

Ombudsman's Determination

Applicant	Mrs Y
Scheme	NHS Pension Scheme (the Scheme)
Respondent	NHS Business Services Authority (NHS BSA)

Outcome

1. Mrs Y's complaint against NHS BSA is partly upheld. To put matters right, NHS BSA shall pay £500 to Mrs Y.

Complaint summary

2. Mrs Y has complained about the final pensionable pay figure used by NHS BSA to calculate her benefit entitlement from the Scheme.
3. The final pensionable pay figure was significantly lower than the full-time equivalent (**FTE**) annual salary for Mrs Y's final employment prior to her retirement. Mrs Y considers that the figure determined by NHS BSA was unreasonably low. She has also complained that she was not informed by NHS BSA about the process it would follow in determining this figure, until she had made significant decisions in relation to her retirement from the Scheme.

Background information, including submissions from the parties

4. The sequence of events is not in dispute, so I have only set out the main points. I acknowledge there were other exchanges of information between all the parties.
5. Prior to 1 October 2017, Mrs Y was concurrently employed in three part-time NHS nursing roles by Cambridgeshire Community Services NHS Trust (**CCS**). She contributed to the 1995 section of the Scheme as part of this employment.
6. NHS BSA has since provided further information about Mrs Y's employment with CCS as follows:-
 - The initial role which began on 1 March 2008; Mrs Y was employed part-time for 26 hours per week with a FTE annual salary of £35,873.

- A second role which began on 6 May 2016; Mrs Y was employed part-time, with irregular hours and a FTE annual salary of £35,616.
 - A third role which began on 5 September 2017; Mrs Y was employed part-time, with irregular hours and a FTE annual salary of £35,253.
7. On 1 October 2017, Mrs Y began her employment at the Munro Medical Centre (**Munro**), contributing to the 1995 section of the Scheme as part of this employment. She was employed on an 'ad hoc' basis, at a rate of £200 per session of three-and-a-half hours. Mrs Y continued to work in her existing posts at CCS at this time.
 8. On 1 November 2017, Mrs Y accessed her Total Reward Statement (**TRS**) via the Scheme's website. This gave an estimate of £2,112.99 for the annual pension she could receive, plus a tax-free lump sum of £6,338.96, if she were to retire at the Scheme's Normal Retirement Age (**NRA**) and take the standard benefit option. The estimate was based on a reckonable membership length of 4 years and 275 days, and pensionable pay of £35,561.49, which had been updated to 31 March 2017.
 9. On 20 December 2017, Mrs Y accessed her TRS via the Scheme's website. This gave the same estimate of benefits as had been provided on 1 November 2017. NHS BSA has explained that the figures were identical, because there had been no updates to its records in the intervening period.
 10. On 5 January 2018, Mrs Y emailed NHS BSA. She said that she held two part-time NHS posts with considerably different rates of pay and hours worked. Mrs Y raised the following questions:-
 - Given that her pension would be based on the highest annual pensionable pay figure from her last three years of Scheme membership, she asked if this was determined from the total salary paid, or the rate of pay.
 - How her pension entitlement would be calculated if she had two part-time jobs that fell under different pay bands.
 - If she worked on a 'bank' basis in the lower-paid job, was she able to opt out of pension contributions for this job and have her final pensionable pay based on the higher-paid of the two jobs.
 - Was there a minimum number of hours that she needed to work for a job to be included as part of her pension entitlement.
 - She understood that for a job to be considered as part of the final pensionable pay, she would need to have been in a post for at least a year. She asked, if she had been in a higher band post for the final year and in a lower band post for previous years, whether both jobs would be included in the calculation of her pensionable pay.

11. On 8 January 2018, NHS BSA responded to Mrs Y to explain that when a member of the Scheme is employed in more than one post, their pension benefits will be based on a combination of their pay and hours from these posts.
12. On 15 January 2018, NHS BSA sent an email to Mrs Y, with a further response to her queries. It reiterated that if she continued to hold multiple part-time posts, her pensionable pay would be a composite figure reflecting her notional FTE pay for each of her posts. It provided links to the Scheme's website with additional information.
13. NHS BSA confirmed that there were no minimum hours, or length of service requirements for a period of NHS employment to be included in a member's pension entitlement. It explained to Mrs Y that she was able to opt out of her contributions for one of her posts, but she would not accrue as much membership of the Scheme. It said that her pension would still be calculated on her FTE pay for part-time members in the 1995 section of the Scheme.
14. Later that day, Mrs Y emailed NHS BSA to seek clarification on whether the calculation of her FTE salary, for pensionable pay purposes, would be different if she opted out of contributions to the Scheme for the lower-paid of her posts. She said she was aware that this would reduce her membership length within the Scheme. Mrs Y asked if her pensionable pay would be based solely on her income from the higher-paid post. She said it was her understanding that if this was the case, it would enhance her potential pension income. She added that if her lower-paid post was still taken into account, the enhancement would be marginal because of the membership she would lose through opting out. She said that her decision about the opt out was dependent on NHS BSA's response to her query.
15. On 17 January 2018, NHS BSA replied to Mrs Y. It explained that as she was classed as an Officer member and she worked in more than one part-time post, she could choose for which of these posts she would like to pay pension contributions. It said that if she decided to make contributions for just one of her posts, this would be the only post that would be taken into account when working out her final salary for pensionable pay purposes.
16. On 19 March 2018, Mrs Y telephoned NHS BSA. NHS BSA explained to Mrs Y that she could opt out of pension contributions for one of her NHS posts and continue making contributions for the other post.
17. On 31 March 2018, Mrs Y opted out of her pension contributions for her employment at CCS. From this date onwards, she was only contributing to the Scheme through her employment at Munro.

18. On 12 November 2018, Mrs Y emailed NHS BSA. She asked why her pension statement only showed employer contributions from CCS and not Munro. The date of NHS BSA's reply is not shown on the correspondence, but it explained that not all NHS employers were able to upload information for members' online statements. This may have been why Munro was not included on Mrs Y's statement. NHS BSA added that all employments for which Mrs Y paid pension contributions would be included on her online statement, within her reckonable membership.
19. On 13 March 2019, Mrs Y accessed her TRS via the Scheme's website. This provided an estimate of £5,026.79 for the annual pension she could receive, plus a tax-free lump sum of £15,080.37, if she were to retire at the NRA and take the standard benefit option. The estimate was based on a reckonable membership length of 10 years and 27 days, and pensionable pay of £39,919.04, which had been updated to 31 March 2018.
20. On 28 June 2019, Mrs Y telephoned NHS BSA to request an estimate of her pension benefits. She explained that she was considering retirement and would need to give her employer three months' notice of her retirement date. NHS BSA said that it was unable to produce an estimate at that time, but it would be available through her TRS in August 2019.
21. On 21 August 2019, Mrs Y attempted to access a pension estimate via the Scheme's online portal but was unable to do so. She telephoned NHS BSA that day and it told her that it would issue a paper estimate within eight weeks.
22. On 7 and 29 October 2019, Mrs Y telephoned NHS BSA to chase up the estimate she had requested.
23. On 29 October 2019, NHS BSA emailed Munro to highlight that the information it had submitted for Mrs Y suggested she had a pay rate of £200 per hour. NHS BSA asked Munro to verify this information.
24. On the same day, Munro replied to NHS BSA to explain that the £200 pay figure it had submitted for Mrs Y was the amount per session, rather than per hour. Munro confirmed the correct hourly pay figure and hours worked for Mrs Y for the Scheme years ending 31 March 2018 and 31 March 2019 respectively. Munro also advised that this error meant Mrs Y would have been incorrectly paying contributions to the Scheme at a rate of 14.5%, rather than 13.5%, which was the correct rate for the pay figure of £200 per session.
25. On 7 November 2019, Mrs Y telephoned NHS BSA. NHS BSA explained to Mrs Y that it had been in contact with Munro to clarify details of her employment. Mrs Y said she was considering retirement, so needed the estimate to inform her decision.
26. On 12 November 2019, Mrs Y telephoned NHS BSA to chase up her estimate.

27. On the same day, NHS BSA emailed Mrs Y to explain that it was in the process of deciding the appropriate pensionable pay figure to be used in the calculation of her benefits. NHS BSA explained that under the Regulations of the 1995 section of the Scheme (**the Regulations**), it can adjust a member's pensionable pay, if it considers that the rate of pay is excessive for the job role. NHS BSA said that it would issue Mrs Y's pension estimate once the decision on her pensionable pay had been made.
28. On 27 November 2019, Mrs Y emailed NHS BSA. She asked what was happening with her pension estimate. She said that she intended to begin drawing her Scheme benefits at the end of February 2020 and in order to do this, she would need to notify her employer by the end of November 2019.
29. On 29 November 2019, Mrs Y telephoned NHS BSA to chase up her estimate. NHS BSA said that it intended to issue this by 10 December 2019.
30. On 1 December 2019, NHS BSA emailed Mrs Y to confirm that it would be able to process her pension estimate within a week. NHS BSA explained that in accordance with the Regulations, when it uplifts a member's pensionable pay to a FTE value, it can use what it termed a comparable figure, if it established that the pro rata pay was in excess of the pay band for the role undertaken. NHS BSA considered that Mrs Y's pay figure of £200 per session worked was not consistent with a nurse working at Band 7 of the NHS Agenda for Change (**AFC**) pay scale. It said it would use a pensionable pay figure of £41,787 per year to calculate the estimate of Mrs Y's pension benefits, as this was the maximum pay amount available at Band 7.
31. On 3 December 2019, NHS BSA sent a letter to Mrs Y. It enclosed a Pension Statement with an estimate of the benefits she could receive from the Scheme. This estimate was based on a pensionable pay figure of £41,787 per year.
32. On the same day, Mrs Y emailed NHS BSA. She said she had based her retirement planning on the basis that her pension at retirement would reflect her higher rate of pay. She was disappointed that this was not the case. She asked NHS BSA to provide a more detailed explanation of the decision it had reached. She requested that it respond by 20 December 2019.
33. Mrs Y's email set out that she had contacted NHS BSA in January 2018 to explain her circumstances. She said she was not told at this time that her pensionable pay was likely to be capped. Mrs Y explained that she had requested a pension estimate and was told that this would be available online in August 2019, but it was not available at that time. She said she relied on the responses she received from NHS BSA when making her decision to retire from the Scheme. She considered she had been misinformed by NHS BSA.

34. Mrs Y said that for the preceding two and a half years, the deductions of 13.5% for her pension contributions had been based on the actual FTE pay she received from Munro. For the pensionable pay figure of £41,787, determined by NHS BSA, she should have contributed at a rate of 9.3%, so her total pension deductions would have been far lower. Mrs Y said she was disappointed that the pay discrepancy was not highlighted to her at an earlier stage in the process.
35. Mrs Y asserted that the remuneration of £200 per session fairly reflected the responsibilities of her role at Munro. She said that if she had not been in post, Munro would have had to hire a locum GP on a significantly higher rate of pay.
36. On 5 December 2019, NHS BSA responded to Mrs Y. It said it would address the concerns she had raised, but could not guarantee it would be able to do this by 20 December 2019.
37. On 1 January 2020, Mrs Y emailed NHS BSA to chase a response to her previous email. She attached a letter from Munro, dated 30 December 2019, which confirmed that she was employed on an ad hoc basis and the rate of pay reflected this arrangement, as well as Mrs Y's level of expertise. Munro also confirmed that had she not been in post, it would have had to employ a locum GP to carry out her duties.
38. On 6 January 2020, NHS BSA emailed Mrs Y, providing its response to her concerns. It clarified that in her case, the relevant section of the Regulations was Regulation R5(4). NHS BSA explained that Regulation R5(4) states that when calculating Scheme benefits for a part-time employed member, it may, on behalf of the Secretary of State for Health and Social Care (**the Secretary of State**), use a comparable FTE pensionable pay figure. It noted that the FTE pensionable pay for Mrs Y's previous posts had fallen within the AFC Band 7 range. It said that it had used the maximum pay amount for a Band 7 employee as of 31 March 2018, which was £41,787 per year. However, it now considered that Mrs Y's correct pensionable pay figure was £43,772 per year. It explained that in doing so, it had not capped Mrs Y's pay, rather it had applied Regulation R5(4), in accordance with the Regulations.
39. NHS BSA confirmed that Mrs Y's benefits in the Scheme had been accrued on a defined benefits basis, so the benefit value was not determined by the level of her contributions. It explained that for a part-time member, their tiered contribution rate will depend on their FTE pensionable pay. NHS BSA said that where a comparable pensionable pay figure is used, such as in Mrs Y's case, the Regulations state that the tiered contribution rate should be based on this comparable figure. It confirmed that the contribution rate for Mrs Y's latest pensionable pay figure of £43,772 was 9.3%, although it believed that Munro had deducted her contributions at the higher rate in good faith. NHS BSA said Mrs Y should inform Munro that her correct contribution rate, effective from 1 September 2017, was 9.3%.

40. With reference to its correspondence of January 2018, NHS BSA said it set out at that time that Mrs Y's Scheme pension at retirement would be based on a composite notional pay figure, derived from each pensionable post. Given that Mrs Y had left one of her posts in March 2018, she would need to continue in the other post until March 2021 for her pension benefits to be solely based on the FTE comparable pay for that post.
41. On 11 January 2020, Mrs Y submitted a complaint to NHS BSA under the Scheme's two-stage Internal Dispute Resolution Procedure (**IDRP**). She reiterated the points she had raised in her email to NHS BSA, dated 3 December 2019. She added that no explanation had been provided by NHS BSA as to why her pensionable pay had been restricted to AFC Band 7, when she considered that her role included responsibilities commensurate with a higher pay band.
42. Mrs Y asserted that when she originally enquired with NHS BSA, in January 2018, it had sufficient information to have identified the appropriate pensionable pay for her role with Munro and notified her of the potential application of Regulation R5(4). She queried whether it was lawful to discriminate between part-time and full-time employees in the application of Regulation R5(4).
43. Mrs Y considered that, under the legal principle of estoppel, having made pension contributions at the higher rate of 13.5% for her employment with Munro, NHS BSA should provide her with a pension based on her hourly pay rate of £57.14, equivalent to an annual salary of approximately £111,000. She was also concerned about how best to resolve the matter of the excess contributions she had made.
44. Mrs Y said that she based her decision to reduce her hours and cease pension contributions for her employment at CCS on the information provided by NHS BSA. If she had understood the true position, she would not have taken this course of action. She said her pension income in retirement would be lower as a result. She added that due to NHS BSA's late provision of her pension estimate, her decision to retire was delayed, which caused her distress and inconvenience.
45. On 2 March 2020, NHS BSA wrote to Mrs Y with its stage one IDR response. It confirmed that the Secretary of State is responsible for the Regulations. It set out that when a Scheme member has concurrent employments, their overall pensionable pay figure will be a composite of the pay for each position. Where a member is in part-time employment, the pay figure on which their benefits are based is the same as for a full-time worker of the same grade.
46. NHS BSA explained that employment contracts fall outside the Regulations and some employers do not adhere to AFC pay rates. If a member's rate of pay is considered to be excessive, the Regulations enable NHS BSA to limit their FTE pensionable pay to an amount that would be earned in comparable full-time employment. NHS BSA said this enables it to better manage potentially excessive costs to the Scheme.

47. NHS BSA asserted that its email dated 15 January 2018 was an appropriate and accurate response to the query Mrs Y had raised in regard to her pensionable pay. However, it did uphold Mrs Y's complaint in respect of the time it took to respond to her request for a pension illustration, which was first made in the telephone call of 20 June 2019.
48. NHS BSA explained that NHS employers have an obligation to deduct pension contributions at the correct rate and to provide the member's pay and membership information to NHS BSA. It said it does not have access to the employers' payroll information. NHS BSA considered it was unclear in January 2018 whether Mrs Y was employed on an hourly or a sessional basis, so it was not possible to advise whether Regulation R5(4) was applicable to her, nor to verify whether the employer deductions for her pension were correct. Its assessment was that Mrs Y's pay rate for her employment at Munro was above what would be expected for her grade. So, it took the decision to limit Mrs Y's pensionable pay to Band 7 of the AFC pay scale, which at that time was £41,787, but had since been increased to £43,772. NHS BSA said that given this would move Mrs Y to a significantly lower contribution tier, it would have expected her to have discussed her contributions with her employer(s), as she would have been entitled to a return of any excess contributions.
49. On 14 March 2020, Mrs Y wrote to NHS BSA. She said she was dissatisfied with its response at stage one of the IDRPs, so requested that her complaint be moved to stage two. She disagreed that Band 7 was the appropriate level for her role at Munro. She asserted that NHS BSA had not considered the specifics of the work she undertook at Munro, nor had it given a reason for why it had limited her pensionable pay to Band 7. She believed that if Munro had been able to recruit a member of staff for her role at Band 7, then it would have done so, rather than pay her a considerably higher amount.
50. Mrs Y also disagreed that NHS BSA had given an appropriate response to her enquiry in its email of 15 January 2018. She said that NHS BSA was in possession of sufficient information about her NHS employment at this time to have understood her circumstances and highlighted the potential implications of Regulation R5(4). Failing that, she considered that the advisor, with whom she corresponded, should have asked additional questions to ascertain her correct position.
51. Mrs Y said that she had contacted Munro about her excess pension contributions. Munro told her that it had based the deductions on her actual rate of pay, so in its view, the deductions it had made were correct. Mrs Y asked NHS BSA to clarify whether Munro was liable for her excess contributions. However, she also reiterated her view that her pension should be based on her actual rate of pay at Munro.
52. On 30 April 2020, NHS BSA wrote to Mrs Y to explain that due to the disruption caused by Covid-19, it may be delayed in providing its stage two IDRPs response.
53. On 2 July 2020, NHS BSA emailed Munro to request some additional information about Mrs Y's employment, in order to inform its response to her complaint.

54. On 4 October 2020, Munro emailed its response to NHS BSA's email of 2 July 2020. Munro explained that Mrs Y's employment was ad hoc, with irregular hours and no guarantee of work, an arrangement which Munro said suited its needs. The pay agreement with Mrs Y reflected the role, her experience, and that the work was ad hoc. She worked as a Specialist Nurse to see and treat patients under a Long Acting Reversible Contraception (**LARC**) contract. Some of her functions had previously been performed by GPs.
55. On 14 October 2020, NHS BSA emailed Munro to explain that it regarded Mrs Y's pay to be inordinate for the role for which she was employed. While NHS BSA accepted that Munro was able to set the pay rate for the sessions worked by Mrs Y, it considered that the FTE earnings were not representative of an NHS Nurse Specialist's pay. NHS BSA said it did not consider it appropriate to treat Mrs Y's FTE earnings of £111,722 per year as pensionable.
56. NHS BSA explained that, in accordance with Regulation R5(4), it determined Mrs Y's appropriate level of pensionable pay to be the upper pay point within AFC Band 7, which at that time was £44,503 per year. It confirmed that this pay point applied from the beginning of Mrs Y's employment, in September 2017, and her employee contributions for this level of pay were 9.3%. NHS BSA asked Munro to make the necessary adjustments to the contributions collected for Mrs Y since September 2017 and to return any excess contributions.
57. On 15 October 2020, NHS BSA sent its stage two IDR response to Mrs Y. NHS BSA reiterated that it considered Band 7 to be the appropriate level of pay for Mrs Y's employment at Munro. NHS BSA referred to Regulations C1(10) and C1(11), and Regulations R5(4) and R5(4a), which are shown in Appendices 1 and 2. It confirmed that for the 1995 section of the Scheme, a member's retirement benefits are based upon their highest year's FTE pensionable earnings, within the last three years of their Scheme membership.
58. NHS BSA said that Munro had confirmed that Mrs Y's employment was ad hoc in nature. Her role was as a Nurse Specialist and she was responsible for providing a specialist clinical service, which involved the fitting of contraceptive coils. NHS BSA explained that it had reviewed other Nurse Specialist roles, which it considered comparable to Mrs Y's, and established that the pay for these roles was typically at Band 6 or 7 of the AFC pay scale. It said that her FTE salary at Munro, of approximately £111,722 per year, was above the maximum rate under AFC Band 9, which was £104,927 at that time. This was a level of pay which would typically apply at Director level within an NHS Trust, for example a Director of Nursing. NHS BSA considered that in Mrs Y's case, its decision to apply Regulation R5(4) was reasonable. It added that although Regulation R5(4) relates to pay for part-time employees, Regulation C1 makes the same provision for full-time employees. It asserted that the Regulations do not discriminate against part-time employees, or any other type of Scheme member.

59. With regard to the correspondence which took place in January 2018, NHS BSA considered that it had provided an appropriate response, based on the queries raised by Mrs Y and the information it had available at the time. It said that Mrs Y did not fully describe her circumstances or give any indication of her rates of pay as part of this correspondence. NHS BSA explained that at that time, its record of Mrs Y's Scheme membership, including her earnings and hours worked in her employment since 1 September 2017, had yet to be updated by Munro. It said it was unaware that Mrs Y's FTE earnings in one of her posts was exceptionally high, so it was not in a position to anticipate that Regulation R5(4) might be relevant to her circumstances. It added that it had not performed any retirement benefit calculations for Mrs Y, using a FTE pensionable pay in the region of £111,722, nor had it suggested that this level of pay would be applied in the calculation of her retirement benefits.
60. NHS BSA explained that the delay in the provision of Mrs Y's retirement estimate was because a statement had been prepared by 17 October 2019, but it then became apparent that Munro had submitted pay information that was incorrect. NHS BSA said it had to check this information, which caused the delay, but it considered that responsibility for the delay lay with Munro.
61. In terms of the excess contributions that had been deducted from Mrs Y's pay, NHS BSA said it does not have access to employment or payroll records, so it is reliant on NHS employers to perform this function correctly, in accordance with the Regulations. NHS BSA's position was that Munro was incorrect to have treated the whole of Mrs Y's earnings as pensionable. It said that while it was up to Munro to set the level of Mrs Y's pay, Munro would have been aware that this far exceeded the standard pay for Specialist Nurse grades in the NHS. NHS BSA considered that Munro should have anticipated the potential application of Regulation R5(4), or at the very least, it should have consulted NHS BSA at the outset of Mrs Y's employment to establish the appropriate level of earnings to be treated as pensionable.
62. NHS BSA explained that it has powers delegated from the Secretary of State which allow it to determine the appropriate level of pensionable pay in cases such as Mrs Y's. The level of pensionable pay determined will then establish the rate at which employee contributions should be paid. NHS BSA said that the Regulations link the contribution rate to the level of pensionable pay, as opposed to the actual pay received by the member. Any contributions deducted at an incorrect, higher, rate would not secure an entitlement to a proportionately higher level of retirement benefits and the excess contributions must be returned. NHS BSA said it would take up this matter with Munro, on Mrs Y's behalf.
63. On 25 October 2020, Mrs Y wrote to NHS BSA. She said she was disappointed with the time NHS BSA had taken to respond to her complaint and disagreed with its conclusions. She reiterated the points she had made in her previous complaint correspondence.

64. Mrs Y added that she wished to wait for the outcome of the Pensions Ombudsman's determination of her complaint before the value of her contribution refund was calculated. She also asked that, if the ultimate outcome of her complaint was that her pension should not be based on her higher rate of pay at Munro, consideration be given to treating her excess contributions as additional voluntary contributions (**AVCs**) within the Scheme.
65. On 9 November 2020, NHS BSA wrote to Mrs Y. It acknowledged receipt of her letter, dated 25 October 2020, and confirmed its position on the complaint had not changed.

Mrs Y's position

66. She relied on the information given to her by NHS BSA in early 2018 and was led to believe that her pension at retirement would be based on the full rate of pay she received from Munro.
67. She considers that NHS BSA was providing her with pensions advice. If, when she made her initial enquiries in 2018, NHS BSA did not have access to her employment information from Munro, NHS BSA should have sought this information before responding to her queries.
68. Nonetheless, given that she highlighted to NHS BSA that her employment had considerably different rates of pay, it should have made her aware of the possible implications of Regulation R5(4). Further, if Regulation R5(4) is likely to be applied to a Scheme member's pensionable pay, then NHS BSA should have a mechanism in place to ensure that the member pays the correct contribution rate from the outset of their employment.
69. NHS BSA should have informed her much sooner than November 2019 that her pensionable pay would be significantly lower than her pro rata FTE pay from Munro. If NHS BSA had done this, then she would not have opted out of pension contributions for her other employment.
70. NHS BSA has not made a correct assessment of the specialist nature of her role at Munro. Her responsibilities justify a far higher level of pay than the Band 7 applied by NHS BSA to her pensionable pay. She considers that it is the nature of the role undertaken and the value to the employer, not the job title, which should determine the correct pay level. The number of hours she worked at Munro is not relevant to the determination of her pensionable pay.
71. She is a Registered Associate Member of the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. She has a diploma qualification from this body in Sexual and Reproductive Health and an additional specialist qualification for fitting contraceptive coils and implants. The level of qualification and experience, in relation to the specialist coil and implant fitting, is the same for both doctors and nurses.

72. There are NHS nursing grades, for example Grade 8a, which are for staff in specialist clinical posts. NHS BSA's decision to use an upper Band 7 salary is unjustified and the comparisons it has made are with nursing positions where a different role is required. There are other Advanced Clinical Practitioner posts that have been advertised at a rate of pay similar to that she received from Munro.
73. She has provided a screenshot showing previously advertised posts, which she considers to be comparable to the one she undertook with Munro. The screenshot is shown in Appendix 3.
74. The roles she undertook for her other employers since 2016 were more routine in nature, hence she received a lower rate of pay.
75. NHS BSA should provide her with a pension from the Scheme based on her full earnings from her employment with Munro, rather than the reduced pensionable pay that NHS BSA applied under Regulation R5(4).
76. She has suffered distress and inconvenience due to being misinformed by NHS BSA, as well as the delays in receiving information for her retirement and a response to her complaint. She had to put her retirement on hold while this process was ongoing and may now receive a much lower pension than she had anticipated.

NHS BSA's position

77. It is not in a position to provide financial advice to Scheme members and the role of its helpline is to provide routine information about membership and benefit entitlement. It does not consider that it should have provided a more detailed analysis of Mrs Y's circumstances as part of the correspondence in January 2018. Her statement of reliance on its response does not impose any additional responsibility for the decisions she subsequently made.
78. When deciding if a member's pensionable pay is to be deemed inordinate, it does not follow an internal procedure and assesses each case according to its individual circumstances. In Mrs Y's case, her pro rata FTE annual salary of £111,722 was considered to be inordinate, given the role she undertook at Munro. Its decision was that Mrs Y's pensionable pay should reflect the upper limit of the AFC Band 7, the latest value of which was £44,503 per year. Regulation R5(4) permits it to apply this lower pensionable pay value.
79. In reaching this decision, it reviewed what it considers to be comparable NHS Nurse Specialist posts. It has submitted the job specification for one such post (**the Clinical Nurse Specialist Specification**), which was advertised in August 2020; this is shown in Appendix 4. While recognising Mrs Y's skills and experience, its position is that NHS Nurse Specialists, including those with similar responsibilities to Mrs Y's role at Munro, typically attract salaries within the range of AFC Band 6 or 7. It also notes that the roles undertaken by Mrs Y outside of her employment with Munro fell in the AFC Band 6 and 7 pay ranges.

80. It acknowledges that there may be an overlap of duties between a GP and a Specialist Nurse in Mrs Y's area of specialism and that both may be equally qualified to perform the relevant LARC functions. However, Mrs Y was not employed as a GP by Munro, nor was she registered to practice as such, so it does not follow that her rate of pay should equal that of a registered GP.
81. NHS employers are responsible for updating their employees' pension records following the end of each Scheme year, on 31 March, whilst membership is ongoing. Separate membership periods are recorded for each employment a member undertakes throughout their NHS career. It maintains an overall pension record for each member based upon the information their employers provide and is reliant upon NHS employing authorities for the timely provision of accurate data.
82. The submission of member information by NHS employers should ideally be made by May or June to enable it to update members' annual benefit statements, which are issued in late summer. It issues general reminders to employers to submit updates from 31 March of each year. Specific reminders for individual cases will be made where significant or persistent delays are identified, or if an enquiry or pension event necessitates this. An update may be returned to the employer for corrective action if the data is corrupted or doesn't pass its routine validation checks.
83. By January 2018, Munro had submitted a 'joiner' update for Mrs Y, which included some basic information about her employment, but not information about her pay or membership of the Scheme. Munro should have submitted the first annual update for Mrs Y's employment at the end of the Scheme year, meaning her pay and membership information for the period ending 31 March 2018. This was not available to NHS BSA when Mrs Y contacted it by email on 12 November 2018, or for her previous enquiries. It is unable to confirm when Munro's first update for Mrs Y was received, but it is likely it was no later than June 2019. It identified the discrepancy in the submission, regarding Mrs Y's correct level of pay per session, in October 2019.
84. When Munro's update for Mrs Y was received, it initially specified an incorrect pay figure of £200 per hour, rather than £200 per three-and-a-half-hour session. Although high, this level of pay would have passed the initial routine validation checks, as long as the contribution values were consistent with the pensionable earnings value. Validation checks are also performed where a pension event occurs, or where calculations are required.
85. There was a delay while the pay figure discrepancy was resolved with Munro. It then had to consider, in December 2019, whether the corrected pay figure was in line with what would be expected, given the nature of Mrs Y's role. Mrs Y was notified of its decision to apply Regulation R5(4) on 6 January 2020.
86. For the working year ending 31 March 2018, Mrs Y was employed by Munro for a total of 50 hours; for the equivalent period in 2019, she was employed for 122 hours, and in 2020, she was employed for 74 hours.

87. Its policy is that members should access their annual benefit statements via their TRS wherever possible. Requests made in addition to its provision of a TRS may be chargeable. In Mrs Y's case, the request she made on 28 June 2019 was close to the anticipated issue of her 2019 TRS, which was expected in August 2019, so it proposed that she wait for this to be issued.
88. When it came to preparing Mrs Y's TRS in August 2019, the pension estimate could not be generated automatically. It cannot confirm the specific reason why this was not possible. A manual calculation was required in order to provide an accurate estimate to Mrs Y.
89. It had to restructure its working arrangements because of Covid-19, which meant an interruption to its normal services. It sent letters to Mrs Y in March and April 2020 to inform her that delays were possible. As part of the stage two IDRPs investigation, it contacted Munro in July 2020 and the response was received on 4 October 2020. Its stage two response letter was issued on 15 October 2020.
90. It has contacted Munro to ask that it make the necessary adjustments to Mrs Y's pension contributions.
91. Mrs Y left the Scheme on 31 March 2023 and as far as it is aware, she has not rejoined. It would not consider allowing any retrospective AVCs to be made by Mrs Y.

Adjudicator's Opinion

92. Mrs Y's complaint was considered by one of our Adjudicators, who concluded that part of Mrs Y's complaint should be upheld, and further action was required by NHS BSA. The Adjudicator's findings are summarised below:-
 - Regulation R5(4) does allow NHS BSA discretion to consider whether the FTE pay of a member employed part-time is excessive, with regard to a comparable full-time position in the NHS. NHS BSA may then determine what it deems to be an appropriate pensionable pay figure, based on the notional comparable full-time position. The member's pension benefits will be calculated using this figure.
 - Mrs Y's pay figure of £200 per session, for her employment at Munro, reflected that she was employed on an ad hoc basis, with a flexibility that suited both parties. The pro rata FTE pay for this post was £111,722 per year. NHS BSA acted reasonably in deciding not to set Mrs Y's pensionable pay as this figure.
 - The Adjudicator accepted that it was difficult to reach an exact answer to the question of the appropriate pensionable pay level, given the nature of the role undertaken by Mrs Y at Munro, and the specific skills required. However, the Adjudicator's view was that NHS BSA's assessment, that the appropriate pensionable pay for Mrs Y fell under Band 7 of the AFC, did not amount to maladministration.

- NHS BSA did not provide Mrs Y with information that was incorrect. While it may have been possible for NHS BSA to have given Mrs Y an explanation of Regulation R5(4), the fact that this was not provided did not amount to maladministration by NHS BSA.
- The principle of estoppel would not apply in Mrs Y's case.
- NHS BSA could have been more proactive in chasing Munro for the annual update for Mrs Y, but this did not amount to maladministration.
- NHS BSA was not in a position to identify what it deemed to be the inordinate level of Mrs Y's pay, until it received the annual update information from Munro.
- NHS BSA was responsible for a delay of approximately four months in providing Mrs Y with the pension estimate she had originally requested on 28 June 2019. The Adjudicator's view was that this did amount to maladministration.
- The period of approximately seven months that NHS BSA took to issue a response to Mrs Y under stage two of the IDRP was unreasonable.
- Mrs Y suffered significant distress and inconvenience as a result of NHS BSA's maladministration and delayed complaint response. An award of £500 was recommended in recognition of this distress and inconvenience.

93. Mrs Y did not accept the Adjudicator's Opinion and the complaint was passed to me to consider. Mrs Y provided further comments in response to the Opinion. In summary, she said:-

- As part of her initial contact with NHS BSA, she made reference to her employment being at considerably different rates of pay. She was told that her pension would be assessed as the halfway point between these posts. Given that NHS BSA was aware of her pay at CCS, the information she provided about her other post having considerably higher pay should have led NHS BSA to ask further questions. It is reasonable to expect that NHS BSA should have highlighted the potential implications of Regulation R5(4) and/or suggested that she seek independent advice.
- She was led to believe that it was possible to opt out of her lower-paid posts and have her pension based on the FTE salary at Munro, notwithstanding the number of hours she worked in that post. That information was incorrect, because her pension benefits were not based on her pro rata pay of approximately £111,000 per year. She relied on the information she was given by NHS BSA. Had an appropriate answer been provided, referencing the potential implications of Regulation R5(4), she would have investigated at that stage how it might affect her pension entitlement.

- She is not being offered a pension on the basis that she was informed and had been expecting. She has asserted that there was maladministration by NHS BSA in not making her aware of Regulation R5(4) and its potential impact. Giving incomplete advice, where the information excluded causes the individual to make decisions on incorrect assumptions, is as negligent as giving incorrect advice.
- She continued to work for CCS until March 2022, so has lost the qualifying membership that would have been earned from her opt out up to March 2022. This would have made a significant difference to her pension entitlement.
- She considers that NHS BSA's failure to chase Munro for the annual update would amount to maladministration.
- The Opinion made no reference to the fact that, subsequent to her post at Munro, she had taken a second similar post at another GP Practice. This was paid at a higher rate of £230 per session of three-and-a-half hours. The Opinion also did not include that the nurse recruited to succeed her in both posts, after her retirement, was paid on the same basis as her. She considers that this supports her position that the rate of pay for her post at Munro was not inordinate.
- She has asserted that redress should be calculated based on what her benefit entitlement would have been, if she had not opted out of the Scheme for her employment at CCS. This should include additional interest at 8%.
- Her understanding is that she is entitled to the return of the contributions that were overpaid. She considers that this should be repaid with interest added at statutory interest rates.

94. NHS BSA also provided further comments, which are summarised below:-

- Mrs Y's email, dated 15 January 2018, referred to the enhancement of her pension as potentially being 'marginal', if she were to opt out of her other posts. This appears to understate the level of enhancement she expected. It considers that this comment would reasonably lead to a conclusion that there was no inordinate difference in salary, or it would suppress any concerns about whether Regulation R5(4) was relevant to the enquiry.
- Its position is that Munro is responsible for the repayment of Mrs Y's overpaid contributions. It has contacted Munro to request that it arrange this, as well as consider the payment of additional interest. NHS BSA said this request was first made to Munro as part of its IDRPs complaint response in 2020.
- It accepts the Adjudicator's recommendation of an award of £500 for the distress and inconvenience Mrs Y has suffered.

95. I have considered the comments submitted by Mrs Y and NHS BSA, but they do not change the outcome. I agree with the Adjudicator's Opinion.

Ombudsman's decision

96. I find that Regulation R5(4) allows for NHS BSA, on behalf of the Secretary of State, to consider whether a part-time employed Scheme member's pro rata FTE pay is inordinate, when compared to a similar full-time position. NHS BSA then, again acting on behalf of the Secretary of State, has discretion to determine what it deems to be an appropriate pensionable pay figure.
97. I find that NHS BSA acted reasonably in determining that Mrs Y's pro rata FTE pay at Munro, of approximately £111,000 per year, was inordinate. Further, while acknowledging Mrs Y's professional skills and experience, I find no evidence that NHS BSA's decision to set her FTE pensionable pay at the level of AFC Band 7 was unreasonable. This finding is based on the information submitted in relation to comparable full-time posts, which can be found in the Appendix.
98. Mrs Y is concerned that the Adjudicator did not comment on her more recent employment with a higher pay rate of £230 per session. The Opinion noted that this type of short-term post will often benefit from higher pay per hour than a comparable permanent post. NHS BSA's position is not that Mrs Y was being overpaid for her ad hoc work at Munro, rather that when compared to a full-time position with similar responsibilities, the FTE rate of pay was inordinate. That Mrs Y's replacement at Munro is being paid on the same basis would not alter this consideration.
99. Mrs Y's complaint about misinformation by NHS BSA centres on whether NHS BSA should have highlighted the potential implications of Regulation R5(4) in response to her queries. Mrs Y has asserted that there was maladministration in NHS BSA's omission of this information. She said that if she had been told about Regulation R5(4), she would have taken a different decision regarding her opt out of the Scheme for some of her employment.
100. NHS BSA has highlighted Mrs Y's email dated 15 January 2018, which it considers understated the difference in her pay rates. Mrs Y's email, dated 5 January 2018, referred to her levels of pay as being 'considerably different'. So, I do not agree that Mrs Y deliberately sought to play down the difference.
101. While Mrs Y did set out that there was a difference in her rates of pay, she did not provide any further information as to the amounts involved, nor the specific, ad hoc nature of her employment at Munro. Given the information that was available to NHS BSA at the time of Mrs Y's enquiries, I find it was not reasonable to expect that it should have identified that the level of pay was inordinate. There was no information available to NHS BSA at that time that would have reasonably led it to this conclusion. It had not received the annual update from Munro and although Mrs Y's pay rates may have been considerably different, this does not necessarily mean that the higher rate of pay will be inordinate.

102. Mrs Y considers that the information she received from NHS BSA was inaccurate, because it referred to the determination of her pensionable pay as being based on her FTE pay for the pensionable post. Mrs Y's pro rata FTE pay at Munro was significantly higher than the final pensionable pay figure determined by NHS BSA.
103. In its email dated 15 January 2018, NHS BSA said that Mrs Y's pension benefits would be calculated on her FTE pay for part-time members in the 1995 section of the Scheme. NHS BSA's email, dated 17 January 2018, added that if Mrs Y decided to restrict her contributions to just one of her posts, this would be the post that would be taken into account when it worked out her final salary for pensionable pay purposes.
104. I do not find that the information provided by NHS BSA was incorrect. The FTE pay for part-time members in the 1995 section of the Scheme would ultimately include any application of Regulation R5(4) and subsequent adjustment of pensionable pay. Mrs Y's FTE pay was determined by NHS BSA with reference to a single comparable whole-time employment, as specified in the Regulations.
105. I acknowledge that it was possible for NHS BSA to have considered that Regulation R5(4) might have been a factor in Mrs Y's case and for it to have provided her with information about this. However, I find that in not doing so, NHS BSA's actions did not amount to maladministration.
106. As part of its response to Mrs Y in January 2018, NHS BSA was not required to ask further questions about her circumstances. It is also unable to give financial advice to Scheme members. In Mrs Y's case, she set out her understanding, in her email dated 15 January 2018, that opting out of her lower-paid post would enhance her benefit entitlement. There is no evidence that NHS BSA informed Mrs Y that this would be the outcome if she chose to opt out. Further, at no stage did NHS BSA provide Mrs Y with an estimate of her benefits that quoted a significantly higher pensionable pay figure than was eventually determined. In January 2018, NHS BSA would not have known the extent to which any future adjustment of her pensionable pay, under Regulation R5(4), might affect her overall benefit entitlement when compared with a scenario in which she did not opt out. I find that NHS BSA provided reasonable responses to the queries that Mrs Y had raised.
107. Mrs Y has asserted that NHS BSA's failure to chase Munro for her annual return would amount to maladministration. It is an NHS employer's responsibility to submit member data, which NHS BSA will use to calculate the member's benefits. Mrs Y's first annual update from Munro was due in June 2018, but not submitted until the following year. I agree with the Adjudicator that NHS BSA could have been more proactive in chasing Munro for this information, but I find that this would not amount to maladministration. Responsibility for the delayed submission of Mrs Y's annual update lay with Munro.

108. I find, in line with the views set out by the Adjudicator, that Mrs Y suffered distress and inconvenience as a result of NHS BSA's delayed provision of a pension estimate and its delayed response to her complaint at stage two of the IDR. NHS BSA accepted the Adjudicator's recommendation of an award of £500. I find that this is appropriate recognition of the significant distress and inconvenience that Mrs Y has suffered.

109. I have not made a finding on the issue of the repayment of Mrs Y's overpaid contributions. Although linked, it is a distinct matter to the complaint that was originally referred to The Pensions Ombudsman. Any findings would necessarily involve Munro and it is not a respondent party to this complaint. If Mrs Y is unable to resolve the matter with Munro and NHS BSA to her satisfaction, then it would need to be raised as a separate complaint.

110. I partly uphold Mrs Y's complaint.

Directions

111. Within 28 days of the date of this Determination, NHS BSA shall pay £500 to Mrs Y.

Dominic Harris

Pensions Ombudsman
4 December 2023

Appendix 1 - Scheme Regulations C1(10) and C1(11)

“Part C Pensionable Pay, Pensionable Service and Qualifying Service

C1 Meaning of “pensionable pay” and “final year's pensionable pay”...

...(10) Where, having regard to the matters referred to in paragraph (11), the Secretary of State considers that the amount which would, but for the Secretary of State's determination under this paragraph, constitute the member's final year's pensionable pay is inordinate, determine—

- (a) what the amount of that pensionable pay is to be, and
- (b) the date from which any change in the amount of that pay as a result of that determination is to take effect.

(11) Those matters are—

- (a) any variations in the level of the member's pensionable pay during a period not exceeding ten years and ending with the earlier of the date the member ceases to be in pensionable employment or the date the member dies;
- (b) the general level of pensionable pay pertaining in NHS employment for members of the same or an equivalent grade or post during the period under consideration for the purposes of paragraph (a);
- (c) promotion and re-grading prospects in NHS employment for members of the same or an equivalent grade or post during the period under consideration for the purposes of paragraph (a);
- (d) any other matters the Secretary of State considers relevant.”

Appendix 2 – Scheme Regulations R5(4) and R5(4a)

“Part R Special Provisions for Certain Members...

...R5 Part-time employment...

...(4) Subject to paragraph (5), for the purpose of calculating a member's final year's pensionable pay in respect of part-time employment, the member's pensionable pay will be the amount that the Secretary of State determines would have been paid in respect of a single comparable whole-time employment and any amount by which the member's actual final year's pensionable pay in respect of part time employment exceeds the amount determined will be ignored.

(4A) “A single comparable whole-time employment” in paragraph 4 means the number of hours, half-days or sessions which the Secretary of State determines would constitute a single comparable whole-time pensionable employment.

(5) Paragraph (4) does not apply to the calculation of final year's pensionable pay for the purposes of—

- (a) regulations F1(2) and F2(2) (lump sum payable on death in pensionable employment or after pension becomes payable);
- (b) regulation S2 (reduction of pension on return to NHS employment).”

Appendix 3 – Details of comparable posts provided by Mrs Y

The screenshot was obtained on 25 April 2021

- Band 6 (0)
- Band 7 (0)
- Band 8a (0)
- Band 8b (0)
- Band 8c (0)
- Band 8d (1)
- Band 9 (0)
- ▼ Other pay band**
- Consultant (15)
- Speciality Doctor (0)
- Foundation Doctor (0)
- Speciality Registrar (0)
- Doctor - Other (1)
- VSM (Very Senior Manager) (0)
- Other (16)
- ▼ Job type**
- Permanent (25)
- Fixed term (1)
- Bank (3)
- Honorary (0)
- Locum (4)
- Voluntary (0)
- Ad Hoc (0)
- Training (0)
- Secondment (0)
- Apprenticeship (0)
- ▼ Working pattern**
- Full time (28)
- Part time (12)
- Job share (2)
- Secondment (0)
- Flexitime (3)
- Agile/Home working (0)
- Compressed hours (0)
- Term time hours (0)
- Annualised hours (0)

Job Type: Permanent **Job Ref:** J143-A-21-39101

Advanced Nurse Practitioner - North West London OOH [Add to favourites](#)

Primary Care

Practice Plus Group, Southall
 Calling All ANPs Practice Plus Group, along with other independent providers of healthcare services are working with the NHS in a collective effort to combat the crisis posed by COVID-19. In our collective response to COVID-19 Practice Plus Group, we are seeking applications from ANPs to respond to ...

Salary: Upto £73,000 per annum (pro rota) **Closing Date:** 26/04/2021
Posted: 30/03/2021 **Staff Group:** Nursing & Midwifery Registered
Job Type: Permanent **Job Ref:** J143-A-21-39036

Advanced Nurse Practitioner (CAS) - Surrey [Add to favourites](#)

Primary Care

Practice Plus Group, Dorking
 About The Job Practice Plus Group delivers Integrated Urgent Care (IUC) services across Surrey, Suffolk and North East Essex. This means that we will be delivering urgent care through NHS 111, utilising GPs and specialist clinicians to deliver the best possible urgent care services 24/7, 365 days ...

Salary: up to £47 per hour dependent on shifts worked **Closing Date:** See advert
Posted: 20/04/2021 **Staff Group:** Nursing & Midwifery Registered
Job Type: Bank **Job Ref:** J143-A-21-39407

Advanced Nurse Practitioner (CAS) - Ipswich [Add to favourites](#)

Primary Care

Practice Plus Group, Ipswich
 About The Job If you have the passion and desire to deliver a better urgent care service to the people that matter then look no further, as this could be the job for you!To deliver this vision we wish to appoint an Advanced Nurse Practitioner who is able to independently prescribe. The job will ...

Salary: up to £47 per hour dependent on shifts worked **Closing Date:** See advert
Posted: 20/04/2021 **Staff Group:** Nursing & Midwifery Registered
Job Type: Bank **Job Ref:** J143-A-21-39408

Consultant Obstetrician and Gynaecologist [Add to favourites](#)

Appendix 4 – Details of comparable post provided by NHS BSA

JOB DESCRIPTION

POST TITLE:	Clinical Nurse Specialist
BAND:	Band 6
HOURS:	34 hours a week
LOCATION:	iCaSH Norfolk, Breydon Clinic Great Yarmouth
REPORTING TO:	Clinical Nurse Manager
RESPONSIBLE TO:	Service Manager
ACCOUNTABLE TO:	Head of Integrated Contraception & Sexual Health

Cambridgeshire Community Services NHS Trust is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.

Job Purpose:

1. To assess contraceptive/sexual health needs of patients attending iCaSH Services.
2. To work within iCaSH offering advice and treatments/procedures for patients who require contraception and sexual health services.
3. To act in a responsible manner, being courteous at all times with sensitivity towards the needs of the individual patient, recognising their right to dignity and privacy.
4. To provide training and education to professionals and groups of young people outside of the clinical setting.
5. To work as a member of a fully integrated contraception and sexual health service with a willingness to undertake further training in contraception or sexual health to achieve this where identified.

Main Duties and Responsibilities

1. Provide specialised advice for patients within sexual health services.
2. Carry out complex clinical assessment to aid differential diagnoses for sexual and reproductive health problems.
3. Plan and deliver evidence based care and treatment.
4. Perform contraceptive or sexual health examinations and procedures as required or clinically indicated to aid differential diagnosis.
5. Interpret results and act accordingly.
6. Ensure understanding of and stress the importance of any medical treatment indicated and to describe and explain testing and follow-up procedures.
7. To provide effective partner notification to ensure attendance and testing/treatment of partners at risk, adopting methods that are appropriate and in line with the Partner Notification Policy produced by the Society of Sexual Health Advisors in STDs (SSHA) (where integrated).

CAS-52721-C3G8

8. To work with patients to assess risk and to provide information about and discussion of risk taking behaviour and risk reduction.
9. To provide a safe environment and non-judgemental approach to enable patients to ask questions and discuss concerns.
10. To assess whether patients have other concerns and to follow up with appropriate signposting and/or referral as required.
11. To take telephone enquiries from the general public and health care professionals about sexually transmissible infections including HIV, Hepatitis B/C and all contraceptive queries. To discuss risk and respond appropriately to those who are anxious.
12. To record interventions accurately and concisely in patient clinical records and keep confidential records for the purposes of partner notification.
13. Provide appropriate contraceptive advice and methods to ensure an integrated approach.
14. To independently assess, plan and evaluate programmes of care with use of Patient Group Directions (PGDs) or if you have a non-medical prescribing qualification, you will be required to practice as a prescriber as part of this role.
15. To fit and remove LARC where appropriately trained.

Results management, recall procedures and data collection

1. To record data on all patient contacts to enable audit, evaluation and planning of services.
2. To provide management of positive STI/HIV, Hepatitis results. This includes documenting and interpreting results, onward referral where appropriate, and undertaking recalls according to agreed protocols.
3. To ensure that patients are followed up adequately if they need to re-attend for results, treatment or review.

Communication

1. Adapt communication and language to suit patient group/audience
2. To establish good working relationships with key stakeholders.
3. To liaise with and exchange information with other Sexual Health Services, as relevant for the management of patients.
4. Work collaboratively with all Cambridgeshire Community Services iCaSH Services to ensure a corporate approach.

Human Resources

1. Maintaining own professional development and requirement to take part in appraisal and KSF process

Clinical and Practice Governance

1. Observe and maintain strict confidentiality with regards to any patient/family/staff/records and information in line with the requirements of the Data Protection Act.
2. Any data that is taken/shared as part of a phone call or transported, faxed or transferred electronically must be undertaken with regard to the Trust Information Governance and Information Security policies.
3. The post holder must adhere to Trust incident reporting, risk assessment and risk management policies and procedures.
4. The post holder must adhere to infection control policies and procedures.
5. It is a condition of your employment that you are currently registered with the NMC and it is your responsibility to maintain your professional registration.
6. Undertake mandatory training and any other training relevant to the role as required by Cambridgeshire Community Services NHS Trust.
7. The post holder must participate in clinical and other audits as required.
8. Provide patients and their families /carers with information on standards they should expect from the team.
9. Participate in clinical supervision on a regular basis.
10. The post holder is required to participate in relevant emergency preparedness process for their team.
11. Participate in a yearly appraisal of self and others and development review where relevant objectives are set.
12. Be responsible for own compliance for mandatory training requirements.
13. Take responsibility for keeping professionally up to date, demonstrating awareness of policy changes.
14. Attend mutually agreed training courses, seminars and conferences for personal and professional development.
15. Assist with teaching and education to individuals and groups from within and outside the service.

General

The post holder must at all times carry out his/her duties with regard to Cambridgeshire Community Services NHS Trust Equal Opportunities Policy.

To be aware of the responsibilities of all employees to maintain a safe and healthy environment for patients, visitors and staff.

All post holders must adhere to the code of conduct on confidentiality and be aware of and adhere to all Trust policies and procedures.

This role will be based within an identified locality, however the post holder must be flexible where the need is required to support service delivery within the iCaSH Service.

This job description is intended only as a guide to the range of duties involved. The post holder will need to be flexible and adaptable in order to respond to other duties that may be required from time to time and the changes and developments within the Trust.

This post is subject to the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 and as such it will be necessary for a submission for Disclosure of Barring Service to be made to check for any previous criminal convictions. Cambridgeshire Community Services NHS Trust is committed to the fair treatment of its staff, potential staff or users in line with its equal opportunities policy and policy statement on the recruitment of ex-offenders.

Sustainability.

It is the responsibility of all staff to minimise the Trust's environmental impact wherever possible. This will include recycling, switching off lights, computers, monitors and equipment when not in use. Helping to reduce paper waste by minimising printing/copying and reducing water usage, reporting faults and heating/cooling concerns promptly and minimising travel. Where the role includes the ordering and use of supplies or equipment the post holder will consider the environmental impact of purchases.

Date: 20th August 2020

PERSON SPECIFICATION

Job Title: Clinical Nurse Specialist	Band: Band 6
Directorate: Ambulatory Care: iCaSH	Date: 20 th August 2020

* Assessed method A = Application I = Interview T = Test R = References

Essential Criteria	*	Desirable Criteria	*
<p>Qualifications and Training NMC Registered Nurse or NMC Registered midwife</p> <p>Nationally recognised qualification in Contraception and or Sexual Health (i.e NDFS RH/ BASHH STIF)</p>	<p>A// T/R</p>	<p>Independent Prescribing Qualification.</p> <p>Counselling qualification</p> <p>Teaching qualification (ENB 998 or C&G 730) or mentorship – must be willing to work towards</p>	<p>A// T/R</p>
<p>Experience</p> <p>Recent experience of working in sexual health (Contraception, GUM or equivalent)</p> <p>Able to demonstrate competency in supply of treatments by Patient Group Directions (PGDs)</p> <p>Able to work autonomously.</p> <p>Ability to educate users/patients, staff, other professionals, statutory & voluntary agencies.</p> <p>Evidence of continuous professional development & clinical competence</p> <p>Experience of working within a Clinical Governance framework.</p> <p>Evidence of collaborative working</p> <p>Team worker</p> <p>Ability to meet deadlines</p> <p>Experience of leading a team and managing their day to day activities to ensure smooth running of a service.</p>		<p>Competent at undertaking Microscopy</p> <p>Experience of research and audit</p> <p>Counselling experience</p> <p>Experience of performing presentations to internal and external audiences</p> <p>Accredited qualification and ability to perform minor surgical techniques such as LARC insertion / removal</p> <p>Cervical Cytology Sample Taker</p> <p>Experience of working with young people in a non NHS environment</p>	

<p>Proven recent experience of working with young people</p> <p>Proven experience of innovative practice</p>			
<p>Skills</p> <p>Working knowledge of NMC Code of Conduct, Confidentiality and Administration of Medicine.</p> <p>Working knowledge of the Law relating to child protection issues in sexual health.</p> <p>Awareness of the Modernisation Agenda and its impact on sexual health services and clients.</p> <p>Specialist clinical knowledge in sexual health and/or related specialties.</p> <p>Willingness to undertake phlebotomy training if not already competent.</p> <p>Confidence in self to work with multidisciplinary, multi-agency groups.</p> <p>Good communication skills.</p> <p>Open non-judgemental attitude.</p> <p>Able to travel across trust sites independently on Trust business.</p>		<p>Has a proven ability to work in a sexual health contexts with adults and young people.</p> <p>Competent at phlebotomy</p>	
<p>Safeguarding and promoting the welfare of children and young people/vulnerable adults</p> <p>Demonstrates understanding of safeguarding issues and application to contraception and sexual health services and processes</p> <ul style="list-style-type: none"> • Ability to safeguard and promote the welfare of <i>children and young people/vulnerable adults</i> • Demonstrates understanding of safeguarding issues • Appreciates the significance of safeguarding and interprets this accurately for all individual <i>children and young people/vulnerable adults</i> whatever their life circumstances. • Has a good understanding of the Safeguarding agenda 			

<ul style="list-style-type: none"> • Can demonstrate an ability to contribute towards a safe environment • Is up-to-date with legislation and current events • Can demonstrate how s/he has promoted 'best practice' • Shows a personal commitment to safeguarding children 			
<p>Working within Professional Boundaries</p> <ul style="list-style-type: none"> • Accepts responsibility and accountability for own work and can define the responsibilities of others • Recognises the limits of own authority within the role • Seeks and uses professional support appropriately • Understands the principle of confidentiality • Demonstrates professional curiosity 			
<ul style="list-style-type: none"> • Emotional Awareness <p>Shows respect for others' feelings, views and circumstances</p> <p>Has a range of mechanisms for dealing with stress, can recognise when to use them and does so</p> <ul style="list-style-type: none"> • Aware of the range of emotions in self and others • Demonstrates empathy for the concerns of others • Listens to and understands directly and indirectly expressed feelings • Encourages others to express themselves openly • Manages strong emotions and responds constructively to the source of problems □ Shows respect for others' feelings, views and circumstances • In highly stressful situations keeps own feelings in check, takes constructive action and calms others down. • Has a range of mechanisms for dealing with stress, can recognise when to use them and does so • Listens to personal comments without becoming defensive 			

<p>Self-awareness Has a realistic knowledge of personal strengths and areas for development</p> <p>Can demonstrate flexibility of approach.</p> <ul style="list-style-type: none"> • Has a balanced understanding of self and others • Can demonstrate flexibility of approach • Shows a realistic appreciation of the challenges of working with children and young people/vulnerable adults 			
<p>Other</p> <ul style="list-style-type: none"> • Ability to travel across the County sometimes at short notice • Satisfactory DBS Clearance • Successful applicants to posts at band 6 or above for which a DBS check is required, will be asked to pay for this as a condition of their job offer (£44.00 for an Enhanced Check or £27.00 for a Standard Check). This payment will be deducted from their first month's salary unless a longer pay back period is agreed with the appointing manager. This will not apply to successful applicants who are registered with the DBS Update Service and in possession of the disclosure certificate, for whom an online status check will be undertaken. 	<p>A/I</p>		

Date: 20 August 2020