JOB DESCRIPTION AND TERMS AND CONDITIONS:

REF: 19ab/191

POST: Transforming Primary Care Programme Manager

Please return all completed applications to:

Resourcing Team
People & Change
NHS Highland, Argyll & Bute HSCP
Aros
Lochgilphead
Argyll
PA31 8LB

Email: recruitment.ab@nhs.net
AGENDA FOR CHANGE
NHS JOB EVALUATION SCHEME
JOB DESCRIPTION TEMPLATE

1. JOB IDENTIFICATION

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Transforming Primary Care Programme Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports to:</td>
<td>Associate Medical Director</td>
</tr>
<tr>
<td>Department, Ward or Section:</td>
<td>Adult and Children and Families Services</td>
</tr>
<tr>
<td>Operational Unit/Corporate Department:</td>
<td>Argyll and Bute HSCP, Primary Care</td>
</tr>
<tr>
<td>Job Code:</td>
<td>ARGLHSCPMGMTPRIM03</td>
</tr>
<tr>
<td>No of Job Holders:</td>
<td>One</td>
</tr>
<tr>
<td>Date:</td>
<td>May (FV July) 2019</td>
</tr>
</tbody>
</table>

2. JOB PURPOSE

Responsible for ensuring the development and delivery of the Primary Care Improvement Plan to redesign primary care services for patients across Argyll and Bute in line with the 2018 GMS Contract in Scotland.

Responsible for the interpretation and application of national guidelines and policies in relation to the Primary Care Modernisation Programme / Primary Care Improvement Plan requirements.

Lead, manage and co-ordinate highly complex multi-stranded work streams relating to the change programme to deliver transformational and sustainable change across Primary Care in Argyll and Bute.

3. DIMENSIONS

The Postholder will report to the Associate Medical Director, the Head of Adult Services West, the Primary Care Modernisation Programme Board and Project Team.

This role will have strategic and planning responsibility and provide comprehensive programme
management to lead the implementation and effective delivery of Key Priorities within the Primary Care Modernisation Programme.

- Vaccination Transformation Programme
- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care Services
- Musculoskeletal Focused Physiotherapy Services
- Community Clinical Mental Health professionals
- Community Link Worker Services

Argyll and Bute HSCP: 33 GP Practices with approximately 96 General Practitioners.

<table>
<thead>
<tr>
<th>Locality</th>
<th>Population (List sizes)</th>
<th>GP Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oban, Lorn and Isles</td>
<td>22,488</td>
<td>10</td>
</tr>
<tr>
<td>Mid Argyll, Kintyre and Islay</td>
<td>20,900</td>
<td>10</td>
</tr>
<tr>
<td>Cowal and Bute</td>
<td>21,549</td>
<td>8</td>
</tr>
<tr>
<td>Helensburgh and Lochside</td>
<td>23,621</td>
<td>5</td>
</tr>
</tbody>
</table>

The postholder is accountable for the Primary Care Improvement Plan Budget “in direct support of general practice” to enable the redistribution of work from GPs to other professional groups (where possible) and to optimise the role and functionality of the wider MDT/HSCP services, ensuring HSCP Objectives, national outcomes and deliverables are met.

Primary Care Improvement Fund

<table>
<thead>
<tr>
<th>Available funding</th>
<th>2018/19</th>
<th>2019/20</th>
<th>2020/21</th>
<th>2021/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationally</td>
<td>£45.75m</td>
<td>£55m</td>
<td>£110m</td>
<td>£155m</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Argyll &amp; Bute</td>
<td>848,000</td>
<td>1,019,000</td>
<td>2,039,000</td>
<td>2,873,000</td>
</tr>
</tbody>
</table>
4. ORGANISATIONAL POSITION

Argyll and Bute Integration Joint Board

Primary Care Modernisation Programme Board
Co chair: Chief Officer/ Associate Medical Director

Primary Care Modernisation Project Team
Chair: Head of Adult Services West

Transforming Primary Care Programme Manager
(This Post)

Key Priority Areas

<table>
<thead>
<tr>
<th>Work stream Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination Transformation Programme</td>
</tr>
<tr>
<td>Pharmacotherapy Services</td>
</tr>
<tr>
<td>Community Treatment and Care Services</td>
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<td>Urgent Care Services</td>
</tr>
<tr>
<td>Musculoskeletal Focused Physiotherapy Services / Community Mental Health</td>
</tr>
<tr>
<td>Community Clinical Mental Health professionals</td>
</tr>
<tr>
<td>Community Link Worker Services</td>
</tr>
</tbody>
</table>

Key Enablers

<table>
<thead>
<tr>
<th>Premises</th>
<th>Head of Estates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information sharing arrangements</td>
<td>Deputy Head of E-health</td>
</tr>
<tr>
<td>Workforce</td>
<td>Strategic Head of People and Change</td>
</tr>
</tbody>
</table>

5. ROLE OF DEPARTMENT OR SECTION

The Integration Joint Board has strategic oversight of the Primary Care Improvement programme.

The Chief Officer and Associate Medical Director co-chair the Programme Board that will make decisions and provide oversight of the project through appropriate scrutiny of the work of the project team.

The Head of Adult Services West chairs the Project Team and is responsible for the leadership and overall success of the Primary Care Modernisation Programme.
6. MAIN TASKS, DUTIES AND RESPONSIBILITIES

Scope of post is in line with the 2018 GMS Contract, the Memorandum of Understanding between Scottish Government, the British Medical Association, Integration Authorities and NHS Boards and Argyll and Bute’s Primary Care Improvement Plan.

The postholder will require a breadth of knowledge to address the Primary Care Service Redesign programme.

Corporate Management/Service Planning

- To direct, lead, manage and be accountable for the planning and delivery of services required of the Primary Care Improvement Plan to redesign primary care services across Argyll and Bute in line with the 2018 GMS Contract in Scotland.
- Lead responsibility for Argyll and Bute to develop overall PCIP programme policies and policies specific to the individual Key Priorities.
- To develop protocols/memorandum of understanding to implement the PCIP ensuring effectiveness and efficiency of service developments at local level and across Argyll and Bute.
- To be key lead for provision of highly specialist support, advice and guidance to Argyll and Bute HSCP, Clinical Leads, Key Priority leads, Managers and primary care contractors and their staff to enable primary care services to be developed for the benefit of patients of Argyll and Bute.
- To influence and contribute to the maintenance and development of services, developing working relationships and effective communication with the Associate Medical Director, Chief Officer, Project Director Clinical Leads, GP Practices, Key Priority leads and with all key stakeholders including patient representatives and community councils.
- Work with Clinical Leads, Senior Managers, and other key stakeholders to actively manage engagement to overcome barriers to change; to include negotiation, influencing and motivating staff to implement new ways of working.
- Act as a change agent to enable the successful development and implementation of the primary Care Improvement Plan across Argyll and Bute HSCP.
- Ensure the delivery of each Key Priority work stream is to the appropriate level of quality, on time, and within budget.
- Maintain, monitor and report on overall impact of the proposed changes associated with implementing the Primary Care Improvement Plan/service redesign including risks, time, quality and cost.
- The postholder will establish links and actively network and contribute to various other strategic change programmes and initiatives across Argyll and Bute ensuring effective delivery of the Primary Care Improvement Plan in line with the strategic objectives of Argyll and Bute.
- To receive, interpret and apply national guidelines and policies in relation to the GMS Contract requirements.
- Excellent Programme Management skills are required to manage a range of multiple, complex potentially linked projects of work to allow clinicians and managers to realise the strategic vision for the delivery of high quality, equitable, sustainable, affordable and accessible primary care services.
in line with the 2018 GMS Contract in Scotland.

- To work closely with the Key Priority Leads and Associate Medical Director to ensure the PCIP has been properly scoped and quantified and that the objectives are fully agreed before being shared more widely and initiating services to deliver the agreed objectives.
- To provide leadership, supervision and programme management support at every stage of the programme and to the constituent projects/ Key Priority leads, from the initial scoping exercise to agreeing the resource to be deployed; including roles and responsibilities, the launch of the scheme, governance arrangements and ensuring delivery of key milestones on time and to value.
- To facilitate the smooth running and delivery of the PCIP consistent with the timetable and key milestones outlined in the GMS Contract and of overseeing a full benefits realisation review once each individual Key Priority has been delivered.
- To ensure a consistent approach and management of agreed project management processes and procedures.
- Ensure timely preparation and production of regular reports in accordance with the requirements of the Primary Care Modernisation Programme Board, Project Team, Integration Joint Board, NHS Board and Scottish Government.
- Work with a wide range of key stakeholders associated with the programme including Key Priority leads, clinicians, managers, service users and partner agencies ensuring a collaborative approach to implementation of the Primary Care Improvement Plan/ service redesign.
- Develop and implement an effective communication strategy for the Primary Care Improvement Plan/service redesign.
- Plan and promote effective management and co-ordination of the multiple work streams in the Primary Care Improvement Plan.

**Lead, Support and Develop Staff**

- Oversee and manage the work of the Key Priority Leads, supporting a strategic shift in primary care services across Argyll and Bute.
- Provide training to ensure all Key Priority Leads are competent at writing project plans and ensure support and training is provided, where required, in support of this objective.
- Undertake a mentor role for individual members of the Key Priority work streams, to ensure Project Team Members have a sound understanding of the programme management processes e.g. risk management and escalation triggers etc and to provide training where necessary.
- Encourage and lead use of audit data, benchmarking and benefits realisation to assist with ongoing learning and quality improvement within the programme for staff and the HSCP.

**Stakeholder/Patient/Service User Focus**

- Ensure comprehensive preparation and management of a stakeholder engagement, designed to facilitate the smooth and timely delivery of the PCIP and signed off by the Primary Care Modernisation Programme Board and Project Director.
- Ensure effective stakeholder engagement and in particular patient and community engagement in the Primary Care Improvement Plan, through appropriate mechanisms, for example, public partnership forums, locality forums etc.
- Develop communication strategies to keep all stakeholders informed of the PCIP progress utilising a range of different media (e.g. briefing documents, reports, e-bulletins, workshops, conferences.

**Resource /Performance management**

- Responsible for service budget (Primary Care Improvement Fund: £848k rising to £2,873k in 21/22) clearly demonstrating a sound understanding of Financial Governance and Risk management.
- Manage the PCIP budget on behalf of the Programme Board, monitoring expenditure and costs as the plan progresses.
- To be authorised signatory in accordance with the Standing Financial Instructions and Delegated
Levels of Authority.
- Identify data requirements and work with colleagues to analyse health needs assessments, performance data, capacity and demand information etc.
- Lead the development of appropriate audit, benchmarking and benefits realisation to measure performance against national priorities and local issues, identifying priority areas for action and driving policy development to address these in the short, medium and longer term.
- Support Key Priority work stream leads to identify scope, objectives and implementation of the PCIP programme ensuring action plans are developed and implemented meeting required milestones.
- Work closely with Key Priority Leads to provide support in managing service change and ensure that all elements of the programme are delivered timeously and in line with the PCIP.
- Monitor the delivery of the PCIP to ensure the key measures and aims of the programme are met and making recommendations to address issues/challenges to implementation.
- Support the progress and evaluation of the PCIP. Manage the programme effectively, ensuring the plan remains focused, is delivered on time and against budget or is revised timeously if necessary.
- Utilise patient feedback and user experience to inform service redesign.
- Ensure governance arrangements for the project are met including the management of programme goals, quality, risk and communications.
- Provide monitoring reports as required. This includes, but is not limited to; programme plans, risk register, timelines, communication plans and stakeholder engagement plans.
- Duties and responsibilities must be undertaken to comply with NHS Highland Policies/Procedures.

7. EQUIPMENT AND MACHINERY USED

Please describe any machinery and/or equipment used in the job:

Computer
Printers
Projector/Overhead Projector
Video-Conferencing/Tele-Conferencing Equipment
Display Equipment
Photocopier
Fax/scanner
Telephone/Mobile
Vehicle/Car

8. SYSTEMS

- Use of MS Word to create documents and reports.
- Use of MS Excel to analyse data, calculate statistics, produce graphical displays of data and produce reports.
- Use of MS PowerPoint to create and deliver presentations.
- Use of MS Outlook for correspondence with internal and external colleagues.
- Use of Internet and intranet to maintain awareness of and access on-line information sources.
- NHS Highland policies and procedures.

9. ASSIGNMENT AND REVIEW OF WORK

The postholder is accountable to the Associate Medical Director and reports on progress on an ongoing basis to the Primary Care Modernisation Programme Board/Project Team.
The postholder is responsible for overseeing the implementation of the PCIP, monitoring progress of individual work streams through regular reporting.

Must use own initiative and act independently, making decisions and judgements as to own time and task management and prioritisation of workload.

Develop good working relationships with a wide range of individuals at strategic and operational level internally and externally.

The postholder is responsible for interpreting national policy and guidance relevant to the development and implementation of the PCIP, including the interpretation of the 2018 GMS Contract in Scotland.

Act as a source of advice to the Associate Medical Director, the Chief Officer, the IJB and managers within the HSCP.

10. DECISIONS AND JUDGEMENTS

The postholder works autonomously;

- using extensive knowledge and experience and is able to anticipate a wide range of problems, taking measures to resolve them.
- using a high degree of initiative and discretion within the broad parameters of agreed objectives and programme project plan, reporting on progress and identifying challenging issues to the line manager.

She/he is responsible for day to day decisions and judgements, within broad national and local policy guidelines, while supporting implementation of the Primary Care Improvement Plan.

The postholder will be largely self-directed and requires an ability to work autonomously to manage highly complex and extensive workloads and will often have to utilise novel and innovative approaches to solving problems encountered within the role.

The postholder is accountable to the Associate Medical Director.

Facilitate the development of solutions which are acceptable to communities, Argyll and Bute HSCP, General Practitioners and Lead Professionals where professional opinion may differ and conflicting views are expressed.

When dealing with complex issues the postholder will ensure that communication is translated to the level of detail appropriate to the recipients and the audience.

The postholder will anticipate problems and work towards resolving problems and challenges. To undertake the duties of the post with minimal general supervision.

11. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

- Working within a complex political landscape where there are often multiple and sometimes competing demands in relation to programme deliverables within tight timescales.
- Earn and sustain the respect and trust of Senior Managers, Key Priority Leads, GP Clinical Leads
12. COMMUNICATIONS AND RELATIONSHIPS

- The postholder requires highly developed communication and interpersonal skills to motivate advise and negotiate with groups and individuals to gain co-operation where there may often be resistance/barriers to change or to accept the information e.g. re-design of services.

- A key focus of this role involves communicating and building effective working relationships at all levels.

- Must possess excellent interpersonal skills, understand clinical and managerial concerns, have an ability to negotiate in complex situations and thus develop working relationships with Senior Managers, GP Lead Clinicians, General Practitioners, GP Sub Committee, GP Cluster Quality Leads, GP Practice Staff, Lead Professionals, the Public, voluntary sector, community groups and other key staff.

- The postholder is required to implement many change projects; there is a need to organise and participate in information sharing events to a wide range of key stakeholders including service users and carer organisations to ensure they are engaged as key partners in the ongoing development and delivery of the PCIP. This will involve patient and community engagement through appropriate mechanisms, e.g. formal presentations, public partnership forums, Locality Planning Groups etc.

- The postholder will require motivational skills to encourage collaborative working to improve services/ performance where there may be resistance to change. There may also be challenge to the best way forward and the postholder will need to have the confidence to influence Independent contractors, cluster colleagues, locality colleagues, clinical teams and other organisations to undertake changes to working practice when opposing views are often strong. In many situations there will be conflicting models for development, with limited data to inform decision making. The postholder will be required to balance highly complex options for difficult problems where there are no obvious solutions available.

- Demonstrating benefits/improved outcomes to stakeholders including patients, staff, organisation and communities.

13. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

This is a demanding post requiring a high level of professional judgment and decision making complimented by sound professional skills, analytical skills, and excellent communication and
interpersonal skills.

Physical skills

- Working at desk for long periods, using pc, preparing reports, analysing/interpreting statistical data, and minutes of meetings.
- Safe driving skills. Frequent requirement to travel long distances throughout Argyll and Bute and occasionally further afield. Restriction in seated position, driving for lengthy periods.
- Presence at meetings as presenter/lead to communicate information to a range of audiences.
- Operating equipment for presentations and deliver presentations.
- Keyboard skills.

Physical Effort

- High degree of concentration to maintain accuracy when preparing reports, minutes of meetings and analyzing /interpreting statistical data, etc.
- Sit for long periods during lengthy meetings.
- Organizing meetings and delivering presentations requires stamina.
- Extensive travel alone in rural environment can be both physically and mentally tiring.

Mental Effort

- Requirement for significant periods of concentration, decision making and organisational skills to cope with competing demands of the post, e.g. updating project plans, preparing for meetings, checking documents and analytical reports.
- Juggling competing demands - both operational and strategic
- Prioritising tasks as a result of frequent interruptions (e.g. telephone calls, emails or face to face requests for information/advice/decisions which require an immediate/rapid response/action).
- Mental and emotional stability to be able to respond to high demands of the post
- Significant degree of problem solving.

Emotional Effort

- Dealing with conflicting and contentious views.
- Chairing /facilitating meetings.
- Balancing the competing demands of the role while maintaining a high level of consistent professional behaviour in unpredictable and stressful situations.
- Meeting the needs of all stakeholders with finite resources.
- Difficulties encountered when explaining unwelcome news to managers, GPs and other stakeholders e.g. regarding failures to meet programme targets and milestones.
- Frequent direct exposure to the professional/financial/emotional concerns of stakeholders which need to be managed in a sensitive manner.
- Leading meetings which can be contentious.

Environmental

- Working within office environment, which involves VDU exposure, analising data, drafting reports and reviewing policies, protocols and procedures.
- Frequent travel across four localities for meetings and site visits to Community Hospitals and GP practices.

Oban Lorn and Isles
14. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

The postholder must be:

- Educated to Master’s level, or equivalent knowledge/training and experience.
- 3 + years experience within a management role within the health service.
- Sound knowledge of the workings of the acute and primary care clinical settings.
- Evidence of on-going personal development.
- IT literate. Expert user of MS Excel, Word, Outlook and PowerPoint.
- Ability to produce high quality written reports and papers.
- Has experience in and knowledge of successful project management and workforce redesign.
- Possess knowledge and skills in change management techniques and has a proven record in implementing successful change.
- Experience in developing new ways of working and supporting change at strategic and operational level.
- Has a patient-focussed approach.
- High level organisational skills including excellent time management and an ability to prioritise work in a demanding environment.
- Possess leadership skills, including the ability to negotiate and deliver.
- Well developed presentational skills including ability to present information to wide ranging audiences.
- The postholder is required to work in partnership with a diverse range of staff across professional and organisational boundaries.
- Maintains a collaborative approach.
- Has experience of problem solving.
- Knowledge of governance frameworks and an ability to implement workable frameworks.
- Familiarity with relevant legislation including, Data Protection, Caldicott, Health and Safety, and Audit Scotland Standards.
- Understanding of the corporate and strategic objectives of Argyll and Bute HSCP and NHS Highland.
- Car driver.

15. JOB DESCRIPTION AGREEMENT

I agree that the above Job Description is an accurate reflection of my duties and responsibilities at the date of signing.

Job Holder’s Signature:  
Date:  
Manager’s Signature:  
Date:
## TERMS AND CONDITIONS OF SERVICE

The conditions of service are those laid down and amended from time to time by Agenda for Change.

<table>
<thead>
<tr>
<th><strong>TYPE OF CONTRACT</strong></th>
<th>This post is fixed term and worked on a full time basis.</th>
</tr>
</thead>
</table>
| **GRADE AND SALARY** | Band 8a  
£45,446–£45,446–£45,446–£47,205–£49,234–£51,883 pro rata if part time  
New Entrants to the NHS will normally commence on the minimum point of the salary scale, (dependent on qualifications and experience). Salary is paid monthly by Bank Credit Transfer. |
| **HOURS OF DUTY** | 37.5 hours per week |
| **ANNUAL LEAVE** | The annual leave entitlement in a full year commencing 1st April to 31st March is 27 days, rising to 29 days after 5 years’ service and 33 days after 10 years’ service. There are 8 Statutory and Public Holidays in each leave year. (Pro rata for part-time staff) |
| **SICK PAY SCHEME** | The Conditions of Service provide for operation of a scheme related to length of service.  
Staff should keep managers informed of the likely duration of absence and should telephone their line manager at their place of work regardless on the 4th day because a self-certificate will be required. Staff do not need a medical certificate for the first 3 days of sickness absence. For sickness absence of 4 to 7 days, a self-certificate (DSS form SC2) is required. These are available from GP practices and line managers and the self-certificate must be returned to the line manager within 7 days of the first day of incapacity. From the 8th day of sick absence the member of staff should go to their General Practitioner for a medical certificate which should be sent to their line manager without delay. When the medical certificate runs out, the member of staff should get another one if they are still not fit for work and again send it to their line manager. If staff do not follow this procedure then they will be considered to be ‘absent without leave’ and therefore will not receive any pay or sick pay for that period of absence.  
**NHS Service – During 1st year:** 1 months’ full pay and 2 months’ half pay.  
**NHS Service – During 2nd year:** 2 months’ full pay and 2 months’ half pay.  
**NHS Service – During 3rd year:** 4 months’ full pay and 4 months’ half pay.  
**NHS Service – During 4th and 5th year:** 5 months’ full pay and 5 months’ half pay.  
On completion of 5 years NHS Service: 6 months’ full pay and 6 month’s half pay. |
| **SUPERANNUATION** | Auto Enrolment  
(all employees, eligible to join the NHS must be automatically included in the scheme from the first day of employment. Eligible employees will no longer be allowed to opt out of the scheme before they take up employment. They must |
be enrolled in the first instance.

Those who are ineligible to join the scheme will be enrolled in NEST, again opt out can only occur once in the scheme.

Further information can be found on the Pension Regulators website www.sppa.gov.uk

Part A - Officer members (including GP Practice Staff who are not practitioners)

From 1 April 2015 NHS pension scheme members will pay contributions at the rate in column 3 based on their previous year’s whole time equivalent pensionable earnings which fall in the relevant banding in column 2 of the table below.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Whole time equivalent pensionable earnings</th>
<th>contribution percentage rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to £15,828</td>
<td>5.2%</td>
</tr>
<tr>
<td>2</td>
<td>£15,829 to £21,601</td>
<td>5.8%</td>
</tr>
<tr>
<td>3</td>
<td>£21,602 to £27,089</td>
<td>7.3%</td>
</tr>
<tr>
<td>4</td>
<td>£27,090 to £49,967</td>
<td>9.5%</td>
</tr>
<tr>
<td>5</td>
<td>£49,968 to £71,337</td>
<td>12.7%</td>
</tr>
<tr>
<td>6</td>
<td>£71,338 to £111,376</td>
<td>13.7%</td>
</tr>
<tr>
<td>7</td>
<td>£111,377 and above</td>
<td>14.7%</td>
</tr>
</tbody>
</table>

Pensionable pay should be rounded down to the nearest pound.

The above contribution rates will be applicable for 4 years from 1 April 2015 to 31 March 2019 however the earnings bands may be adjusted to reflect any national pay awards.

In general the amount you will pay will be based on your previous year’s earnings.

If you were employed part-time the amount is uprated to the whole time equivalent pay for that post.

If you change jobs during the current year or have a promotion or step down to a lower paid job your contribution rate will be reset in line with your new pay band.

For more detailed information please see SPPA circular 2015/04 available on the SPPA website.

Part B - Practitioners members

<table>
<thead>
<tr>
<th>Tier</th>
<th>Whole time equivalent pensionable earnings</th>
<th>contribution percentage rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to £15,828</td>
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</tr>
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<td>9.5%</td>
</tr>
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<td>14.7%</td>
</tr>
</tbody>
</table>

Pensionable earnings should be rounded down to the nearest pound.

The above contribution rates will be applicable for 4 years from 1 April 2015 to 31 March 2019 however the earnings bands may be adjusted to reflect any national pay awards.

The contribution rates apply across both the old scheme (1995 and 2008 sections) and the new 2015 scheme

Practitioner members pay contributions at the rate in column 3 based on their total current year practitioner earnings from all sources which falls into the relevant band
There is a calculator on the SPPA website where you can see what these changes mean for you. For more detailed information please see employers circular 2015/04 also available on the website. If you have any enquiries about which contribution rate you are paying please contact Practitioner Services Division of NHS National Services.

Changes to the NHS Pension Scheme from 1 April 2015 – for further information please visit the SPPA website [WWW.sppa.gov.uk](http://WWW.sppa.gov.uk) or email: nhspensionsreform@scotland.gsi.gov.uk

<table>
<thead>
<tr>
<th>PERIOD OF NOTICE</th>
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<tbody>
<tr>
<td>You are required to give one months’ notice on termination of employment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NHS HIGHLAND SECONDEMENT PIN POLICY - TERMS &amp; CONDITIONS OF EMPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In circumstances where NHS Highland seeks to second an employee, that Secondee is entitled to maintain their terms and conditions of employment except where mutually agreed otherwise.</td>
</tr>
<tr>
<td>• In circumstances where an employee seeks a secondment opportunity, the advertised terms and conditions will apply. The employee should be made aware of any changes this may mean for their pay or terms and conditions.</td>
</tr>
<tr>
<td>• Where the terms and conditions for the secondment opportunity are more generous than those applying to the Secondee’s substantive post the terms and conditions of the secondment post will apply for the secondment period. For secondments outside the Seconding Organisation, any alterations to the employment contract, including to pay or other terms and conditions of employment, need to be fully discussed and agreed, and detailed in the secondment agreement.</td>
</tr>
<tr>
<td>• Where secondment is to a post of a higher grade, at the end of the secondment the Secondee will go back to the post on the terms and conditions that would have applied had they not been on secondment. Credit will be given for time spent at a higher grade in the event of any subsequent promotion, where appropriate.</td>
</tr>
</tbody>
</table>

For further information please refer to the NHS Highland Secondment PIN Policy which is available on the NHS Highland Intranet page under Policies Library.

<table>
<thead>
<tr>
<th>PROFESSIONAL REGISTRATION</th>
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<tbody>
<tr>
<td>It is essential that all staff employed by NHS Highland possess and maintain current professional body registration for the entire period of employment.</td>
</tr>
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<thead>
<tr>
<th>OCCUPATIONAL HEALTH SCREENING</th>
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<tbody>
<tr>
<td>Shortlisted applicants not currently employed by NHS Highland will be required to complete a medical questionnaire, following which they may be required to attend the Occupational Health Service for screening. All appointees are expected to comply with NHS Highland’s Immunisation Policy.</td>
</tr>
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</table>

**Additional Health Clearance for EPPs**

If this post involves Exposure Prone Procedures (EPP’s), additional health clearance will be needed. Additional health clearance means being non-infectious for:

- HIV (antibody negative)
- Hepatitis B (surface antigen negative or, if positive, e-antigen
- Negative with viral load of 10³ genome equivalent/ml or less); and
- Hepatitis C (antibody negative or, if positive, negative hepatitis C RNA).

Additional checks must be completed before confirmation of an appointment to an EPP post, as the healthcare worker will be ineligible for appointment if found to be infectious.
<table>
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<tr>
<th><strong>REMOVAL EXPENSES</strong></th>
<th>Assistance with removal and associated expenses may be given and should be discussed and agreed prior to appointment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPENSES OF CANDIDATES FOR APPOINTMENT</strong></td>
<td>Candidates who are requested to attend an interview will be given assistance with appropriate travelling expenses. Re-imbursement shall not normally be made to employees who withdraw their application or refuse an offer of appointment.</td>
</tr>
</tbody>
</table>
| **SMOKE FREE POLICY** | **Smoke Free Highlands**  
Please be aware that smoking tobacco products or e-cigarettes is not allowed anywhere in NHS Highland properties, vehicles or grounds. All staff who smoke can access information regarding services provided by Occupational Health and locality based Stop Smoking Advisers for smoking cessation support - for more information please visit [www.smokefreehighland.co.uk](http://www.smokefreehighland.co.uk).  
All NHS Highland employees will have the same part to play when maintaining the Smokefree Policy. It will be everyone’s role to enforce the policy by reminding people that NHS Highland provides a smoke-free environment and that they cannot smoke anywhere inside its buildings or in its grounds.  
When selecting new staff NHS Highland does not discriminate against applicants who smoke but applicants who accept an offer of employment will in doing so agree to observe and familiarise themselves with NHS Highland’s Smokefree policy |
| **CONFIDENTIALITY** | In the course of your duties you may have access to confidential material about patients, members of staff or other health service business. On no account must information relating to patients be divulged to anyone other than authorised persons - for example medical, nursing or other professional staff, as appropriate, who are concerned directly with the care, diagnosis and/or treatment of the patient. If you are in any doubt whatsoever as to the authority of a person or body asking for information of this nature you must seek advice from your superior officer.  
Similarly no information of a personal or confidential nature concerning individual members of staff should be divulged to anyone without the proper authority having first been given. Failure to observe this rule will be regarded by your employers as serious misconduct which could result in serious disciplinary action, including dismissal, being taken against you.  
The unauthorised disclosure of official business under consideration by NHS Highland or one of its Committees by an employee is also regarded as a breach of confidence and may lead to disciplinary action. |
| **ASYLUM AND IMMIGRATION ACT 1996** | Under the Asylum and Immigration Act 1996, NHS Highland is required to carry out checks to ensure that all prospective employees are entitled to live and work in the United Kingdom. You will therefore be asked to provide appropriate documentation prior to any appointment being made. |
| **REHABILITATION OF OFFENDERS ACT 1974** | The Rehabilitation of Offenders act 1974 allows people who have been convicted of certain criminal offences to regard their convictions as "spent" after the lapse of a period of years. However, due to the nature of work for which you are applying this post is exempt from the provisions of Section 4 of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions Orders 1975 and 1986). Therefore, applicants are required to disclose information about convictions which for other purposes are "spent" under the provision of the act in the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action by NHS Highland.

Any information given will be completely confidential. |
| **DISCLOSURE SCOTLAND** | Appointment to this post will be made subject to satisfactory screening by Disclosure Scotland. This post may be considered to require registration with the Protecting Vulnerable Groups (PVG) Scheme if it involves substantial access to children and vulnerable adults or a Standard Disclosure depending on the type of post. A PVG Scheme Record or Standard Disclosure will contain details of all convictions on record, whether spent or unspent. This means that even minor convictions, no matter when they occurred will be included in the Scheme Record. It may also contain non conviction information held locally by the police, where this is considered relevant to the post.

Following the selection interview only the "successful" candidate will be subject to a check by Disclosure Scotland to verify details previously supplied by him/her. Offers of appointment will be made subject to satisfactory Disclosure Scotland screening, medical fitness and two references, all of which must be satisfactory in relation to the requirements of the post. |
| **APPLICANTS WITH DISABILITIES** | A disability or health problems does not preclude full consideration for the job and applications from people with disabilities are welcome. All information will be treated as confidential.

NHS Highland guarantees to interview all applicants with disabilities who meet the minimum criteria for the post.

You will note on our application form that we ask for relevant information with regard to your disability. This is simply to ensure that we can assist you, if you are called for interview, to have every opportunity to present your application in full. We may call you to discuss your needs in more detail if you are selected for interview. |
| **KNOWLEDGE AND SKILLS FRAMEWORK (KSF)** | To support personal development and career progression, there is an NHS Knowledge and Skills Framework which supports the process of annual development review and agreeing personal development plans.

The NHS Knowledge and Skills Framework helps staff develop their skills to the full in a particular NHS post. It helps ensure better links between education, development and career and pay progression for all NHS Staff.

The first gateway in each pay band will be after one year in post.

The position of the second gateway will vary between pay bands but will fall between the top three points of the pay band. |
| **SCOTTISH WORKFORCE** | **Data Statement** |
| **INFORMATION STANDARD SYSTEM (SWISS)** | The information that staff provide will be used for employment purposes and where necessary to comply with legal obligations. The purpose of holding this information is for administration i.e. employment and pay amendments, superannuation, workforce management/planning and other personnel matters in relation to employment. Any requests for information outwith the above will only be processed with individual consent (e.g. building society mortgage applications etc.)

Staff information will be held securely in a national database, which will be accessed at a local, regional and national level to meet the requirements outlined above. Managers may also hold information within your department. There will be no unauthorised access. |
| **CAR FOR BUSINESS USE** | **If you are required to use your own car to carry out the duties of the post you must hold a full current driving licence and comprehensive car insurance which includes business use.** |
| **CHILDCARE VOUCHERS** | For information relating to Childcare Vouchers please visit [https://www.gov.uk](https://www.gov.uk) |
| **THE HIGHLAND CLINICAL RESEARCH FACILITY** | The UHI Millennium Institute’s (UHI) Clinical Research Facility, is housed on the ground floor within the Highland Diabetes Institute; phase III of the new Centre for Health Science building adjacent to the Raigmore Hospital site, it opened in January 2009.

The Clinical Research Facility is a joint NHS/UHI initiative aiming to provide a high quality clinical environment in which participants can take part in research programmes safely according to ethically approved study protocols. It comprises a bedded clinical research unit in which patient monitoring may be conducted on a day case or 24 hour basis. The facility has the capacity to be used by departments or specialties within NHS Highland, UHI or other research institutions for clinical research.

The facility is supported by the CRF Advisory Group and approved studies are reviewed by the CRF User’s Group.

It is staffed by a small team comprising a dedicated manager, research nurses, research pharmacist, part time pharmacy technician and administrative support under the leadership of a part time CRF Director, Prof Sandra MacRury. |
| **HEALTHY WORKING LIVES** | Healthy Working Lives (formerly SHAW, Scotland’s Health at Work) is the national award programme designed to encourage and reward employers in their efforts to improve the health and well-being of their staff. Healthy Working Lives involves having policies and practices in place which help employees be better informed to make healthy choices. It also involves recognising that organisations themselves can have a direct impact on the health and well-being of the individual members of staff.

Over the last few years, NHS Highland has placed the wellbeing of staff high on our list of priorities and is committed and signed up to achieving the Healthy Working Lives Award.

Healthy Working Lives needs the support and involvement of staff. To find out where your nearest contact for Healthy Working Lives is, contact Susan Birse on [susanbirse@nhs.net](mailto:susanbirse@nhs.net) |
<p>| <strong>EQUAL OPPORTUNITIES</strong> | The postholder will undertake his/her duties in strict accordance with NHS Highland’s Equal Opportunities Policy. |</p>
<table>
<thead>
<tr>
<th>FURTHER INFORMATION</th>
<th>For further information on NHS Highland, please visit our website on <a href="http://www.nhshighland.scot.nhs.uk">www.nhshighland.scot.nhs.uk</a></th>
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</thead>
</table>
| APPLICATIONS        | Completed applications should be returned, **AS SOON AS POSSIBLE**, to the Human Resources Department, NHS Highland, Argyll & Bute, Aros, Lochgilphead, Argyll PA31 8LB.  
(E-mail address: recruitment.ab@nhs.net). |
| CLOSING DATE        | **AS PER ADVERT**                                                                                  |

All completed applications are held in the Recruitment Team until the closing date. Thereafter the recruitment process takes approximately four weeks. If you have not heard from us within four weeks of the closing date for the vacant post, I am afraid that your application has not been successful and you will receive no further correspondence from the Recruitment Team.