

NHS

Careers

Join the team and
make a difference

Welcome to the
wider healthcare team





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The NHS wants to be the best employer. You've joined an organisation committed to developing and valuing its staff.

From day one of your NHS career in the wider healthcare team, you should be confident you are a crucial and valued part of the team.

Welcome to the NHS.

Your employer

The National Health Service

The wider healthcare team in the NHS has a vital part to play in helping hospitals and community services run smoothly. It may be the doctor who carries out the life-saving operation and the nurse whose skills help the patient recover, but they are not working in isolation and would struggle to carry out their jobs without the dozens of other workers around them. From day one of your NHS career, you should be confident you are a crucial and valued part of the team. You will be doing a demanding and challenging job but you won't be doing it alone. This brochure tells you more about what it is like to work in the NHS and where you can get extra support and advice.

As an employer, the NHS is committed to offering every staff member the opportunity to develop their career and rewarding them for the work they do. It's committed to equal opportunities and diversity and is working to make these a reality for every one of its employees.

Every day in the NHS:

- 836,000 people visit a GP or practice nurse
- there are 389,000 community contacts
- over 50,000 people visit accident and emergency departments
- there are 124,000 outpatient attendances
- 114,000 people are in hospital as an emergency admission
- 44,000 people are in hospital for planned treatment
- 73,000 patients receive dental treatment
- there are 19,000 calls to NHS Direct.

The structure of the NHS

There are currently 271 hospital, mental health and ambulance trusts, 51 primary care trust (PCT) clusters and a growing number of clinical commissioning groups or CCGs (previously referred to as GP consortia) in England. Acute hospital trusts provide medical and surgical care and are run by a trust board. Mental health trusts and ambulance trusts have a similar structure but tend to cover wider geographical areas.

As healthcare providers, all hospital and mental health trusts, are dependent on primary care organisations, such as primary care trust clusters and CCGs, commissioning and paying them for patient services such as elective surgery, outpatient visits and other treatments. Primary care organisations also commission or may run community-based hospitals themselves. They may provide local services, such as district nursing and health promotion, and organise the provision of general practice, dental, ophthalmic and pharmacy services. Patients increasingly also have a choice of where their treatment is carried out, including independent sector treatment centres run by private companies.

Strategic health authorities (SHAs) currently cover large geographical areas and are responsible for overseeing NHS organisations in their area and leading on issues such as workforce development and capacity.

NHS reforms

The Government's NHS reforms aim to put patients at the centre of the NHS and emphasise local, rather than top-down, decision making. They have been set in law through the Health and Social Care Act, which was passed in March 2012.

The main changes are that primary care trusts (PCTs) will be abolished and GP-led clinical commissioning groups (CCGs) will take over local budgets and buy most services for patients from April 2013. A new national board, the NHS Commissioning Board (NHSCB), will authorise CCGs, hold them to account for health outcomes and their use of public resources, and commission primary care and specialist services.

From April 2013, local authorities will be responsible for public health budgets, which will be overseen by a new body, Public Health England. Education and training will be led by Health Education England and local education and training boards (LETBs).

Find out more

Your NHS employing organisation will have its own website, which is accessible through **www.nhs.uk**.

For further details on the NHS Commissioning Board, visit **www.commissioningboard.nhs.uk** and to learn about the wider NHS reforms, visit **www.nhsconfed.org/priorities/NHS-reforms**

CASE STUDY

Julie French, ward clerk

Avon and Wiltshire Mental Health Partnership NHS Trust

“The role of a ward clerk has changed over the last ten years. It’s much more computer-based now. We have to do a lot of figures around staff hours, sickness and so on. I answer questions from relatives and other members of the community team on the phone, I do all the ordering for the ward and I also do secretarial work for the modern matron.

“When I started here I worked four hours a day, then increased to six and then seven. Within reason, the working hours are flexible so if something comes up with school I can come in late or leave early, and then do extra hours to make up. That’s a benefit of the job.

“I really do enjoy my job. Brunel Ward is a short stay assessment ward for elderly patients with psychiatric problems. Patients come in and sit next to me. I like that part of it; it’s nice to get to know them and hopefully see them improve.

“We are always having training and then we tend to pass the training onto the nurses as well.”

Your working life

Your working day

Within the wider healthcare team there are a wide range of roles and responsibilities. These can be grouped together into six broad categories within which staff may share similar working patterns, levels of patient contact and liaison with external suppliers and agencies.

In **domestic services**, you will be part of a team that keeps the hospital running 24 hours a day, seven days a week. Whether you are providing food for patients, staff and visitors, keeping the hospital clean, or ensuring a constant supply of clean laundry, you are likely to be working in shift patterns or part-time sessions to cover early mornings, evenings and weekends. Your working conditions will vary according to whether you are working in catering, the laundry or out cleaning on the wards. For catering and cleaning staff in particular, contact with patients, visitors and healthcare staff will be a feature of your job. Each group has its own structure of supervisors and managers.

Support services staff provide the practical support that healthcare

trusts need to function efficiently and successfully. In some roles – for example, as a porter, driver, security guard or theatre support worker – this will involve working shift patterns. In areas such as audio visual, sterile services or fire safety, you would usually work a more regular nine to five day, although there may be occasions when you have to work outside normal hours to complete a project on schedule. Patient contact and liaison with external agencies will vary according to your role, but you will constantly be liaising with the other healthcare staff to deliver a better service.

In general, **administrative staff** work normal office hours, based in a hospital, community clinic or GP surgery. You might be the first person a patient meets when they check in for an outpatient appointment. Or you could be working behind the scenes ensuring the right information is available in the right place, at the right time to meet service needs. Some administrative staff work closely with GPs, consultants and other healthcare professionals, which may involve working outside usual hours. You could be reporting to a

manager within your own sphere of work, or directly to the doctor or head of the clinical team you are attached to.

Corporate services covers a wide range of professions and support roles from architect or engineer to financial management or hospital play staff. Your working conditions and hours of work will usually match those of similar jobs outside the NHS. In many of these roles, you will also have regular contact with external agencies and suppliers. In

most jobs, your manager will be a more senior person within your own profession or department. Corporate services staff may be based within a variety of settings, from a large hospital to the headquarters offices of a trust covering several hospitals and other healthcare services.

Staff in **estates services** provide the practical skills and know-how to ensure that hospitals are safe, welcoming and well maintained. Most of your work will be done within the pattern of a normal

CASE STUDY

Bernard Döring, PA to consultant director of immunology

Imperial College Healthcare NHS Trust

“What I like about working here is the people – they go out of their way to help. Everyone appreciates what I am doing and it is good team working. I’m more of a people person than a spreadsheet person!

“In addition to being PA to the consultant director, I also look after two consultants, so I deal with their patients when they ring up. It’s busy and very varied – my boss is always trying to give me more interesting things to do and is very supportive. I also work very closely with the clinical scientists.

“I’m also going to be the webmaster for our pathology encyclopaedia, which is an index of all tests performed by pathology, and will be internet-based. I’m going to get some training for that. When there are opportunities I will take them!”

working day. However, for some roles, shift work may be required to support the round-the-clock life of a hospital, or you may need to be on-call in case of an emergency or equipment failure. Estates services are usually headed by an estates manager who carries overall responsibility for planning and executing work, supported by leaders of the different teams of crafts people and technicians. Overall, the NHS comprises probably the largest estate of buildings and grounds of any organisation in the UK. So, being part of estates services means you could be involved in a variety of projects and work settings, dealing with staff and patients as well as external contractors and suppliers.

Clinical support staff work directly with patients under the direct supervision of a healthcare professional, such as, a nurse or radiographer. So, you may work as a healthcare assistant providing personal care, like bathing or feeding patients on a ward or in a community setting. As an occupational therapy assistant, you may be helping a service user to go shopping or prepare a meal.

Physiotherapy assistants may ensure that appropriate equipment and aids are ready for use before a clinic commences, and then assist patients to use it. These are just a few examples, and there are opportunities to progress to senior support roles at assistant practitioner level.

There is a separate induction pack for clinical support workers available on the NHS Employers website at www.nhsemployers.org/inductionpacks

Looking after your well-being

Working in the NHS can be challenging, enjoyable and satisfying. It can also be stressful. Most people will cope well with the normal stresses of the job but there may be times when some extra support is needed.

Stress is thought to account for 30 per cent of sickness absence in the NHS. The NHS has been working with the Health and Safety Executive to tackle the causes of workplace stress and, wherever possible, to remove or reduce them. Your

employer should have strategies in place to tackle stress and you should have access to an occupational health service. Some trusts also offer a counselling or employees' assistance service.

NHS staff with direct patient contact can spread influenza to vulnerable patients without even showing symptoms themselves. Every year, your employer will make a vaccine available around October time to help protect you from the virus, which will also help to keep patients safe.

Find out more

Your trust's occupational health department or local staff counselling service will be able to help you access advice and support.

The independent NHS Health & Well-being Review (the Boorman Review) was published in November 2009. It provides recommendations for improvement in provision of health and well-being across the NHS. See www.nhshealthandwellbeing.org to download the report.

Further details on the NHS Employers seasonal flu campaign can be found at www.nhsemployers.org/flu

The right work-life balance

The NHS is committed to maintaining a healthy work-life balance for all NHS staff. There is a real focus on specific areas that are designed to make your life easier at certain times during your career.

These include:

- less than full-time working and flexible retirement
- childcare provision and support for carers in the workplace
- coping with stress
- training and development
- tackling discrimination, bullying and harassment.

Find out more

www.nhsemployers.org/healthyworkplaces

Childcare

The NHS has invested heavily in childcare over the last few years and many hospitals now have an on-site nursery and may subsidise places for staff members' children.

All NHS employees should have access to a childcare coordinator who can give information about a

range of childcare options, such as, childminders, after-school clubs and holiday clubs for older children.

A number of NHS organisations offer childcare vouchers in lieu of your salary. These can be cost-effective for parents, as you do not have to pay National Insurance contributions, or tax on them. They can be used to pay for a wide range of childcare.

Find out more

Your trust may have a local childcare coordinator who can help you plan your childcare provision. For more information, visit www.nhsemployers.org/childcare

Caring for other people

All NHS employers should have a carers' policy in place to address the needs of staff with caring responsibilities. The policy may vary from trust to trust, but could include provision for flexible working, unpaid leave in certain circumstances and compassionate leave.

The Work and Families Act 2006 gives carers the right to request flexible working. If you do so, and it is refused, you should be given

an explanation of why this has happened.

Find out more

www.carersuk.org has useful information and a section on how to combine work and caring responsibilities.

Violence, harassment and bullying

Unfortunately, a minority of NHS staff are assaulted or threatened by patients or their families, while other staff may feel harassed and bullied by fellow employees. You may spend your entire career without this happening to you, but if it does happen, support is available.

The NHS takes action against patients or their families who assault NHS staff, including refusing to treat them unless special measures are in place. All front-line NHS staff are offered a conflict resolution course to help them deal with potentially serious situations.

Trusts will have different policies on what to do if an incident occurs, but all should offer you support and ensure you fill in an incident reporting form if you are threatened

or assaulted. This helps assess risk and safeguards your interests if there is further action. The trust has a statutory responsibility to protect you.

If you find yourself being bullied, it is important to take steps to remedy the situation. Trusts should have a policy in place for dealing with bullying and harassment in

CASE STUDY

Jackie Robinson, patient choice coordinator

Orthopaedic triage service, NHS Birmingham East and North

“Any referrals for orthopaedics from GPs come through to us, the triage service. Patients are examined by a practitioner and it’s then decided whether the patient needs physiotherapy, needs to see a practitioner or should be sent into secondary care. The referrals are then given to me and I contact the patient.

“Patients are able to choose which of a number of different local hospitals they would like to attend. I discuss their options with them and ask them a series of questions about their health. Once they have made their choice I enter them into the system and send the referral to the relevant hospital. Sometimes I end up chasing appointments for patients if they have not heard from the hospital or if a patient is experiencing problems with their appointment.

“I enjoy the job, speaking to lots of different people, and I regularly receive messages of thanks from patients afterwards. I feel that I am doing a worthwhile job and get great job satisfaction when I know that I have helped a patient get an appointment urgently.

“There are plenty of training and opportunities available. I have attended lots of short courses and am currently doing an NVQ3 in business studies. In the future I will be looking towards some training on the managerial side.”

the workplace and will be able to suggest a suitable action and someone for you to talk to. In some cases, you will be able to speak to your manager.

Some NHS organisations have a network of trained harassment advisers and/or mediators who are available to support you in dealing with incidents of harassment.

Find out more

NHS Protect tackles violence and promotes other security management measures across the health service:

www.nhsbsa.nhs.uk/security

For information on staff welfare issues, visit **www.nhsemployers.org/staffwelfareissues**

For information on bullying and harassment, visit **www.nhsemployers.org/bullying**

Raising concerns in the workplace

Occasionally, you may see something in the workplace which you regard as unacceptable or dangerous. This can be an ethical dilemma. Should you inform someone of

what is happening? And if so, who? Or should you keep quiet out of loyalty to the organisation or your colleagues? If you inform, will there be repercussions for you and could your future career be affected?

All NHS employers should have in place effective policies on how to raise concerns and the appropriate action to be taken. This is sometimes referred to as whistleblowing. The NHS expects a climate of openness and dialogue, which encourages all staff to feel able to raise concerns about healthcare matters in a reasonable and responsible way – without fear of victimisation. In the first instance, you should report or discuss concerns with your manager. If you don't feel able to do so, or are unhappy with the response, you can report an issue to a more senior manager, such as, the medical director. You should usually try and resolve issues internally.

In some cases, you may feel the need to take further action because a serious issue is not being dealt with. The Public Interest Disclosure Act 1998 gives significant statutory protection to employees who disclose information reasonably and

responsibly in the public interest and are victimised as a result.

If you want to seek independent advice before taking action, the Royal Mencap Society runs a free, confidential national helpline for NHS and social care staff on 08000 724 725 or at enquiries@wbhelpline.org.uk

Find out more

The Royal Mencap Society
www.wbhelpline.org.uk

NHS Employers
www.nhsemployers.org/whistleblowing

Promoting equality and valuing diversity

The NHS puts equality at the core of everything it does: equality of access for patients and equality of opportunity for staff.

The Equality Act 2010 is a major piece of legislation seeking to protect staff and patients in the UK from discrimination and unfair treatment on the basis of their age, race, gender, disability, sexual orientation, religion or belief. It places significant duties on all

public sector bodies, to produce clear equality action plans to demonstrate how they are meeting the requirements of the act. This is monitored by the Care Quality Commission (CQC).

Outside of the NHS, the Equality and Human Rights Commission (EHRC) is responsible for ensuring all public bodies meet the duties of the Equality Act. NHS Employers works with the CQC and the EHRC to help NHS trusts meet their statutory and non-statutory duties.

NHS staff champion fairness and diversity every day and deliver services that are personal. This is why NHS Employers are working with the Equality and Diversity Council (EDC) to encourage NHS staff to become champions. The aim is to create a vibrant network who are committed to taking action, however small, to create a personal, fair and diverse NHS.

A personal, fair and diverse NHS is one where:

- everyone counts
- services are personal, designed to give patients what they want and need

- fairness is built in so that everyone has equal opportunities and treatment
- the skills and experience of employees from all backgrounds are used and valued
- people can choose the services they want and have as much support as they need
- everyone is treated with dignity and respect and, when they complain, we listen and put things right
- talent flourishes and nothing stops people going as far as they want
- we are accountable and patients are informed and have more control
- care doesn't stop at the door, but helps people live healthier lives.

Find out more

See more on equality and diversity at www.nhsemployers.org/equality

Sign up to be a Personal, Fair and Diverse champion at www.nhsemployers.org/pfdsignuptoday

Your working hours

As a full-time employee, your normal working hours will be 37 and a half hours a week, not including any meal breaks.

Your pay

Most jobs in the NHS are covered by the Agenda for Change (AfC) pay scales. This pay system covers all staff except doctors, dentists and very senior managers. The NHS job evaluation system determines a points score, which is used to match jobs to pay bands and determine basic levels of salary. Each pay band has a number of pay points. Staff will normally progress to the next pay point annually until they reach the top of the pay band. For individual salaries of each pay band, please see the NHS Careers website at www.nhscareers.nhs.uk/payrates

Now you are employed in the NHS, you should be able to progress through the pay points in your band, as you successfully develop your knowledge and skills. This is subject to meeting the requirements of the NHS Knowledge and Skills Framework (KSF). There are two 'gateway' points within each

band where progression is linked to demonstrating the agreed knowledge and skills for that part of the pay band (see page 19).

Your basic pay may be supplemented in a number of ways:

- extra pay for staff who work in high-cost areas (see page 15)
- extra pay for people in jobs where recruitment and retention is difficult. This can be both locally agreed and as part of national recognition of recruitment problems. The total additional pay should not be more than 30 per cent of basic pay
- payments for on-call working or overtime – overtime is not paid for staff above Agenda for Change Band 7
- payments for unsocial hours working.

Find out more

Agenda for Change details:

www.nhsemployers.org/agendaforchange

What will you be paid?

The wide range of career opportunities in the wider healthcare team is reflected in the pay. Finance assistants and porters are typically paid at Agenda for Change Band 1, but there are members of the wider healthcare team who are paid at much higher bands. Some team leaders and managers, for example, are on Bands 7 or 8. Medical secretaries are likely to be on Band 3 or 4, linen/laundry supervisors on Band 3, estates maintenance workers on Bands 3 through to 5, and chaplains, librarians and hotel services managers on Band 6.

It is important to remember that the NHS is committed to helping you achieve your potential and even if you have joined the NHS in a Band 1 or 2 job, you should get the chance to progress if you have the commitment and aptitude. You will also have the opportunity to benefit from world-class training and development opportunities.

Normally, you should progress through one pay point on whichever Agenda for Change band you are on, each year. This is subject to meeting the requirements of gateway points related to the NHS KSF.

Find out more

Agenda for Change pay bands:
[www.nhscareers.nhs.uk/list/
payandbenefits](http://www.nhscareers.nhs.uk/list/payandbenefits)

High-cost area supplements

These are payments made in London and surrounding areas which compensate staff for the high cost of living (especially housing) in these areas. The inner London payment is 20 per cent of basic salary, the outer London payment is 15 per cent and the fringe payment is 5 per cent. There are upper and lower limits.

Overtime

Staff up to, and including, Agenda for Change Band 7 will either be paid overtime or offered time off in lieu for working more than 37 and a half hours a week. Overtime is normally at time-and-a-half but working on bank holidays is double time. Working overtime usually has to be agreed with your manager in advance.

Holidays

As a full-time employee, you are entitled to at least 27 days of holiday, plus eight days of public holidays. After five years in the service this rises to 29 days plus

public holidays, and after ten years service it becomes 33 days plus public holidays.

Sick pay

The NHS offers sick pay which is considerably more generous than the statutory sick pay provisions. It will also do everything it can to get you back to work if you do have a prolonged period of sickness. For example, in some cases allowing you to return to work part-time and build up your hours.

Maternity and paternity pay

NHS staff working in NHS trusts are entitled to 26 weeks occupational maternity leave – during which they will receive some pay – and an additional 26 weeks which is unpaid, except for statutory benefits. If you are eligible for occupational maternity pay, the amount you will receive during the first 39 weeks is:

- eight weeks full pay, including any statutory maternity pay due, then
- 18 weeks half pay, plus any entitlement to statutory maternity pay, then
- 13 weeks of statutory maternity pay, if you are eligible.

To qualify for the full package, you will need to have worked for the NHS for a year by the beginning of the eleventh week before the baby is due. In general, dads-to-be get two weeks paid paternity leave and these provisions usually apply to adoptions as well.

Find out more

Find out more on the NHS Employers website at www.nhsemployers.org/returntopractice

Parental leave

This should not be confused with maternity or paternity pay. It is intended for parents who need to take some time off, for example, because their child is unwell and needs care. This leave is generally unpaid, can be up to 13 weeks in total and is available to those with 12 months' continuous NHS service. Special arrangements apply for parents of disabled children.

Career breaks

You may be committed to a career in the NHS but it is often hard to predict what will happen in the future. You might want to spend an extended period of time looking after children or elderly relatives, or want to do voluntary work

overseas or as a reservist in the military services. Until recently, it has sometimes been difficult for professionals within the NHS to do this without resigning from the service. However, new arrangements mean that taking a planned career break should be possible for many people.

All NHS employers will have a policy on career breaks. Generally, staff with 12 months service who want to take between three months and five years away from the NHS, should be able to request an unpaid break. The agreed length of the break should balance the needs of the applicant with those of the service. If the break is for less than a year, you should be able to return to your old job, if practical. For breaks of more than a year, you should be able to return to a similar job.

If you take an agreed career break, your NHS employment is treated as continuous and you should be able to return at an equivalent salary level, reflecting increases during your break from work. Other benefits dependent on your length of service (such as the accrual of pension benefits) will be suspended for the duration of the break.

The NHS Pension Scheme

Even if a pension is not your top priority at the moment, it is important that you treat the idea seriously. You are eligible to join the NHS Pension Scheme, which currently offers an excellent package of defined benefits in retirement, including income based on your earnings and protection against price inflation.

Membership of the scheme is voluntary, but you will automatically be made a member unless you opt out of joining.

The vast majority of NHS employees choose to retain membership of the NHS Pension Scheme, seeing it as a good way to save for retirement income and other benefits. The scheme does not have an investment fund, but instead uses current member contributions to pay current pension liabilities, while being guaranteed by the Government.

Employee contributions are on a sliding scale depending on your full-time equivalent earnings. For current rates, see the members section of the NHS Pension Scheme website at **www.nhsbsa.nhs.uk/pensions**

Members of the scheme enjoy a contribution from their employer of 14 per cent of their pensionable earnings toward their pension benefit accrual. This is a significant part of the reward package available to NHS employees.

If you joined the NHS Pension Scheme for the first time, on, or after 1 April 2008, you will be a member of the 2008 section of the scheme. Some of the benefits include:

- a defined benefit scheme, based on your earnings
- a normal pension age of 65
- the ability to take part of your pension while still working, in the run-up to retirement
- a tax-free lump sum on retirement (you will be able to choose how much of your benefits you would like to take as a lump sum)
- a pension for your husband or wife or civil partner and dependent children if you die
- benefits if you have to retire because of ill-health, after a qualifying time.

Changes to the NHS Pension Scheme

Changes to employee contributions have been implemented from April 2012, with additional changes to the structure of the NHS Pension Scheme coming into effect from 2015.

This means that, between April 2012 and 2015, scheme members will have protected rights and continue to have their pension entitlements calculated on final salary. Pension benefits accrued post 2015 will then be calculated on career average earnings. From 2015, retirement ages will be linked to the state pension age and this is set to increase from 65 to 66 in October 2020, for both

men and women. Further increases are planned and full details can be found at www.direct.gov.uk/en/Pensionsandretirementplanning

If you are in any doubt about whether to become a member of the scheme, you should seek independent financial advice. The essential thing to remember is that you should make your pension arrangements as early as possible in your working life. Delay will make it more expensive to ensure adequate arrangements for your retirement.

Find out more

NHS Pension Scheme:

www.nhsbsa.nhs.uk/pensions



Your career

The NHS is committed to developing its staff and offering them appropriate further training and career opportunities. There should be plenty of opportunities to develop your career, especially if you are prepared to move around the country.

At the same time, the NHS has recognised that people don't stay in the same job working the same hours for 40 years. Part-time jobs which fit in with people's lives and other commitments are now much more common.

The NHS Knowledge and Skills Framework (KSF)

The NHS Knowledge and Skills Framework (KSF) helps staff to develop and ensures that they have the skills they need to do their job. The aim is that all staff should:

- have clear and consistent development aims
- be helped to develop so that they can apply the knowledge and skills appropriate to their area of responsibility
- be helped to identify and develop knowledge and skills that support career progression.

Across the NHS, there are six core dimensions of the KSF which are needed for every job, such as, communication skills and health, safety and security. There are other specific dimensions which are needed for particular jobs. These dimensions are split into different levels.

Each post should be defined by the dimensions needed to carry it out (this is known as the KSF post outline). After 12 months in a post, you reach a 'gateway' point, where progression is linked to showing that you have the minimum knowledge and skills necessary to do the job. There is a second gateway point, after you have spent more time in the post, where you are expected to show that your knowledge and skills are fully developed. Progression through these gateways enables you to get annual pay increments until you reach the top pay rate for your job.

The intention is that most people should progress through these gateways without difficulty. If you don't, you should be given assistance to improve.

This framework is linked with the annual development review or appraisal where you and

your manager should discuss performance, training needs and career progression. Part of this will be a discussion of whether you need any support to apply the knowledge and skills necessary for your job. Serious problems should, of course, be raised throughout the year.

Training and career development

The NHS is committed to offering every member of staff the opportunity to develop their career. The career framework has been designed to improve career development and job satisfaction for NHS employees. It encourages people to learn new skills and take on extra responsibilities that enable them to progress within the organisation. Porters, for example, may get the opportunity to do an NVQ in support services.

The NHS has a proud track record of helping staff move into more demanding jobs. Even people who join the NHS in relatively junior positions, with few formal qualifications, should be able to benefit from this, and many have gone on to get professional qualifications and take on very senior roles. This idea of a 'skills escalator', which allows people with aptitude

and commitment to advance their career by training, usually while still working and being paid in the NHS, is crucial. It aims to:

- help the NHS develop the workers with the skills it needs
- help all NHS employees achieve their potential and extend their skills and knowledge
- provide opportunities for staff to work more flexibly and take on new roles.

The NHS is keen to grow its own staff, helping those joining in junior roles to move forward. For example, someone taken on as a technician in sterile services could be helped to achieve an NVQ Level 3 in decontamination, and then onto an assistant manager's role. Through further study, including anatomy, physiology and management, they could get further promotion, become a member of the Institute of Decontamination Sciences and end up running their own department.

Every year you should get the chance to sit down with your manager or supervisor and discuss how you are doing in your job and identify any training needs. This is also a time to talk about what you want to do. Whether you want to

get extra training to move up the career ladder, or whether you feel that you need a specific course to help you do your job better. This

meeting should lead to a personal development plan which will guide your training over the following year.

CASE STUDY

Iain Stenhouse, stores operative

Wirral University Teaching Hospital NHS Foundation Trust

“As a storeperson, goods come in and I distribute them to other parts of the hospital. It’s a five days a week, 8am to 4.30pm job, and it is vital to the hospital. It’s crucial to get the goods out; if they don’t have towels and gowns, for example, then people have to cancel clinics.

“I go round the whole hospital delivering to wards and departments and have contact with just about everyone in the hospital.

“However, I felt I could offer a lot more. In the early years when I worked in the NHS there were not many opportunities to progress but that has changed.

“Six years ago, I heard that part-time courses in occupational therapy were available at some universities. I thought I would have to give up full-time work but I found out that there was NHS funding to do it without losing pay. To get on the course I needed two A-levels – which I obtained, funded by the NHS Learning Account*.

“I then went on to complete a four-year course at Salford University, which was two days a week with some block placements. I was paid full-time but worked and studied part-time. I got a First in my degree and I’m now looking for a job in occupational therapy. If you get a foot in the door and you show some kind of initiative, you can move on.”

* The NHS Learning Account is no longer available but you may be able to access funds through your strategic health authority. You will need to contact your HR department for further advice.

Key contacts

This section brings together contacts and links which you might find helpful as you get to grips with the NHS, its structure and the initiatives which might benefit you. Others will be more useful as your NHS career progresses. You should also speak to your HR department or direct line manager about the local policies on topics discussed in this booklet.

Improving your working life

Childcare information

www.nhsemployers.org/childcare

Equality and diversity

www.nhsemployers.org/equality

Flexible working

www.nhsemployers.org/flexible

NHS Counter Fraud and Security Management Service

www.nhsbsa.nhs.uk/counterfraud.aspx

Your well-being

Alcoholics Anonymous

www.alcoholics-anonymous.org.uk
Tel 0845 769 7555

NHS Plus occupational health

www.nhsplus.nhs.uk

The Samaritans

www.samaritans.org.uk
Tel: 08457 90 90 90

Personal development and careers advice

Health Learning and Skills Advice Line

Tel: 08000 150 850

NHS Careers information

www.nhscareers.nhs.uk

Pay and pensions

Agenda for Change

www.nhsemployers.org/agendaforchange

NHS Pensions Agency

www.nhsbsa.nhs.uk/pensions

Professional bodies

Association of Accounting Technicians

www.aat.org.uk

Association of Medical Secretaries, Practice Managers, Administrators and Receptionists

www.amspar.co.uk

British Society of Medical Secretaries

www.medicalsecretary.org

Chartered Institute of Library and Information Professionals

www.cilip.org.uk

Healthcare Financial Management Association

www.hfma.org.uk

Healthcare People Management Association

www.ahhrm.org.uk

Hospital Caterers Association

www.hospitalcaterers.org

Institution of Civil Engineers

www.ice.org.uk

Institute of Health Promotion and Education

www.ihpe.org.uk

Institute of Hospitality

www.instituteofhospitality.org

Royal Institute of British Architects

www.riba.org

Royal Institution of Chartered Surveyors

www.rics.org

The Association of Chartered Certified Accountants

www.acca.co.uk

The British Complementary Medicine Association

www.bcma.co.uk

The Institution of Engineering and Technology

www.theiet.org

Clinical support and quality of care

National Institute for Health and Clinical Excellence

www.nice.org.uk

National Patient Safety Agency

www.npsa.nhs.uk

The Care Quality Commission

www.cqc.org.uk

Publications on the web

Health Service Journal

www.hsj.co.uk

Glossary

A

AfC	Agenda for Change
AHP	Allied health professional

C

CCG	Clinical commissioning group
CNO	Chief nursing officer
CQC	Care Quality Commission

D

DPH	Director of public health
DH or DoH	Department of Health

E

EDC	Equality and Diversity Council
EHRC	Equality and Human Rights Commission

G

GP	General practitioner
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H

HCA	Healthcare assistant
HPC	Health Professions Council

I

ICU	Intensive care unit
ISTC	Independent sector treatment centre

K

KSF	Knowledge and Skills Framework
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L

LETB	Local education training board
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M

MLA	Medical laboratory assistant
MRSA	Methicillin-resistant Staphylococcus aureus

N

NHSCB	NHS Commissioning Board
NICE	National Institute for Health and Clinical Excellence
NPSA	National Patient Safety Agency

O

OT	Occupational therapy/therapist
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P

PCT	Primary care trust
PTS	Patient transport service

R

RCM	Royal College of Midwives
RCN	Royal College of Nursing

S

SHA	Strategic health authority
SMS	NHS Security Management Service

W

WTD or EWTD	European Working Time Directive
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www.nhscareers.nhs.uk

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