

Cover Sheet

Trust Board Meeting in Public: Wednesday 10 September 2025

TB2025.86

Title: **Trust Management Executive Report**

Status: **For Information**

History: **Regular Reporting**

Board Lead: **Chief Executive Officer**

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Confidential: **No**

Key Purpose: **Assurance**

Trust Management Executive Report

1. Purpose

- 1.1. The Trust Management Executive [TME] has been constituted by the Trust Board and is the executive decision-making committee of the Trust. As such, it provides a regular report to the Board on some of the main issues raised and discussed at its meetings.
- 1.2. Under its terms of reference, TME is responsible for providing the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, including associated clinical strategies; and to assure the Board that, where there are risks and issues that may jeopardise the Trust's ability to deliver its objectives, these are being managed in a controlled way through the Trust Management Executive Committee. This regular report aims to contribute to this purpose.

2. Background

- 2.1. Since the preparation of its last report to the Trust Board, the Trust Management Executive has met on the following dates:
 - 10 July 2025
 - 31 July 2025
 - 14 August 2025
 - 28 August 2025

3. Key Decisions

Internal Recruitment Proposal

- 3.1. TME approved the proposal for all Agenda for Change roles to be advertised internally for two weeks without exception, including expressions of interest before opening to external candidates if no suitable internal applicant is found.
- 3.2. The proposal reinforces the Trust's commitment to developing administrative and clinical staff, offering improved career progression, reducing recruitment costs, and improving retention.

Freedom of Information (Fol) Requests Backlog Resourcing

- 3.3. The Trust must comply with the Freedom of Information Act 2000, responding to requests within 20 working days unless exemptions apply. The Information Governance team coordinates responses, but timely input from staff is essential.

- 3.4. Due to rising request volumes, the Trust faces pressure in managing responses. Progress has been made by identifying key contacts across divisions, but further support is needed to clear the backlog.
- 3.5. TME approved a proposal to procure temporary resourcing via NHS Professionals (NHSP) to clear the backlog by 31 October.

External Well-led Review Proposal

- 3.6. TME approved the commissioning of an external evaluation of Well-led Review of the Trust's leadership and governance in line with the relevant elements of the CQC Single Assessment Framework to begin in September. These reviews are a requirement under the Code of Governance and one has not recently been undertaken.
- 3.7. In line with guidance from the CQC and NHS England under the Single Assessment Framework, the review will focus on three key areas: shared direction and culture; capable, compassionate and inclusive leadership; and learning, improvement and innovation.

Combined Equality Standards Report 2025

- 3.8. TME was presented with the Combined Equality Standards Report, outlining progress on WRES, WDES, and Gender Pay Gap metrics. Key improvements include increased BAME representation in senior clinical roles, a reduced gender pay gap, and Chief Officers adopting individual EDI objectives with five priority actions agreed:
- Encourage disclosure of protected characteristic data
 - Support career progression for underrepresented groups
 - Improve wellbeing for disabled staff
 - Strengthen integration of internationally educated colleagues
 - Address racial discrimination through co-produced solutions
- 3.9. TME endorsed the actions and recommended the report for Board approval.

NHS Staff Survey 2025 Approach

- 3.10. TME received a proposed approach to the NHS Staff Survey, opening on 22 September. As in previous years, all staff would be given protected time and a suitable environment to complete the survey, with local teams responsible for delivery.
- 3.11. Most staff would receive the survey electronically via IQVIA, the independent provider. Alternative formats, such as paper copies, would be available for staff with limited email access.

- 3.12. TME endorsed the approach and committed to promoting survey participation across the Trust. The survey's value in capturing honest staff feedback was emphasised and with reassurance that responses were fully anonymous and confidential.

Winter Preparedness Plan 2025/26

- 3.13. TME received the 2025/26 Winter Preparedness Plan ahead of Trust Board approval. The plan prioritises patient safety and flow, with close collaboration across Oxfordshire's health and care system.
- 3.14. Key measures included opening additional winter beds, streamlining hospital processes, reducing length of stay, and supporting staff wellbeing such as through the flu vaccination programme.
- 3.15. The Winter Plan aligned with the national Urgent and Emergency Care Plan 2025–26, targeting improved ED performance, reduced ambulance handover delays, and shorter patient waiting times.
- 3.16. TME supported the plan and recommended it for Board approval.

Surgical Elective Centre (SEC) Terms of Reference

- 3.17. TME received an update on governance arrangements for the Surgical Elective Centre Programme, including updated Terms of Reference (ToR) for the Programme Board and new ToR for the Risk Management Group and Steering Group.
- 3.18. TME recommended the inclusion of senior clinical leadership and a patient engagement mechanism in the Programme Board and it was agreed that membership would be reviewed by Chief Officers.
- 3.19. The current ToR were approved, with a revised version to be brought to a future meeting.

4. Other Activity Undertaken by TME

Strengthening R&D Governance, Performance and Support

- 4.1. TME received a proposal to strengthen R&D governance by establishing a formal Trust R&D Committee, replacing the informal COVID-era structure, and creating Research Delivery Groups (RDGs) to report into it. This followed recommendations from a recent internal audit and aimed to improve oversight and performance.
- 4.2. TME noted the need to strengthen Trust R&D governance and improve study setup and recruitment KPIs and approved the establishment of a new R&D Committee and Research Delivery Groups, along with their respective terms of reference.

AccessAble Project Update

- 4.3. AccessAble helps people with disabilities access NHS sites confidently by providing detailed, non-judgmental accessibility guides. The Trust, supported by Oxford Hospitals Charity, was creating these guides for its hospitals, aligning with equality duties and improving patient experience.
- 4.4. Site surveys at Horton and Nuffield were completed, and draft Access Guides have been reviewed. Once live, AccessAble would support a launch event and training. Post-launch, guidance documents would be provided to help improve accessibility.
- 4.5. TME received the update and the next steps for further review by patient safety partners.

Swipe Access Update

- 4.6. TME was briefed on ongoing swipe access issues affecting Churchill, Horton General, and JR sites and recognised the collaborative efforts of teams across Digital, Estates, Operations, and clinical areas to address these, highlighting this as a strong example of the One Team, One OUH approach.

Health and Safety Annual Report 2024-25

- 4.7. TME received this report showing that incident reporting remained stable, with a 4.3% increase in 2024-25, mainly due to increased reports of staff assault and harassment, driven by the No Excuses Campaign.
- 4.8. TME welcomed this as a sign of a positive reporting culture and reaffirmed support for staff affected by violence and aggression
- 4.9. A new Health and Safety Strategy (2026–30) was in development, aligned with the OUH People Plan and the NHS 10-Year Plan.

Capital Schemes Update

- 4.10. TME continued to receive updates on a range of capital schemes to enhance both patient care and staff experience.
- 4.11. Progress continued on the Surgical Elective Centre (SEC) at the JR. Modular units were being delivered, with installation underway. The project remained on track, with seven new operating theatres scheduled for phased completion by March 2026.

5. Policy

Space Policy Update

- 5.1. TME approved an updated Space Policy, introducing an electronic request system (E-form) and clearer processes for space management, including

business case requirements for additional costs and compliance with regulatory standards.

- 5.2. Members emphasised the need for a strategic approach to space utilisation, noting capacity gaps across divisions and the importance of coordination.
- 5.3. Future work on space optimisation would align with the Clinical Service Review and the Trust's Estate Strategy to support long-term planning.

Overtime and Additional Hours Procedure

- 5.4. This was a new procedure requiring all overtime to be pre-authorised, with defined approval levels and a preference for using bank staff where possible. It also clarified the use and payment of TOIL (time off in lieu), aiming to improve oversight and planning. A communications plan would be developed to support consistent implementation.
- 5.5. TME approved the Overtime and Additional Hours Procedure.

SAS Doctors Pay Progression Policy

- 5.6. TME endorsed the SAS Doctors Pay Progression policy which outlined the requirements and process for pay progression for SAS doctors employed under the Trust's 2021 terms and conditions (Specialist or Specialty Doctor) prior to submission to the Trust Board.

Freedom to Speak Up (FTSU) Policy

- 5.7. TME considered and supported an updated FTSU policy reflecting national guidance, stronger protections, new reporting tools, and clearer processes prior to submission to the Trust Board.
- 5.8. Training uptake monitoring was requested to be added to future reports.

6. Regular Reporting

- 6.1. In addition, TME reviewed the following regular reports:
 - Integrated Performance Report (this is now received by TME prior to presentation to the Trust Board and Integrated Assurance Committee);
 - Capital Schemes: TME continues to receive updates on a range of capital schemes across the Trust;
 - Finance Report: TME continues to receive financial performance updates;
 - People Performance Report: TME receives and discusses monthly updates of the key KPIs regarding HR metrics;
 - Clinical Governance Committee Report (including supporting and approving an updated Quality Strategy);

- Divisional Performance Reviews;
- Corporate Performance Reviews;
- Business Planning Pipeline Report;
- Procurement Pipeline Report; and
- Summary Impact of TME Business (which allows TME members to more easily track the combined financial impact of decisions taken.)

7. Key Risks

- 7.1. **Risks associated with the financial performance:** TME recognised the risks in relation to the delivery of the financial plan for 2025/26. **(BAF Strategic Risk 3.1 & 3.2)**
- 7.2. **Risks associated with workforce:** TME maintained continued oversight on ensuring the provision of staff to ensure that services were provided safely and efficiently across the Trust and to maintain staff wellbeing in the light of operational pressures. **(BAF Strategic Risk 1)**
- 7.3. **Risks to operational performance:** TME noted the risks to operational performance and the delivery of key performance indicators that were included in its plan for 2025/26. **(BAF Strategic Risk 2)**

8. Recommendations

- 8.1. The Trust Board is asked to
 - **note** the regular report to the Board from TME's meetings held on 10 July, 31 July, 14 August and 28 August 2025;
 - **approve** the Energy Policy; and
 - **approve** the SAS Doctors Pay Progression Policy.

Oxford University Hospitals NHS Foundation Trust - Energy Policy

This Energy Policy outlines Oxford University Hospitals NHS Foundation Trust's (OUH) commitment to systematic energy management and continual improvement in energy performance. The previous policy from 2007 has been updated and revised to align with the requirements of ISO 50001:2018 Energy Management System, ensuring a robust framework for our energy and carbon management efforts.

Purpose and Scope

OUH is dedicated to providing outstanding patient care, and integral to this purpose is our commitment to responsible environmental stewardship. This Energy Policy articulates OUH's dedication to systematically managing energy consumption, enhancing energy performance, reducing carbon emissions, and contributing to national sustainability targets, including NHS England's ambition for Net Zero for its direct emissions by 2040 and for all emissions by 2045.

This policy applies to all buildings, facilities, operations, and activities under the direct control of OUH, encompassing all hospital sites, administrative buildings, and associated services. It applies to all staff, and contractors working on the Trust's behalf.

Our Commitment

OUH is committed to the continual improvement of our energy performance and the effectiveness of our Energy Management System (EnMS). To achieve this, we commit to:

- Providing a clear framework for setting, reviewing, reporting and achieving measurable energy objectives and energy targets that drive continual improvement in our energy performance.
- Guaranteeing the availability of necessary information and resources required to achieve our established energy objectives and energy targets, including appropriate training and technology.
- Fully complying with all applicable legal requirements and other requirements related to energy efficiency, energy use, and energy consumption.
- Actively promoting and supporting the procurement of energy-efficient products and services that significantly impact our energy performance, ensuring energy efficiency and carbon emissions are key considerations in acquisition.
- Ensuring that design activities for new, modified, or renovated facilities, equipment, and processes proactively consider and support improvements in energy performance.

This Policy is communicated throughout the organisation to all staff and contractors and made available to interested parties, as needed. It will also be reviewed periodically as part of the Management Review or sooner, if required, by operational changes, legal updates, or performance needs.

While the Chief Executive holds overall responsibility, the policy's successful implementation is a collaborative effort involving the Estates and Facilities Management teams, the Sustainability and Carbon Team, all managers, and individual staff members across OUH.

Insert Signature here upon approval

Chief Executive

Specialist and Specialty (SAS) Doctor Pay Progression Policy

Category:	Policy
Summary:	This policy implements the 2021 amendments to pay progression arrangements for SAS Doctors as set out in the Terms and Conditions of Service Speciality Doctors – England (2021) and the Terms and Conditions of Service Specialist – England (2021) and sets out the process to be followed when a SAS Doctor reaches a pay point or threshold.
Equality Impact Assessment undertaken:	February 2025
Valid From:	
Date of Next Review:	3 years Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.
Approval Via/Date:	
Distribution:	Trust wide
Related Documents:	Conduct and Expected Behaviours Procedure Core Skills Policy Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure Job Planning Policy Medical Revalidation and Appraisal Policy New and Expectant Parent Leave Procedure
Author(s):	Assistant Director of Workforce – Resourcing Medical HR Manager
Further Information:	Divisional Workforce Teams SAS 2021 pay progression system guidance NHS Employers SAS pay progression SAS-contract-reform-implementation-guidance_0.pdf Terms and Conditions of Service Speciality Doctors – England (2021) Terms and Conditions of Service Specialist – England (2021)
This Document replaces:	New policy

Lead Director: Chief Medical Officer

Issue Date:

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Introduction

1. Specialty Doctors, Specialists and Associate Specialists (collectively referred to as SAS doctors hereafter) are a vital and growing part of the medical workforce.
2. The SAS contract reform in 2021, the restoration of a senior SAS role, and the associated national documents (see Toolkit and [NHS employers guidance](#)) offers an opportunity to re-evaluate what it means to be a SAS doctor at our organisation.
3. The new progression system for SAS doctors on the 2021 contract is intended to enhance and strengthen existing processes, underlining the employer and doctors' mutual obligations. There is an expectation that certain standards must be met, and the new system will help ensure that all SAS doctors have the appropriate knowledge and skills they need to carry out their roles.
4. This policy sets out the pay progression arrangements for all SAS doctors employed under the [Terms and Conditions of Service Speciality Doctors – England \(2021\)](#) and the [Terms and Conditions of Service Specialist – England \(2021\)](#) at Oxford University Hospitals NHS Foundation Trust ("the Trust").
5. All doctors appointed into new SAS posts at the Trust are appointed as specialist or specialty doctors on the appropriate 2021 Terms and Conditions.

Policy Statement

6. It is the policy of the Trust that pay progression for SAS doctors to a pay point that results in an increase in salary is conditional upon meeting the required pay progression criteria.
7. It will be the norm for SAS doctors to achieve pay progression and the intention is not to prevent doctors who are achieving the expected standards from moving through the pay scale. Pay progression may only be deferred where the doctor has not met the required pay progression criteria (see the Pay Progression Criteria section below).
8. The policy should be read in conjunction with the [Terms and Conditions of Service Speciality Doctors – England \(2021\)](#) and [the Terms and Conditions of Service Specialist – England \(2021\)](#)

Scope

9. This policy applies to all employees under the Trust that are employed under the [Terms and Conditions of Service Speciality Doctors – England \(2021\)](#) and the [Terms and Conditions of Service Specialist – England \(2021\)](#), including locums. It does not apply to honorary and observer contract holders, contractors, workers hired on a self-employed basis, or temporary staff engaged via the Bank.
10. For the avoidance of doubt, this policy does not apply to doctors employed under the Terms and Conditions – Associate Specialist (England) 2008 or the Terms and Conditions of Service – Speciality Doctor (England) 2008.

Aim

11. The purpose of this policy is to ensure:
 - 11.1. all decisions regarding pay progression are made consistently, fairly and transparently;
 - 11.2. that all SAS doctors and their clinical managers are aware of and understand the criteria that will be taken into account when determining pay progression; and
 - 11.3. that all SAS doctors and their clinical managers are aware of and understand the process that will be followed and their responsibilities within that process.

Definitions

12. The terms in use in this document are defined as follows:
- 12.1. A **pay point** is a pay value within a grade expressed in terms of years of experience. The pay structure describes the minimum length of service on a pay point required before a doctor becomes eligible to move to the next pay point.
 - 12.1.1. The **Specialist** grade is made up of three points and doctors will be expected to spend a minimum of three years on each pay point and evidence the criteria set out in paragraph 35 before moving to the next pay point.
 - 12.1.2. The **Speciality** grade is made up of five pay points and doctors will be expected to spend a minimum of three years on each pay point and evidence the criteria set out in paragraph 36 before moving to the next pay point. To progress to the top pay point (also referred to as progression through the higher threshold) there are additional pay progression criteria which must be met.
 - 12.2. A **pay progression review meeting** is the meeting held between a SAS doctor and their clinical manager to discuss if the SAS Doctor has met the pay progression criteria.

Responsibilities

13. The **Chief Medical Officer** has overall responsibility for the pay progression process and for ensuring fairness and consistency in the process. They are responsible for:
- 13.1. ensuring the policy is applied equitably across the Trust and that the minimum clinical standards defined within the policy are met;
 - 13.2. liaising with the clinical manager and/or SAS doctor, where advised by the Director of Medical Workforce that the timescales set out in this policy have not been achieved;
 - 13.3. promoting the development of Specialty and Specialist Doctors within the Trust; and
 - 13.4. approving the annual report (composed by the Director of Medical Workforce/Deputy Chief Medical Officer see paragraph 14.4) to the Trust Management Executive and Joint Local Negotiating Committee.
14. The **Director of Medical Workforce/Deputy Chief Medical Officer** is responsible for:
- 14.1. ensuring the policy is applied equitably across the Trust and that the standards defined within the policy are met;
 - 14.2. liaising with the clinical manager and/or SAS doctor, where it escalated to them that the timescales set out in this policy are at risk of not being achieved;
 - 14.3. escalating to the Chief Medical Officer where the timescales set out in this policy have not been achieved, following their liaison with the clinical manager and/or the SAS doctor; and
 - 14.4. compiling an annual report including anonymised pay progression outcomes for all eligible SAS doctors by protected characteristics; and the number of mediation requests and appeals submitted in relation to a decision that the pay progression criteria have not been met.
15. The **Clinical Manager** (who will ordinarily be the Clinical Lead) is responsible for:
- 15.1. arranging the pay progression review meeting within the timescales set out in this policy and confirming the date of the meeting (and if the meeting is re-arranged, the new date) to the Medical HR Advisory Team;

- 15.2. deciding each year that a pay threshold occurs whether the SAS doctor has met the pay progression criteria, documenting this on the Pay Progression Review Meeting Record and submitting the signed record to the Medical HR Advisory Team to action, copied to the SAS doctor for their records; and
 - 15.3. identifying and discussing with the SAS doctor any problems affecting the likelihood of pay progression as they emerge, to allow time for possible solutions to be found.
16. The **SAS Doctor** is responsible for:
 - 16.1. ensuring they are familiar with this policy and the pay progression criteria;
 - 16.2. preparing information ahead of the pay progression review meeting to enable them to confirm that they have met the pay progression criteria, including completing and submitting the Pay Progression Self Declaration. Where not all pay progression criteria have been met, clarifying the reason(s) for this and if they were beyond their control.
 - 16.3. engaging in the process and supporting the Clinical Manager in arranging the pay progression review meeting within the timescales set out in this policy; and
 - 16.4. identifying and discussing with their Clinical Manager any problems affecting the likelihood of pay progression as they emerge, to allow time for possible solutions to be found.
17. The **HR Records Team** are responsible for processing all authorised Pay Progression Review Meeting Records and ensuring the record is uploaded to the SAS doctor's electronic personal record.
18. The **Workforce Information Team** are responsible for providing a monthly report to the Medical HR Advisory Team and relevant Divisional Workforce Team to confirm the SAS doctors due for pay progression within the next nine months.
19. The **Medical HR Advisory Team** is responsible for:
 - 19.1. contacting the relevant clinical manager and SAS doctor by six months before the pay progression date, informing them of the doctor due for pay progression, providing them with a copy of this policy and the supporting documentation;
 - 19.2. maintaining a record of pay progression review meeting dates provided by the clinical manager and monitoring submission of the completed and signed Pay Progression Review Meeting Records;
 - 19.3. once received, ensuring the authorised Pay Progression Review Meeting Record is processed with sufficient time to enable pay progression to be effective from the SAS doctor's pay progression date;
 - 19.4. where the clinical manager is unresponsive or the pay progression review meeting does not go ahead as anticipated, escalating the matter to the relevant Divisional Head of Workforce to raise with the Clinical Lead and Clinical Director; and
 - 19.5. where a doctor holds a contract of employment with another NHS organisation and/or University in addition to the Trust, copying the outcome of their pay review to the relevant HR department.
20. The **Divisional Head of Workforce** is responsible for:
 - 20.1. providing advice and guidance on pay progression in accordance with this Policy;
 - 20.2. ensuring clinical managers are aware of their responsibilities regarding pay progression;
 - 20.3. following notification by the Medical HR Advisory Team that a Clinical Manager is unresponsive or that the pay progression review meeting has not gone ahead as anticipated, raising this with the relevant Clinical Lead and Clinical Director; and

- 20.4. where the timescales set out in this policy are at risk of not being achieved, escalating the matter to the Director of Medical Workforce/Deputy Chief Medical Officer for intervention.
21. The **Clinical Director** is responsible for addressing any instances of non-compliance with this policy or the timescales set out in the policy with the relevant clinical manager and/or SAS doctor.

Pay Progression

22. The pay progression process set out in this policy, along with the pay progression criteria, applies to any SAS doctor employed on 2021 Terms and Conditions (either Specialist or Speciality Doctor) who is due to progress to the next pay point which results in an increase in salary.
23. A progression process will be conducted between the SAS doctor and their clinical manager (normally their Clinical Lead) so that progression is achieved where the clinical manager is satisfied that the pay progression requirements have been met.

Pay Progression Date

24. The **pay progression date** is the anniversary of the date the doctor first commenced employment in the speciality doctor or specialist grade.
- 24.1. For doctors appointed to the Terms and Conditions of Service Specialist – England (2021) from the existing national contracts for associate specialists, the pay progression date will be their existing incremental date.
- 24.2. For doctors appointed to the Terms and Conditions of Service Speciality Doctors – England (2021) from the existing national speciality doctor contract, the pay progression date will be their existing incremental date.
25. When changing roles within the same grade, whether at the same or different employer, the pay progression date remains unchanged provided there is no break in continuous service.
26. The new pay structure describes the minimum length of service on a pay point required before a doctor becomes eligible, provided the pay progression standards are met, to move to the next pay point.

Pay Progression Criteria

27. The expectation is that all SAS doctors will meet the pay progression criteria and will therefore be able to progress on their pay progression date. Managers and doctors will be expected to identify problems affecting the likelihood of pay progression as they emerge to allow time for possible solutions to be found. The medical appraisal process should ensure that the required standards are understood, and additional support identified in good time.
28. The Trust's Core Skills Policy sets out the core skills requirements for all staff within the Trust. Details of and compliance with required core skills are recorded in the SAS doctor's individual record in the Trust's Learning Management System.
29. For the purposes of determining if the pay progression criteria have been met any formal warnings issued under the Sickness Absence Management Procedure are excluded.
30. Progression cannot be withheld due to financial or other non-performance related issues.
31. A 'disciplinary sanction' refers to sanctions in relation to conduct only, and excludes warnings applied in relation to absence due to ill health. It refers to formal disciplinary sanctions such as formal warnings issued under the Trust's Conduct and Expected Behaviours Procedure (which should be read in conjunction with the Trust's Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental

Practitioners Procedure). It does not include investigations, informal warnings, counselling or other informal activities.

32. If a disciplinary sanction is in place at the time of the pay progression date and is subsequently repealed, for example as a result of a successful appeal, the pay progression will be backdated to the pay progression date if all other requirements have been met.
33. A 'capability process' will be as set out in the Trust's Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure which applies Part 4 of Maintaining High Professional Standards (MHPS). 'Process' means that there has been an outcome following an investigation which places the employee in a formal capability process. Investigations, informal stages and processes for dealing with absence due to ill health are all excluded from this pay progression standard.
34. If a capability process is in place at the time of the pay progression date and is subsequently repealed, for example as a result of a successful appeal, the pay progression will be backdated to the pay progression date if all other requirements have been met

Specialist

Standard Pay Progression

35. Standard pay progression will require the specialist doctor having:
 - 35.1. participated satisfactorily in the job planning process on a yearly basis (i.e. have a job plan fully approved for the current year and signed by all parties, or have a job plan for the current year in formal mediation, in accordance with the Job Planning Policy):
 - 35.1.1. made every effort to meet the time and service commitments in their job plan and participated in the annual job plan review;
 - 35.1.2. met the work related personal objectives in the job plan (or the appraisal where personal objectives are agreed as part of the appraisal process as opposed to the job planning process), or where this is not achieved for reasons beyond the specialist doctor's control, made every reasonable effort to do so;
 - 35.1.3. worked towards any changes identified in the last job plan review as being necessary to support achievement of joint objectives;
 - 35.2. participated satisfactorily in the medical appraisal process on a yearly basis in accordance with the GMC's requirements set out in 'Good Medical Practice' where the outcomes are in line with organisational standards and objectives (i.e. the appraisal has been completed for the current year and signed off by all parties, or a letter has been issued by the Responsible Officer certifying that the missed appraisal is justified or excusable, in accordance with the Medical Revalidation and Appraisal Policy);
 - 35.3. undertaken anonymous colleague and patient multi-source feedback (MSF) exercises since appointment/last progression and demonstrated learning from these results. This learning will be considered as having been completed where the doctor has articulated learning points from the exercise and can demonstrate their delivery;
 - 35.4. performed a full audit cycle into a chosen aspect of their personal clinical practice and demonstrated any learning identified is being addressed. The audit will be chosen by the doctor and must be agreed with the Clinical Director as part of the job planning process;
 - 35.5. demonstrated the ability to deliver learning to others by completion of either clinical supervisor or educational supervisor training and supervision; and/or delivery of a

minimum of one educational lecture/workshop relevant to area of practice to clinicians;

35.6. demonstrated yearly completion of the Trust's mandatory training (within the Trust this is referred to as core skills), or where this is not achieved for reasons beyond their control, made every reasonable effort to do so;

35.7. no formal capability process in place; and

35.8. no disciplinary sanction live on their record.

Speciality

Standard Pay Progression

36. Standard pay progression will require the speciality doctor having:

36.1. participated satisfactorily in the job planning process on a yearly basis (i.e. have a job plan fully approved for the current year and signed by all parties, or have a job plan for the current year in formal mediation, in accordance with the Job Planning Policy):

36.1.1. made every effort to meet the time and service commitments in their job plan and participated in the annual job plan review;

36.1.2. met the work related personal objectives in the job plan (or the appraisal where personal objectives are agreed as part of the appraisal process as opposed to the job planning process), or where this is not achieved for reasons beyond the doctor's control, made every reasonable effort to do so;

36.1.3. worked towards any changes identified in the last job plan review as being necessary to support achievement of joint objectives;

36.2. participated satisfactorily in the medical appraisal process on a yearly basis in accordance with the GMC's requirements set out in 'Good Medical Practice' where the outcomes are in line with organisational standards and objectives (i.e. the appraisal has been completed for the current year and signed off by all parties, or a letter has been issued by the Responsible Officer certifying that the missed appraisal is justified or excusable, in accordance with the Medical Revalidation and Appraisal Policy);

36.3. demonstrated yearly completion of the Trust's mandatory training (within the Trust this is referred to as core skills), or where this is not achieved for reasons beyond their control, made every reasonable effort to do so;

36.4. no formal capability process in place; and

36.5. no disciplinary sanction live on their record.

Higher Threshold

37. The criteria for passing through the higher threshold (to the top pay point) recognises the higher level of skills, experience and responsibility of those doctors working at that level. Doctors will pass through the higher threshold if they have met the criteria set out below:

37.1. the standard pay progression criteria in paragraph 36 and its associated sub-paragraphs have been met;

37.2. the doctor has demonstrated an increasing ability to take decisions and carry responsibility without direct supervision; and

37.3. the doctor has provided evidence to demonstrate their contribution to a wider role, for example, meaningful participation in or contribution to one or more of the following relevant domains:

37.3.1. management or leadership;

- 37.3.2. service development and modernisation;
 - 37.3.3. teaching and training (of others);
 - 37.3.4. committee work;
 - 37.3.5. representative work;
 - 37.3.6. quality improvement and/or innovation;
 - 37.3.7. research; or
 - 37.3.8. audit.
 - 37.3.9. This list is not exhaustive but is intended to give an indication of the types of evidence of contributing to a wider role that a doctor could provide.
38. In making a judgement about whether a doctor has met the requirements for the higher threshold, there will not be an expectation that the doctor will be able to provide evidence in all wider areas of contribution listed and an overall picture will be considered.
39. The aim should be that doctors will acquire the skills and experience to allow them to meet the criteria for passing through the higher threshold, with appropriate support and development through job plan review, appraisal and Supporting Professional Activities.

Pay Progression Process

40. The clinical manager will receive notification six months before a doctor's next pay progression date and must initiate a pay progression review meeting with the doctor. A minimum of one month's notice of the meeting will be given and the meeting should take place no later than two months prior to the SAS Doctor's next pay progression date. This allows sufficient time for the necessary payroll paperwork to be completed and actioned to apply the new pay values on time.
41. In advance of the meeting, the SAS doctor must complete a Pay Progression Self Declaration and forward this to their Clinical Manager no later than one week prior to the pay progression review meeting.
42. It is not necessary to schedule appraisals and job plan reviews to coincide with pay progression dates.
43. The purpose of the pay progression review meeting is to review whether the requirements for progression have been met. The meeting will draw on the most recent medical appraisal and job plan review and consider the pay progression criteria applicable to the doctor's grade (see the relevant Pay Progression Criteria section above).
44. There may be occasions where the pay progression criteria have not all been met, but there are mitigating factors. In these circumstances the Clinical Manager must consider whether the mitigating factors justify confirming pay progression or not. Advice should be sought from the appropriate Divisional Workforce Team or Medical HR Advisory Team as necessary.
45. The Pay Progression Review Meeting Record will document this process and should be signed by the clinical manager and SAS doctor before being submitted to Medical HR Advisory Team.
46. If it is determined that the pay progression criteria have not been met please refer to the Deferral of Pay Progression section for further information on the process to follow.
47. Where a doctor holds a contract of employment with another NHS organisation or the University in addition to the Trust, the outcome of their pay review meeting will be copied to the relevant HR department.

Deferral of Pay Progression

48. It is expected that the doctor will achieve the required standards at the point of their pay progression date. Doctors should not be penalised if any element of the progression criteria have not been met for reasons beyond their control. Therefore, if the doctor has been prevented by any action or inaction on the part of the Trust from satisfying any element of the progression criteria, they will not be prevented from moving to the next pay point.
49. In situations where the required pay progression criteria have not been met, and there are no mitigating factors sufficient to justify this, it is expected that an individual's pay progression will be delayed for one year, subject to the arrangements outlined in paragraphs 51 and 52 below.
50. The clinical manager must use the pay progression review meeting to discuss the criteria that have not been met and review any previous discussions about these, consider any mitigating factors, and record their decision on the Pay Progression Review Meeting Record. The Record should be signed by the Clinical Manager and SAS doctor before being submitted to the Medical HR Advisory Team copied to the doctor.
51. The clinical manager should discuss and seek to agree a plan with the doctor for any remedial action needed to ensure that the required criteria for pay progression are met the following year, including a timescale, and how any training and support needs will be met. The doctor must take all necessary steps to meet the requirements, and the clinical manager must provide the necessary support.
52. A review meeting will be arranged with the SAS doctor, by their clinical manager no later than two months prior to the one-year anniversary of the pay progression date where a criterion or criteria had not been met. A minimum of one months' notice of the meeting will be provided. Provided that the SAS doctor has met the criteria in the intervening year, they will receive that pay point from that one-year anniversary date.

Pay Progression and interaction with periods of absence

53. If a doctor is absent from work for reasons such as parental leave or sickness when pay progression is due, the principle of equal and fair treatment should be followed so that no detriment is suffered as a result.
54. In the case of planned long-term paid absence such as maternity, adoption or shared parental leave the pay progression review can be conducted early if this is reasonable and practical, allowing the pay progression to be applied on the SAS Doctor's pay progression date in their absence. If a pay progression review cannot be conducted prior to the pay progression date, pay progression should be automatically applied in the individual's absence from the pay progression date.
55. If there was a live disciplinary sanction in place at the point the member of staff went on leave which will still be live at the pay progression date, the 'Deferral of Pay Progression' process should be followed.
56. If there was an active formal capability process underway at the point the member of staff went on leave, the 'Deferral of Pay Progression' process should be followed.

Appeals

57. A SAS Doctor has the right of appeal against a decision that they have not met the required pay progression criteria in respect of a given year. A mediation procedure and appeals procedure are set out in Appendix 2.

Moving Employers

58. A SAS doctor's pay progression date will remain the same and move with them to the new employer.

59. If a doctor moves to a new employer shortly before pay progression is due, the new employer will be expected to carry out the review required, within three months of the date that the doctor begins work for the new employer.
60. If progression is granted, pay shall be backdated to the pay progression date. If such a review is not undertaken by the new employer within three months following the date of employment the provisions of paragraph 48 will apply.

Training

61. There is no mandatory training associated with this policy. Ad hoc training sessions based on an individual's training needs will be defined within their annual appraisal or job plan.

Monitoring Compliance

62. Compliance with the policy will be monitored in the following ways:

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Number of mediation requests and appeals submitted in relation to a decision that pay progression has not been met.	Report	Director of Medical Workforce/Deputy Chief Medical Officer	Annual	Trust Management Executive
Anonymised pay outcomes for all eligible SAS doctors by protected characteristics.	Report	Director of Medical Workforce/Deputy Chief Medical Officer	Annual	Trust Management Executive and JLNC

63. In addition to the monitoring arrangements described above, the Trust may undertake monitoring of this policy as a response to identification of any gaps or as a result of the identification of risks arising from the policy prompted by incident review, external reviews, or other sources of information and advice. This monitoring could include:
 - 63.1. commissioned audits and reviews;
 - 63.2. detailed data analysis; and/or
 - 63.3. other focused studies.
 - 63.4. Results of this monitoring will be reported to the nominated Committee.

Review

64. This policy will be reviewed in three years, as set out in the Developing and Managing Policies and Procedural Documents Policy. It may need revising before this date, particularly if national guidance or local arrangements change.
65. Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.

References

[SAS 2021 pay progression system guidance | NHS Employers](#)

[SAS pay progression](#)

[Terms and Conditions of Service Speciality Doctors – England \(2021\)](#)

[Terms and Conditions of Service Specialist – England \(2021\)](#)

Equality Impact Assessment


66. As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible, remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation or religious belief. No detriment was identified. The completed Equality Impact Assessment can be found at **Appendix 1**.

Document History

Date of revision	Version number	Reason for review or update
September 2024	0.1	New policy

Appendix 1 - Equality Impact Assessment

1. Information about the policy, service or function

What is being assessed	New Policy / Procedure
Job title of staff member completing assessment	Assistant Director of Workforce – Resourcing
Name of policy / service / function:	Specialist and Specialty (SAS) Doctor Pay Progression Policy
Details about the policy / service / function	This policy implements the 2021 amendments to pay progression arrangements for SAS Doctors as set out in the Terms and Conditions of Service Specialty Doctors – England (2021) and the Terms and Conditions of Service Specialist – England (2021) and sets out the process to be followed when a SAS Doctor reaches a pay point or threshold.
Is this document compliant with the Web Content Accessibility Guidelines ?	Yes
Review Date	3 years
Date assessment completed	February 2025
Signature of staff member completing assessment	Summer Lovegrove
Signature of staff member approving assessment	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

- Staff

Does the policy, service or function involve direct engagement with the target audience?

Yes - continue with full equality impact assessment

3. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions – and will be applied consistently to all SAS doctors reaching a pay threshold.
Gender Re-assignment			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions –and will be applied consistently to all SAS doctors reaching a pay threshold.
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions –and will be applied consistently to all SAS doctors

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					<p>reaching a pay threshold.</p> <p>With regards to pay progression criteria not being met if the doctor has either a formal disciplinary sanction under the Conduct and Expected Behaviours Procedure (which should be read in conjunction with the Trust's Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure) or is in a formal capability process as set out in the Trust's Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure, both of these procedures have been equality impact assessed separately and work has been undertaken to ensure equitable outcomes under these procedures.</p>
Disability - disabled people and carers			X		<p>The policy sets out the steps to be followed if the member of staff is absent from work on a long term basis when a pay threshold is due to ensure the member of staff suffers no detriment as a result of their absence.</p> <p>Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions –and will be applied consistently to all SAS doctors reaching a pay threshold.</p>
Age			X		<p>Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as</p>

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					detailed in the Terms and Conditions –and will be applied consistently to all SAS doctors reaching a pay threshold.
Sexual Orientation			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions –and will be applied consistently to all SAS doctors reaching a pay threshold.
Religion or Belief			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions –and will be applied consistently to all SAS doctors reaching a pay threshold.
Pregnancy and Maternity	X				The policy sets out the steps to be followed if a member of staff is on maternity leave (or adoption or shared parental leave) at the time a pay threshold is due to ensure the member of staff suffers no detriment as a result of their absence. The pay progression criteria are as detailed in the Terms and Conditions –and will be applied consistently to all SAS doctors reaching a pay threshold.
Marriage or Civil Partnership			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions –and will

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					be applied consistently to all SAS doctors reaching a pay threshold.
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.					

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Sources of information

- [SAS 2021 pay progression system guidance | NHS Employers](#)
- [SAS pay progression](#)

Consultation with protected groups

Group	Summary of consultation

Consultation with others

Senior stakeholders and representatives of those in scope of this policy will have the opportunity to comment on the draft policy in advance of its approval by the Trust Board.

4. Summary stage

Outcome Measures

Through implementation of this policy it is anticipated the following will be achieved:

- Transparent pay progression process for SAS Doctors who have reached a pay threshold,
- Process applied consistently across the Trust to all eligible SAS doctors; and
- Pay progression process is aligned with nationally agreed [Terms and Conditions of Service Speciality Doctors – England \(2021\)](#) and [Terms and Conditions of Service Specialist – England \(2021\)](#)

For staff who will be absent at the time of their pay threshold guidance is included on pay progression.

If at the time the pay threshold is due the SAS doctors does not meet the criteria for pay progression, they able to explain the reason(s) why the criteria have not been met, and if these are out of their control.

The policy also allows a doctor to request mediation or submit a formal appeal against a decision to defer pay progression which will allow the decision to be reviewed on up to two separate occasions by an independent third party/panel.

Positive Impact

Pay progression will only occur when the SAS doctors has reached a pay threshold and can demonstrate they have met the pay progression criteria.

Unjustifiable Adverse Effects

N/A

Justifiable Adverse Effects

N/A

Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date

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Appendix 2 – Mediation and Appeals

1. Where it has not been possible to agree a job plan (including job plan reviews and interim reviews) or a doctor disputes a decision that they have not met the required criteria for a pay progression in respect of a given year, a mediation procedure and an appeal procedure are available.
2. Where a doctor is employed by more than one NHS organisation, mediation and appeals will be undertaken by the organisation where the issue arises.

Mediation

3. The doctor may refer the matter to the Chief Medical Officer. The purpose of the referral will be to reach agreement if at all possible. The process will be that:
 - 3.1. The doctor makes the referral in writing within 10 working days of the disagreement arising;
 - 3.2. the doctor will set out the nature of the disagreement and their position or view on the matter including any supporting evidence. This should be provided in writing and normally within 15 working days of the referral being submitted;
 - 3.3. the process should be open and transparent, and any submissions should be shared no less than five working days in advance of the mediation meeting with all involved parties;
 - 3.4. the clinical manager responsible for the job plan review, or (as the case may be) for making the recommendation as to whether the criteria for pay progression have been met, will set out the employing organisation's position or view on the matter. This should be provided in writing and normally within 15 working days of the referral being received;
 - 3.5. the Chief Medical Officer or their nominated deputy will convene a meeting, normally within 20 working days of receipt of the referral, with the doctor and the responsible clinical manager to discuss the disagreement and to hear their views;
 - 3.6. if agreement is not reached at this meeting, then within 10 working days the Chief Medical Officer or their nominated deputy will decide the matter and shall notify the doctor and the responsible clinical manager of that decision or recommendation in writing;
 - 3.7. if the doctor is not satisfied with the outcome, they may lodge a formal appeal in accordance with paragraph 5 below.

Formal Appeal

4. A formal appeal panel will be convened only where it has not been possible to resolve the disagreement using the mediation process. A formal appeal will be heard by a panel under the procedure set out below.
5. An appeal shall be lodged by the doctor in writing to the Chief Executive Officer as soon as possible, and in any event, within 10 working days of receipt by the doctor of the decision.
6. The appeal should set out the points in dispute and the reasons for the appeal. The Chief Executive Officer will, on receipt of a written appeal, convene an appeal panel to meet within six calendar weeks of the appeal.
7. The membership of the panel will be:
 - 7.1. A Chair, being a Non-executive Director/Independent Member, or other independent member (for example, a governor);

- 7.2. A second panel member nominated by the appellant doctor; preferably from within the same grade at an equivalent or more senior level; and
- 7.3. An Executive Director or nominated deputy from the appellant's employing organisation.

No member of the panel should have previously been involved in the dispute.

- 8. The parties to the dispute will submit their written statements of case to the appeal panel and to the other party no less than five working days before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. Following the provision of the written statements neither party shall introduce new (previously undisclosed) written information to the panel. A representative from the employing organisation will present its case first.
- 9. The doctor may present their own case in person, or be assisted by a work colleague or trade union or professional organisation representative, but legal representatives acting in a professional capacity are not permitted.
- 10. Where the doctor, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a speciality or to the subject of the appeal.
- 11. It is expected that the appeal hearing will last no more than one day.
- 12. The decision of the panel will be binding on both the doctor and the employing organisation. The decision shall be recorded in writing and provided to both parties no later than 15 working days from the date of the appeal hearing.
- 13. The decision of the panel will be implemented in full as soon as is practicable and normally within 20 working days.
- 14. No disputed element of the job plan will be implemented unless and until it is confirmed by the outcome of the appeals process and where appropriate a revised job plan is issued.
- 15. Where a decision has been made that alters the job plan and therefore the salary of the appellant doctor, the following will apply:
 - 15.1. A decision which increases the salary or pay which the appellant doctor will receive will have effect from the date on which the doctor first referred the matter to mediation
 - 15.2. A decision which reduces salary or pay will have effect from a date after the revised job plan is offered to the doctor following the decision of the panel at either the mediation meeting or the appeals hearing (subject to any local period of notice).