Pay and Non-Pay Controls

Pay and non-pay instructions, controls and processes to be followed by UHDB Leaders and Managers

Contents

1. Introduction

This document has been set out for the following purposes:

- A central document to provide details of all the Pay and Non-pay instructions, controls and processes to be followed by UHDB Leaders and Managers to assure organisational and financial governance in line with our Standing Financial Instructions.

- Provision of links to all the supporting documentation on each of the processes that **must** be followed

- Defines measures in place to review adherence to the processes that will be monitored regularly to assure consistency of application across the organisation.

- Live document available on Koha accessible by all staff

2. Approval and Governance process for Changes to Establishments

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
	DIVISIONAL	EXECUTIVE		
2.1 Change of establishment supported by agreed additional income		Director of Operational / Strategic Finance	**Requirements:** • Confirmation of funding • Funding duration • Evidence to support need for the post • Outcome benefit • Evaluation criteria • Budget Audit process	**Prerequisite to Recruitment:** Income Budget Virement Process facilitated through divisional finance team agreeing additional establishment
2.2 Change of establishment linked to delivery of Cost Improvement Plans (CIP)		Director of Operational / Strategic Finance	**Requirements:** • Rational for CIP • Completion of QEIA • Budget Audit process	CIP Budget Virement Process facilitated through the divisional finance team to agree the reductio to establishment to meet CIP targets
2.3 Change of establishment linked to approved Service Development change. *(This may include outcomes following a job evaluation or organisational change process - see 1.5 / 1.6 below)*		Director of Operational / Strategic Finance	**Requirements:** • Completion of QEIA • Budget Audit process	**Prerequisite to Recruitment:** Service Development Budget Virement Process facilitated through divisional finance team agreeing additional establishment
2.4 Changes of establishments linked to skill mix will be considered only in exceptional circumstances. *(This may include outcomes following a job evaluation or organisational change process - see 1.5 / 1.6 below)*		Director of Operational / Strategic Finance	**Requirements:** • Completion of QEIA • Budget Audit process	**Prerequisite to Recruitment:** • Skill Mix changes to wards / departments must follow the Nursing & Midwifery Staffing Request Change Form Process and signed off by the Executive Chief Nurse • Skill Mix Budget Virement Process facilitated through divisional finance team agreeing additional establishment

			Requirements:	
2.5 Job Evaluation - Pay Reviews	Approval from HRBP and Finance BP	Job Evaluation Panel	**Requirements:** • Executive approval prior to process commencement • Rationale for Job Evaluation	• Job Evaluation outcomes must be cost neutral (or saving) unless supported by the Income, Service Development or Skill Mix processes - see sections 1.1, 1.3, or 1.4. • Job Evaluation
2.6 Organisational Change process	Approval from HRBP and Finance BP	Organisational Change Review Group	**Requirements:** • Executive approval prior to process commencement • Rationale for Organisational Change • Organisational Change Group approval	• Organisational Change outcomes must be cost neutral (or saving) unless supported by the Income, Service Development or Skill Mix processes - see sections 1.1, 1.3, or 1.4. • Organisational Change

3. Vacancy Control Process

All posts being recruited are subject to approval through the vacancy control process

| INSTRUCTIONS | DECISION MAKING AUTHORISATION LEVEL | | MEASURES | ADDITIONAL INFORMATION |
	DIVISIONAL	EXECUTIVE		
3.1 Executive Vacancy Control Group (EVCG)		EVCG	- Weekly meeting (via Teams) - Works within EVCG Terms of Reference - Oversite of organisational vacancies and recruitment - Meeting will be recorded - Review DVCG Decision Log	- EVCG Terms of Reference - Vacancy Control Decision Log - Vacancy Control flowchart
3.2 Divisional Vacancy Control Group (DVCG):	DVCG		- Meets weekly (in person or via Teams) - Work within DVCG Terms of Reference - Review of all Divisional vacancies - Record outcomes on Decision Log	- DVCG Terms of Reference - Vacancy Control flowchart - Vacancy Control MS Form outlining case of need - DCVG Decision Log - QEIA required
3.3 Vacancy Control Decision Making: - All posts approved by DVCG and then reviewed and approved by EVCG - Except for the following areas where approval is at DVCG with a summary oversight at EVCG: 51 Adult IP ward which have had their establishment reviewed and approved through the Right People Programme (RPP)		EVCG		- DVCG Terms of Reference - Vacancy Control flowchart - DVCG Decision Log - Vacancy Control MS Form outlining case of need - QEIA as required

4. Recruitment Processes

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
	DIVISIONAL	EXECUTIVE		
4.1 Amendment to the original vacancy request (increasing vacancy WTE) due to receiving further resignation	DVCG		• Work within DVCG Terms of Reference • Review of all Divisional vacancies • Record outcomes on Decision Log	**Prerequisite to Recruitment:** • Reference the original TRAC ID
4.2 Retire and Return process	General Manager/Head of Service or Executive Director Clinical posts - Head of Service or Matron	EVCG Medical and 8b and above	Ad-Hoc reporting as required to confirm reasons for use.	• General and Flexible Retirement • Approval of Retire and Return Application • Approval within pay envelope with identify cost savings outlining redistribution within Division or contribution to CIP
4.3 Amendment to salary on appointment (i.e. higher than the Inter-Authority Transfer (IAT) process or credit for seniority on medical scales)		Divisional Director or Director of People Services	Ad-Hoc reporting as required to confirm reasons for use.	• Inter Authority Transfer (IAT) process undertaken by Recruitment • Agenda for change guidelines adherence. • Only exceptional circumstances.
4.4 Use of Recruitment Consultants/ Headhunters for Hard to recruit posts		Director of Finance / People Services	Ad-Hoc reporting as required to confirm reasons for use.	• Follow Trusts tendering process and frameworks • Follow the Incentive guidance • Medical Recruitment to support medical recruitment activity and General Recruitment to support all other recruitment including senior recruitment.

4.7 Authorisation to utilise assessment, psychometric or external testing		Director of Finance / People Services	Ad-Hoc reporting as required to confirm reasons for use.	Further information regarding available psychometric tools from Recruitment Teams or OD team

5. Rostering and Rota Management (for rostered areas)

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
	DIVISIONAL	EXECUTIVE		
5.1 All Rota's to be published <u>at least</u> 6 weeks in advance.	Ward or department manager		Monthly Rostering Compliance Report	• UHDB Rostering policy • Delivered under the scope of Right People Programme.
5.2 All planned leave requests to be made <u>at least</u> 42 days in advance, in accordance with our annual leave guidance.	Ward, department manager or nominated Clinical Lead		Monthly Rostering Compliance Report	• UHDB Rostering policy • Delivered under the scope of Right People Programme.
5.3 Staff must not be allowed to owe the Trust more than one week of their contracted hours without a clear plan to work back the shifts owed	Ward or department manager		Monthly Rostering Compliance Report	Worked back shifts must be paid at plain rate
5.4 Staff must not be allowed to carryover annual leave at the end of the financial year other than in exceptional circumstances (which includes returning from maternity leave or long-term sickness).	Ward or department manager		Monthly Rostering Compliance Report	Annual leave

See sections 8 to 12 regarding processes for bank and agency to fill rota template requirements relating to workforce unavailability.

6. Fixed Term Contracts

The following section outlines when recruitment should be through a fixed term contract (rather than permanent appointment)

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
	DIVISIONAL	EXECUTIVE		
6.1 Maternity Leave Cover • *Maternity back-fill must only be recruited to on a fixed term basis* • *Where back-fill is within a defined rota and unlikely to recruit on a fixed term basis, permanent recruitment may be considered if current turnover rate mitigates the risk of over establishment within time period and avoid the use of temporary staffing to meet rota requirements.* • *Where not back-filling within a defined rota then recruitment must be within the maternity leave budget i.e. reduced WTE and not like for like.* • *If areas assess not back-filling 'like for like' creates a risk to quality/patient care, then non-recurrent savings must be identified to support the additional cost*		EVCG	Weekly review of Decision Log against establishment and pay envelope	• Vacancy Control MS form outlining case of need • Assessed against establishment and pay envelope identifying cost pressures
6.2 Recruitment to posts associated with time-limited external funding (all)		EVCG	Weekly review of Decision Log against establishment and pay envelope	Refer to section 2.1
6.3 Recruitment to Medical locum posts re *Gaps in HEE rotations can be for multiple reasons and fully understood at short notice. To fill these gaps, Locally Employed Doctors (LED), both junior and senior clinical fellows, are recruited to on fixed term contracts*		EVCG	Weekly review of Decision Log against establishment and pay envelope.	Vacancy Control MS form outlining case of need
6.4 Long Term Sick (LTS) cover • *Long term back-fill must only be recruited to on a fixed term basis following the completion of a QEIA*		EVCG	Weekly review of Decision Log against establishment and pay envelope.	Vacancy Control MS form outlining case of need

identifying the quality / patient safety risk for not back-filling the LTS post • *Non-recurrent savings must be identified to support the additional cost of backfill cover*				
6.6 Secondments / Career breaks	DVCG		Weekly review on Decision Log against establishment and pay envelope	Vacancy Control MS form outlining case of need

7. Overtime

| INSTRUCTIONS | DECISION MAKING AUTHORISATION LEVEL | | MEASURES | ADDITIONAL INFORMATION |
	DIVISIONAL	EXECUTIVE		
7.1 Agenda for Change Staff Bands 2 – 7: Clinical Overtime at plain time up to 37.5 hours per week	Divisional Director/Director of Nursing, Divisional Nurse Director / Associate Director of Midwifery or Director of AHP		Monthly budget report from payroll.	• Assessed through SafeCare Live and finalised by Ward Manager / Sister. • Compliance with Overtime SOP
7.2 Agenda for Change Staff Bands 2 – 7: Non-Clinical Overtime at plain time up to 37.5 hours per week	Divisional Director		Monthly budget report from payroll.	• For areas not rostered, paper timesheet is submitted and approved by budget holder / AGM / GM. • Compliance with Overtime SOP
7.3 Agenda for Change Staff Bands 2 – 7: Clinical Overtime at time up time and a half for work over 37.5 hours per week (up to a maximum of 3 hours)	Divisional Director/Director of Nursing, Divisional Nurse Director / Associate Director of Midwifery and Director of AHP		Monthly budget report from payroll.	• Assessed through SafeCare Live and finalised by Ward Manager/Sister. • Compliance with Overtime SOP
7.4 Agenda for Change Staff Bands 2 – 7: Non-Clinical Overtime at time up time and a half for work over 37.5 hours per week (up to a maximum of 3 hours)	Divisional Director		Monthly budget report from payroll.	• For those not rostered paper timesheet is submitted (see 8.4) approved by budget holder / AGM / GM. • Compliance with Overtime SOP
7.5 Agenda for Change Staff Bands 2 – 7: All Overtime that exceeds 3 hours	Divisional Director, Divisional Nurse Director / Associate Director of Midwifery and Director of AHP		Monthly budget report from payroll. Monthly monitoring and analysis of reasons	• For those not rostered paper timesheet is submitted (see 8.4) approved by budget holder / AGM / GM. • Compliance with Overtime SOP

7.6 Agenda for Change Staff Bands 8a and above: All Staff are expected to work the hours required to complete the role. Staff may request time off in lieu which must be taken within 3 months of the additional work being completed.	Divisional Director		Monthly budget report from payroll. Monthly monitoring and analysis of reasons	ESR prevents overtime payments unless exceptional Director approval.
7.7 The standardised timesheet must be completed for all overtime for worked by Medical staff				• Timesheets must be authorised prior to submitting to MSAs • MSA add to spreadsheet which are approved by finance and pay services

8. Use of Bank (Internal)

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
	DIVISIONAL	EXECUTIVE		
8.1 Use of CLINICAL Bank in the following circumstances: • Vacancy (must include position number and TRAC identification) • Sickness (must include position number) • Enhanced Patient Observations/1-2-1 (must include SafeCare reference and patient unique identifiable number	Matron, or nominate Divisional or Clinical Lead		• Monthly report from payroll. • DHS shift and fill rate reports	• Bank Shift Allocation and authorisation process • Exit strategy required • 1:8 staffing ratio or approval required if out of 1:8 Ratio e.g. Critical Care and not compliant with 3 Registered Practitioners on night shift • Must include SafeCare reference e.g. 1C or 1D with unique patients identifier
8.2 Use of NON-CLINICAL Bank in the following circumstances: • Vacancy (must include position number and TRAC identification) • Sickness (must include position number) • Increased temporary activity	Divisional nominated Lead or General Manager		Monthly report from payroll TST shift and fill rate report.	• Compliance with Non-Clinical Bank SOP • Exit strategy required
8.3 Use of CLINICAL Bank for any other reason is not permitted.	Not permitted			Use of bank for any other reason must be approved by the Director of Nursing, Director of Midwifery and Director of AHP
8.4 Timesheet Approval	Budget holder or service manager		Monthly report from payroll.	• See sections for professional specific overtime: _ Medical - 7.7 _ Nursing / Clinical - 7.1, 7.3, 7.5, 7.6 _ Non Clinical - 7.2, 7.4, 7.5, 7.6 • All overtime must be in compliance with Overtime SOP

				• Retrospective requests are not permitted.

9. Use of Bank (through Derby Health Staffing (DHS) or Temporary Staffing Team (TST))

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
	DIVISIONAL	EXECUTIVE		
9.1 Bank Requests can only be made in advance and based on Rota.	Ward or department manager		Weekly Report from DHS available shifts, fill rates and booking reasons.	• Bank Shift Allocation and authorisation process • Retrospective requests are not permitted.
9.2 Use of CLINICAL Bank in the following circumstances: • Vacancy (must include position number and TRAC identification) • Sickness (must include position number) • Enhanced Patient Observations/1-2-1 (must include SafeCare reference and Enhanced care Bundle Risk Assessment) • Approved increased temporary activity	Director of Nursing, nominated Divisional or Clinical Lead		Weekly Report from DHS available shifts, fill rates and booking reasons.	• Managed through DHS • Bank Shift Allocation and authorisation process • Retrospective requests are not permitted. • This must include the safe care reference e.g. 1C or 1D with unique patients identifier
9.3 Use of NON-CLINICAL Bank in the following circumstances: • Vacancy (must include position number and TRAC identification) • Sickness (must include position number) • Approved increased temporary activity	DVCG		Weekly Report from TST available shifts, fill rates and booking reasons.	• Managed through TST • Compliance with Non-Clinical Bank SOP • Exit strategy required • Retrospective requests are not permitted.
9.4 Use of Bank for any other reason is not permitted.	<td colspan="2" align="center">Not Permitted</td>		Use of bank for any other reason must be approved by the Director of Nursing, Director of Midwifery and Director of AHP
9.5 All submitted timesheets to be authorised within 7 working days.	Budget Holder or service manager			• Compliance with Overtime SOP

				• Retrospective requests are not permitted.
9.6 Bank bookings at AGREED rates	Budget Holder or service manager		Weekly Report from DHS available shifts, fill rates and booking reasons.	• Bank SOP compliance • Bank Shift Allocation and authorisation process • Retrospective requests are not permitted.
9.7 Bank bookings at ESCALATED rates		Executive Director	Weekly Report from DHS available shifts, fill rates and booking reasons.	• Approval in advance of booking - retrospective requests are not permitted. • Bank Shift Allocation and authorisation process

10.   Use of Agency for Clinical Staff (Framework)

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
	DIVISIONAL	EXECUTIVE		
10.1 All framework agency requests to be booked in advance and in line with e-rostering policy guidelines and can only be booked for the following reasons: • Vacancy (must include position number and TRAC identification) • Sickness (must include position number) • Enhanced Patient Observations/1-2-1 (must include SafeCare reference and Enhanced care Bundle Risk Assessment)	Divisional Director, nominated Divisional or Clinical Lead		Weekly Report from DHS available shifts, fill rates and booking reasons.	• Compliance with Agency SOP • Retrospective requests are not permitted.
10.2 No routine agency requests (i.e. regular bookings or bookings that extend beyond 3 months)		Executive Director	Weekly Report from DHS available shifts, fill rates and booking reasons.	• Approval in advance of agreement • Compliance with Agency SOP • Retrospective requests are not permitted.
10.3 Within NHS England price-cap rates	Divisional Director		Weekly Report from DHS available shifts, fill rates and booking reasons.	• Approval in advance of agreement • Compliance with Agency SOP • Retrospective requests are not permitted.
10.4 Above price-cap rates		Chief Medical Officer & Chief Finance Officer	Weekly Report from DHS available shifts, fill rates and booking reasons.	• Approval in advance of agreement • Compliance with Agency SOP • Retrospective requests are not permitted.
10.5 Timesheets to be approved within 7 working days	Budget holder		Weekly Report from DHS available shifts, fill rates and booking reasons.	• Compliance with Overtime SOP • Retrospective requests are not permitted.

11. Use of Agency (Off-Framework)

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
	DIVISIONAL	EXECUTIVE		
11.1 The use of off-framework agencies is not permitted	Not permitted			Retrospective requests are not permitted.

12. Using Agency to Fill Non-Clinical Roles

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
	DIVISIONAL	EXECUTIVE		
12.1 Use of agency to fill administrative or clerical roles (including patient-facing roles) is not permitted.	Not permitted			Retrospective requests are not permitted.
12.2 Use of agency to fill estates and facilities roles is not permitted.	Not permitted			Retrospective requests are not permitted.
12.3 Use of agency to fill management or leadership roles is not permitted.	Not permitted			Retrospective requests are not permitted.
12.4 NHS England Rules for the use of clinical coding staff apply.		Chief Digital and Informatics Officer	Weekly Report from TST available shifts, fill rates and booking reasons.	Retrospective requests are not permitted.
12.5 NHS England Rules apply for the use of 'contractors' and self-employed workers	Chief of People or Director of People Services		Weekly Report from TST available shifts, fill rates and booking reasons.	• Approval required prior to engagement • Retrospective requests are not permitted.

13. Using Waiting List Initiatives (WLI)

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL	EVWL	ADDITIONAL INFORMATION

	DIVISIONAL	EXECUTIVE		
13.1 Waiting List Initiative Rates of pay at agreed Trust rates for the role.	Medical Director, Divisional Director or General Manager.		Monthly Payroll report	• WLI SOP in development • Claims - once they have been through validation checks in the departments and are signed off by nominated lead. • In accordance with elective recovery plans • Cost pressures identified • WLI's to be signed off in advance. • Exit strategy outlined

14. Industrial Action

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
	DIVISIONAL	EXECUTIVE		
14.1 Booking of Direct Engagement bank workers through the NHSP system is permitted at IA rates during periods of industrial action	Divisional Director		Post IA Report from NHSP against booking reasons.	• Industrial action rate card approved at +20%. • Deviation from this must be approved by the Chief Medical Officer (or Deputy) in ADVANCE
14.2 Booking agency workers to cover industrial action gaps is not permitted	Not permitted			Post IA Report from NHSP against booking reasons.
14.3 All permitted industrial action cover is paid at the agreed Industrial Action Rates of Pay			Monthly payroll report and Post IA Report from NHSP against booking reasons.	• Industrial action rate card approved at +20%. • Deviation from this must be approved by the Chief Medical Officer (or Deputy) in ADVANCE

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
14.4 Escalated rates of pay must be agreed in advance following the escalation process		Executive Director	Ad-hoc report to SMT	• Deviation from the agreed +20% must be approved by the Chief Medical Officer (or Deputy) in ADVANCE

15. Annual Leave

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
	DIVISIONAL	EXECUTIVE		
15.1 Staff must not be allowed to carryover annual leave at the end of the financial year other than in exceptional circumstances (which includes returning from maternity leave or long-term sickness).	Ward or department manager		Monthly Rostering Compliance Report	• Annual leave carryover • UHDB Ready reckoner
15.2 Pay in lieu of untaken annual leave is not permitted.				

16. Non-Pay Expenditure

INSTRUCTIONS	DECISION MAKING AUTHORISATION LEVEL		MEASURES	ADDITIONAL INFORMATION
	DIVISIONAL	EXECUTIVE		
16.1 No discretionary spend		Director of Strategic / Operational Finance	Discretionary spend run rate monitoring	Approval required prior to raising purchase orders for Consultancy, Professional Fees, Subscriptions, Room Hire
16.2 Education and development including Study Leave to be authorised in accordance with agreed Trust Policy including: - Cost and time to attend courses/CPD - Expenses	Divisional Clinical Director / Chief Lead, Divisional Nurse Director / Director of AHP / Associate Director of Midwifery			• Education and Development • Medical & dental study leave guidance

16.3 Travel, accommodation, refreshments, catering must be agreed in advance and in line with Trust agreed policies and/or national Terms and conditions. Expenses will only be reimbursed via Easy expenses in line with the Trusts Expenses Policy subject to line management approval.	Matron / General Manager		Monthly payroll report produced summarising expenses claimed	Travel and Expenses
16.4 Relocation Expenses		Director of Finance and Director of People Service		Approval process regarding Relocation Expenses can be found in the Recruitment Incentive document
16.5 No off-site/external room bookings for meetings, conferences, or training.		Director of Strategic / Operational Finance		• All purchase orders relating to room hire subject to senior finance team approval • Access to internal venues can be found through the Ubook
16.6 If a suppliers representative comes on site, then the conduct should be in line with the Trusts Conduct of Company Representatives and Service Engineers on Trust Premises Policy				Conduct of Representatives and Service Engineers
16.7 All items being purchased **must** be through procurement via a purchase order The revenue goods and services requestion approvals limits apply in line with the Trusts Scheme of Delegation: • Budget Holders Up to £9,999 • General Mangers & Corporate equivalent from £10,000 to £19,999 • Divisional Directors and Corporate Directors from £ 50,000 to £99,999 • Any Executive Director from £100,000 to £149,999	Divisional Directors and Corporate Directors from £ 50,000 to £99,999	Any Executive Director from £100,000 to £149,999	Compliance of non-purchase order invoices will be monitored	Processes to raise and authorise an order can be found on Procurement intranet pages or contact the Unit 4 Systems Team (dhftsys.agresso@nhs.net)

17. Glossary

- **Virement** - the process of moving money from one financial account, or part of a budget, to another one. This will only take place with agreement from the Director of Financial Operations
- **QEIA** (Quality, Equality Impact Assessment) - an assessment process that ensures quality remains at the heart of our decision-making processes whilst we work to contain cost and improve efficiencies. The tool prompts considerations on the following areas:
  - patient safety
  - patient experience
  - clinical effectiveness
  - productivity and innovation
  - prevention
  - operational impact
  - data security

Waste Reduction

Our Waste Reduction Pack is available on Net-I Here. The pack enables divisions to conduct challenge, understand best where efficiencies can be made, and identify if any cash can be released, whilst developing robust processes to enable the Trust to become better at identifying where efficiencies and savings can be made in future.

Within this pack is a Budget Holder & Manager Financial Recovery Checklist setting out a range of actions to complete to ensure effective management of your budget. This includes instructions on purchase ordering and product swaps, effective stock management, effective Service Level Agreements (SLA's), and equipment and maintenance contract checks.

18. References and NHS England Guidance

- NHS England Agency Use Rules
  [Agency-rules-changes-for-2023-to-2024.pdf (england.nhs.uk)](Agency-rules-changes-for-2023-to-2024.pdf)

- NHS England Price Cap Rates (Medical and Agency Price Cap 23 tabs ONLY apply)
  [NHS-England-agency-price-card-2023-2024.xlsx (live.com)](NHS-England-agency-price-card-2023-2024.xlsx)

- NHS Terms and Conditions of Employment for Agenda for Change Staff
  [NHS Terms and Conditions of Service Handbook | NHS Employers](NHS-Terms-and-Conditions-of-Service-Handbook)

- NHS Terms and Conditions of Employment for Doctors and Dentists in Training
  [NHS-Doctors-and-Dentists-in-Training-England-TCS-2016-VERSION-11.pdf (nhsemployers.org)](NHS-Doctors-and-Dentists-in-Training-England-TCS-2016-VERSION-11.pdf)

- NHS Terms and Conditions of Employment for Medical and Dental Staff
  [Specialty-Doctor-terms-and-conditions-June-2022.pdf (nhsemployers.org)](Specialty-Doctor-terms-and-conditions-June-2022.pdf)

- NHS Terms and Conditions of Employment for Medical and Dental Consultants
  [Terms and Conditions (nhsemployers.org)](Terms-and-Conditions)