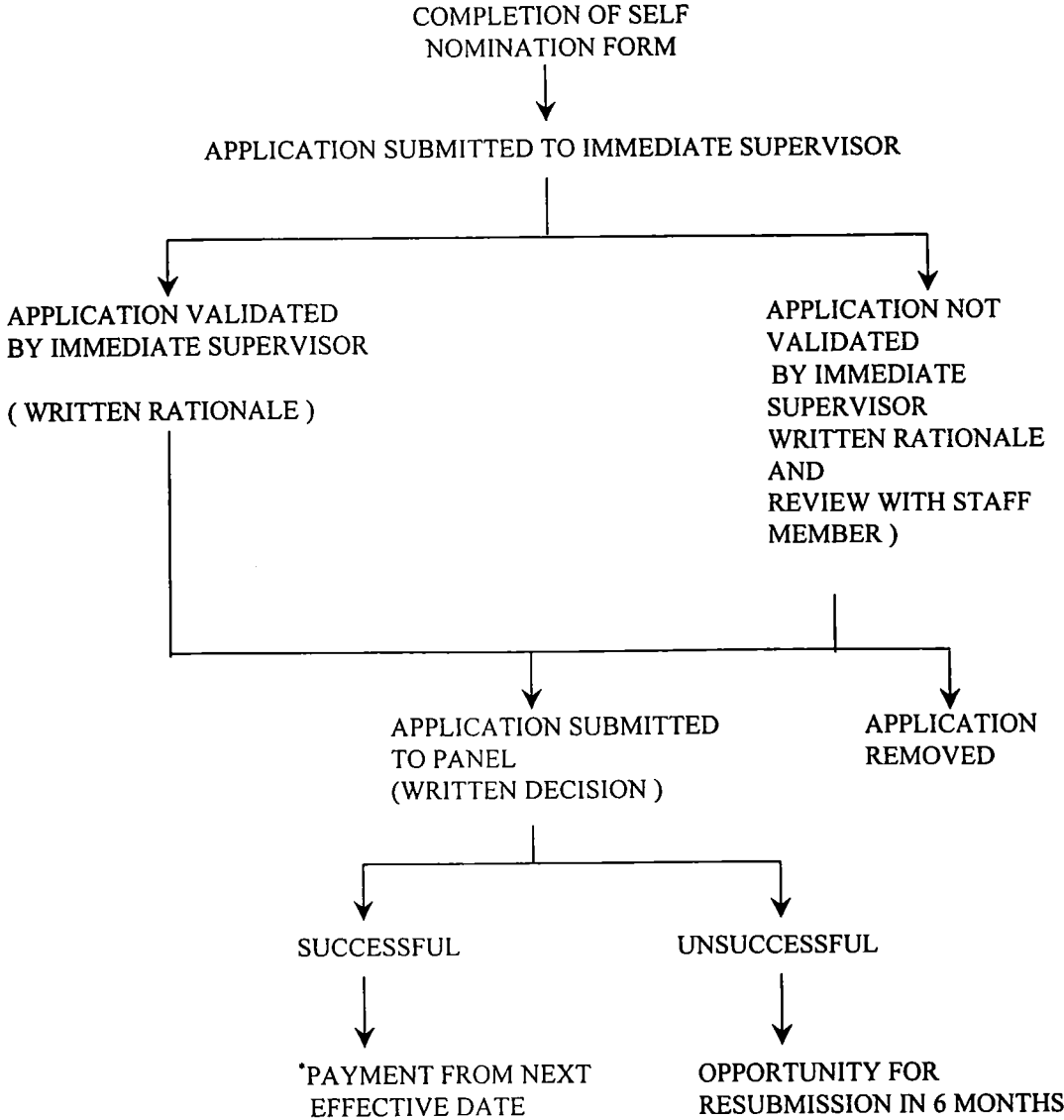
MONITORING

19. Each Trust/Health Board and Local Partnership Forum is required to monitor the number and outcome of all applications. This should include a breakdown by professional groups and grades. Both the NHS Management Executive and the Nurses and PAMs Review Body have indicated that they will undertake a review of progress and outcomes later this year. Trusts and Health Boards should therefore retain monitoring data for this purpose.

ENQUIRIES

20. All enquiries regarding this guidance should be directed to local Human Resources staff in the first instance.

LOCAL PROCEDURE



* the first cohort of successful applications will be backdated to 11 September 1998.

DISCRETIONARY POINTS – SELF NOMINATION FORM: NURSES

PART I – To be completed by the postholder.

Discretionary points should not be considered as part of normal, annual, incremental progression but may be awarded to:

- nurses on the top incremental point of F, G, H or I grade; **and**

who have demonstrated a **significant contribution to service priorities** by undertaking **additional tasks and responsibility** using skills, responsibilities and knowledge, which are **greater than those required for the grade** in respect of at least one of the criteria listed below.

Please study each of the criteria carefully and if you feel you meet one or more of the criteria then in your own words, immediately below the criteria, explain with reference to specific examples why you should be considered for the award of a discretionary point or points. Any additional information or evidence you wish to submit should be attached to the nomination form.

Criteria 1: Contribution to professional and multi-disciplinary team working

Criteria 2: Training and education of other staff and/or participating in the training of staff from other professions

Criteria 3: Demonstrating a wider contribution to the work of the Trust/Health Board

Criteria 4: Demonstration of research, innovation and/or responsibility for improvements in service delivery

Criteria 5: Demonstration of advances in knowledge and skills to the benefit of patient care.

Criteria 6: Demonstration of significant contribution to service priorities

Signed : (Postholder) Date :

Grade : Date Reached Top Increment

Department/Ward:.....

PLEASE PASS THIS FORM TO YOUR IMMEDIATE SUPERVISOR WHO WILL ARRANGE TO DISCUSS THIS WITH YOU

DISCRETIONARY POINTS –SELF NOMINATION FORM: PAMS

PART 1 – To be completed by the postholder

Discretionary points should not be considered as part of normal, annual, incremental progression but may be awarded to:

- PAM staff who have been on the top increment of either Senior II, Senior I, Superintendent/Head/Chief IV or III for a minimum of two years; **and**

who fulfil service priorities by **undertaking additional responsibilities** and/or **working under sustained pressure** in respect of at least one of the following criteria listed below at a **level beyond that which is expected of the grade.**

Please study each of the criteria carefully and if you feel you meet one or more of the criteria then in your own words, immediately below the criteria, explain with reference to specific examples why you should be considered for the award of a discretionary point or points. Any additional information or evidence you wish to submit should be attached to the nomination form.

Criteria 1: Contribution to professional and multi-disciplinary team working;

Criteria 2: Training and education of other staff, not otherwise covered by the agreement on payment of the Student Training Allowance, and/or participating in the training of staff from other professions;

Criteria 3: Demonstrating a wider contribution to the work of the Trust;

Criteria 4: Demonstration of research innovation and improvements in service delivery;

Criteria 5: Demonstration of advances in knowledge and skills to the benefit of patient care;

Criteria 6: Exemplary clinical practice;

Criteria 7: Sustained effort to meet service priorities.

Signed (Postholder) **Date:**

Grade: **Date reached Top Increment**

Department/Ward

**PLEASE PASS THIS FORM TO YOUR IMMEDIATE SUPERVISOR WHO WILL
ARRANGE TO DISCUSS THIS WITH YOU**

PART II: FEEDBACK ON APPLICATION FROM IMMEDIATE SUPERVISOR

Your application for discretionary point(s) has been validated

Your application for discretionary point(s) has not been validated

RATIONALE

Signed:(Supervisor) **Date:.....**

Signed:.....(Postholder) **Date:.....**

THIS FORM AND THE APPLICATION FORM MUST NOW BE FORWARDED TO THE DIRECTOR OF HUMAN RESOURCES FOR CONSIDERATION BY THE DISCRETIONARY POINTS PANEL.

REVIEW OF TEMPORARY CONTRACTS

BACKGROUND

1. The HR Strategy "*Towards a New Way of Working*" called on Trusts and Health Boards to review the use of temporary contracts. The Minister has subsequently made it clear that he wants an end to the use of temporary contracts other than in exceptional and clearly defined circumstances. This guidance, which has been developed by the Scottish Partnership Forum (SPF), aims to define those exceptional circumstances and so ensure a consistent approach throughout the NHS in Scotland (NHSiS) to the limited use of temporary contracts.

2. Training contracts are excluded from this guidance. Further work is being undertaken to develop similar guidance aimed at reducing Trust and Health Boards reliance on bank and agency staff.

ACTION REQUIRED

3. Trusts and Health Boards should take immediate steps to implement the guidance and procedures outlined below. Monitoring of temporary contracts should begin from 1 April 1999. The NHS Management Executive will undertake a monitoring exercise, on behalf of the Minister, later this year and data should be retained locally to inform this exercise.

DEFINITIONS

4. Wherever the term "temporary contract" is used in this guidance, it is intended to cover the use of both temporary and fixed term contracts, that is, those posts not currently regarded as substantive. Both are subject to the review process set out below.

LIMITED USE OF TEMPORARY CONTRACTS

5. In certain, exceptional circumstances, temporary contracts may be a valuable tool to enable employers to cover short-term gaps in essential services, and thus maintain high quality patient care. But it is important to stress that the widespread use of temporary contracts must end. In future they should be regarded strictly as a short-term option. The SPF have clearly stated that temporary contracts should only be used in the following exceptional circumstances:

(i) **Protection of posts for staff** because of either

- Organisational change; or
- Redeployment

arising out of current service reconfiguration. Organisational change and redeployment issues must still be regarded as transitional arrangements and by their nature short term.

(ii) **Supporting service provision** for example to cover

- Sickness Absence
- Maternity Leave
- Study Leave
- Special Leave
- Project or Research Posts

Again, clearly the nature of these situations will be time limited.

MONITORING THE USE OF TEMPORARY CONTRACTS

6. Monitoring temporary contracts by employers and Local Partnership Forums is regarded as critical to the process of ending their use. A model of the monitoring process is attached at Appendix I. Initially, as Local Partnership Forums have yet to be established, it is expected that existing consultative forums will undertake this role. The following data should be collected from 1 April 1999 and reviewed quarterly by each Trust:

- The number of temporary contracts within each discipline
- The reason for use of a temporary contract
- The number of contract renewals each contract has been subject to
(There are specific concerns regarding the renewal of temporary contracts and the frequency of renewals for some staff. Reviews should therefore focus on whether renewals are fully justified).

7. Data should be retained to assist future monitoring exercises carried out by the NHS Management Executive on behalf of the Minister.

ENQUIRIES

8. Any enquiries relating to this guidance should be addressed to Brenda Burnett at the NHS Management Executive, Room 65, St Andrew's House Edinburgh.

MODEL OF THE MONITORING PROCESS