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# FAQs – Support Document

To be read with HR Framework V2

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# 1. General Questions

## 1. What does the employment commitment mean for me?

It provides a commitment to employment stability throughout the transition period, minimising uncertainty as much as reasonably possible for staff. This means there is a commitment not to make significant changes to roles below the most senior leadership roles during this transition, to minimise the impact of organisational change and to offer opportunities for continued employment for all those who wish to play a part in the future. Your employer will change but your contractual terms and conditions of employment will remain the same. However, some of your day-to-day duties and responsibilities may change. Your place of work will most likely remain the same but may change over time. The employment commitment is in place to support your transition to the new ICBs. Once the ICB statutory body is established, employment protection continues to apply, either under the Transfer of Undertakings (Protection of Employment) (TUPE) Regulations, or in line with the Cabinet Office Statement of Practice (COSOP):

Staff Transfers in the Public Sector (COSOP) and by virtue of statutory staff transfer schemes. The 2022/23 priorities and operational planning guidance issued in December 2021 confirmed that a new target date of 1 July 2022 has been agreed for new statutory arrangements to take effect and ICBs to be legally and operationally established. This included stating that the employment commitment arrangements and the talent-based approach to people transition will be extended to reflect the new target date.

## 2. How will the staff in different CCGs transition into the new Integrated Care Board (ICB)?

All staff will move to the ICB through a “lift and shift” transfer, which is the desired approach as established in the Guidance on the Employment Commitment. Under this transfer, all colleagues (below board level) of a CCG will transfer from the CCG to the ICB with no requirement for organisational change. No job matching or pre-transfer selection process will be required.

The legal mechanism for transfer will be a transfer scheme developed by NHS England to transfer all staff, property, rights, and liabilities of CCGs (and the staff of some other organisations) to ICBs. Staff can expect to be consulted on the transfer in line with the Transfer of Undertakings (Protection of Employment) (TUPE) Regulations in line with the Cabinet Office Statement of Practice: Staff Transfers in the Public Sector (COSOP). Further questions about this are covered in section 5.

## 3. What does the term ‘lift and shift’ mean?

The term ‘lift and shift’ refers to the intention that CCG colleagues will move across to ICBs with minimal, if any, impact in terms of their job roles and how they work.

## 4. Will I keep my terms and conditions of employment? For example, my pay, banding, continuity of service, my accrued annual leave and pension benefits?

Yes, under the statutory transfer scheme you will transfer on your current terms and conditions in line with the Agenda for Change NHS Terms and Conditions of Service Handbook. Your current pension arrangements will transfer with you.

#### **5. How will the work that staff in CCGs currently do be protected through the transition to ICBs?**

Change can be unsettling. This is why the employment commitment has been put in place to reduce uncertainty during the transition to the ICBs. This includes not making avoidable changes to roles below senior leadership, protecting terms and conditions, and ensuring continued employment for staff involved in the transfer. The aim is to allow staff to focus on the important work they do rather than worrying about the transfer itself.

#### **6. Is my job likely to change after I have transferred?**

Possibly. The ICB will still be doing a lot of the work that the CCG does now, but its scope will be much broader as we work more as a system alongside other employers such as NHS trusts, councils, and other providers. As partners in the ICS will be working more closely together it's likely that some of us will be working more collaboratively within the system. Some roles may change after the transfer to support these new arrangements. This can happen if the ICB can establish an economic, technical, or organisational reason for any changes, and that full consultation takes place in advance with any affected colleagues and their trade union representatives.

#### **7. How will this change be different to previous organisational changes staff have been through?**

The aim is to make this change experience different to what you might have been through before. Using a transfer scheme to “lift and shift” people into the new statutory body should increase employment stability and minimise uncertainty, the employment commitment has been introduced to support this by asking organisations not to carry out large-scale organisational change ahead of the establishment of ICBs. There will be a strong focus on talent retention.

#### **8. Will there be transparency in finances and flow of monies to support key work?**

Integrated Care Boards will be statutory public bodies meaning they will be required to publish details of their finances.

#### **9. What assurances can we have about staff maintaining their NHS employment status and that the ICB will be a public NHS body?**

Subject to the will of Parliament, when the Health and Care Bill becomes an Act of Parliament, this will create ICBs as statutory NHS bodies. You will be transferred as an NHS employee and your terms and conditions protected. Integrated Care Boards will also become employers covered by the collective bargaining arrangements in place in respect of NHS Terms and Conditions (Agenda for Change).

## **10. Will I be able to state a preference for mutually agreed resignation (MAR) or voluntary redundancy (VR) schemes as part of the change and transition process?**

The use of MARS or VR schemes is considered inconsistent with the core principles of this change and transition process and the guidance on the Employment Commitment and on that basis, the HR Framework does not support the use of either during this change and transition process. It is acknowledged that, should a redundancy situation arise, Agenda for Change Terms and Conditions Section 16 in relation to redundancy entitlement and pay should apply.

## **11. How is the Employment Commitment impacted by the new target date for ICB establishment?**

The employment commitment states that NHS people (below board level) affected directly by these legislative changes, will receive an employment commitment to continuity of terms and conditions, even if not required by law. The commitment is to:

- Not make significant changes to roles below the most senior leadership roles.
- Minimise the impact of organisational change on current staff by focusing on their good work and not amending terms and conditions.
- Lift and shift colleagues below board level from one organisation to another.
- Avoid undertaking large scale organisational change throughout the transition, wherever possible, and look to embed new ways of working through engagement and communication.
- Confirm to staff affected and their trade union representatives at the earliest opportunity where organisational change is unavoidable.

The NHSEI 2022/23 priorities and operational planning guidance, published at the end of 2021, identified a new target date of 1 July 2022 for ICBs to be legally and operationally established. It also stated that the policy commitments made in the employment commitment for staff below Board level, and the talent-based approach to people transition previously set out in the HR Framework, will be extended to reflect the new target date.

The Transition Partnership Group remains fully supportive of the employment commitment made for all colleagues below board level and appreciate NHSEI extending this as part of the planning guidance. It is recognised that some systems might well have planned some change to take place after establishment which is now impacted by the additional three months and the extension of the employment commitment.

Systems in this situation are encouraged to work closely with trade unions colleagues to agree in partnership what limited change can be progressed in advance of transfer without compromising the employment commitment in order to ensure the ICB is functional from day one. The TPG also emphasised the need to ensure that any planned organisational change after the transfer should be managed in line with the best practice as set out in the HR Framework.

## 2. Section 1 - Staff Engagement and Partnership Working

### **12. How will I know what is going on? How will I be involved?**

The employment commitment is made in the spirit of ensuring that our colleagues feel valued and supported during the period of transition and we are committed to the core principles set out in it. Employers and systems will be responsible for sharing, disseminating information and consulting with colleagues and trade union representatives in line with TUPE requirements. Each employer will have its own method of communicating and involving colleagues which will ensure people can ask questions and get involved. Where appropriate, existing forums, committees and staff networks will be used. The nationally recognised trade unions will be involved throughout at a national, regional and system level.

### **13. Can you give us an undertaking that there will be transparency about unknowns?**

Because the legislation needed to establish Integrated Care Systems is still going through Parliament, some things are not 100% certain. Our commitment to you is to be as clear and honest as we can be with the information available. Where we don't know we will say so whilst also working to find the answers and give you clear guidance and direction.

## 3. Section 2 - Looking after our People

### **14. What support is available for me?**

The employment commitment is made in the spirit of ensuring that our colleagues feel valued and supported during this transitional process and we are committed to the core principles set out in it. Support is available for colleagues in line with our national NHS People Promise and locally through HR transition teams. Colleagues are encouraged to speak to their line manager in the first instance to discuss their personal circumstances. Colleagues may also wish to access support from trade unions as part of their membership. In terms of individual wellbeing, colleagues will be able to access their Employee Assistance Programme and Occupational Health both nationally and locally, as well as a range of tools, offers and resources.

### **15. How will workloads be managed during the transition period?**

The HR Framework set out a commitment to look after people and their health and wellbeing. Having the right number of people to share the workload is all part of your employer's duty of care. However, we know this is not easy and supporting people through the transition is a challenge. We

have committed to listening to staff concerns at your employer level, but also through our national and regional social partnership forums. We cannot promise to fix all existing staffing issues, but part of the transfer planning is to complete a People Impact Assessment to understand and make plans to keep you safe and well through the transition.

## 4. Section 3 – Belonging in the NHS

### **16. What is the difference between the equalities health impact assessment published by NHS England and Improvement and the equalities impact assessment referenced in the HR Framework?**

An Equality and Health inequalities Impact Assessment (EHIA) is a tool that helps us to assess the impact of an emerging policy, practice or programme of work on our people and the populations we serve – helping to identify potential issues of inequality in systems, practices and processes, which should be considered during their development. The HR Framework provides national policy ambition and practical support for local employer led implementation of the change processes required to affect the safe transfer of our people into ICBs. An EHIA was conducted alongside the development of the Framework to not only contribute to the assurance that we are meeting the legal duties around equalities, including the Public Sector Equality Duty (PSED) and the Health and Social Care Act 2012, but to also ensure that the core principles for change and transition as set out in the guidance promote good practice in relation to equality, diversity and inclusion and minimise the impact of the changes for our people.

The EHIA has been published with the aim that it can be used to support the NHS organisations affected by the proposed legislative changes to assess the local impact of proposed workforce changes on equality over time by completing equalities impact assessments (EQIAs) in line with section 3.6 of the HR Framework. To support this the national EHIA sets out some assumptions about the potential impacts of actioning the HR framework at a local level, which will require further investigation in the form of people impact assessments and associated equality impact assessments by each employer.

The national EHIA can be used as a guide to this assessment but use of the template itself is by no means mandatory as organisations may wish to use their own EQIA process and templates to complete this activity in line with local policies on organisational change.

## 5. Section 4 – Managing change for board level colleagues

### **17. Are CCG and similar level Directors covered by the Employment Commitment and the principles of ‘lift and shift’?**

While board-level roles are not covered by the employment commitment and therefore the principles of lift and shift, all board level colleagues in place on the transfer date will be part of the transfer scheme and will transfer to the new ICB whether in a new designate role or in a displaced position.

### **18. Will colleagues who support board level roles also be affected by the management of change for Board level roles?**

If you support colleagues in board level roles, you are still covered by this employment commitment, which seeks to provide stability during the transition period. This means organisations affected by the proposed changes should:

- ensure there is a continued and sustained focus on the day-to-day delivery that supports the restoration and recovery of services
- avoid undertaking large-scale organisational change programmes throughout the transitional period, wherever possible, and instead look to embed new ways of working through positive engagement and communication with the workforce
- where organisational change is identified and is unavoidable, confirm this to staff affected and their trade union representatives at the earliest possible opportunity and only undertake change that is essential.

## 6. Section 5 – Safe Transfer for all people

### **19. When will I transfer to a new ICB?**

Following the publication of the 2022/23 priorities and operational planning guidance, the national timeline proposes that the revised target date for establishment and therefore transfer will be 1 July 2022, subject to the timely passage of the Health and Care Bill through Parliament and receiving royal assent. Colleagues and their trade union representatives will be fully informed and consulted as appropriate before this date.



## **20. What is the Transfer Scheme?**

The proposed new legislation includes provision for transfer schemes made by NHS England which will implement transfers of staff, property and liabilities from CCGs and other NHS Bodies to ICBs. A transfer scheme will preserve statutory and contractual continuity of service for transferring colleagues and ensures protection for terms and conditions. The process by which the transfers will happen will be in line with that required by the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) and in accordance with the principles set out in the Cabinet Office Statement of Practice on Staff Transfers in the Public Sector (COSOP).

## **21. What amendments have been made to the Transfer Scheme and how does this impact on the change and transition process?**

Earlier drafts of the legislation linked the transfer scheme to staff employed by CCGs, but this has now been broadened to include those who will transfer to ICBs from other NHS bodies, including NHS England, NHS Trusts and Foundations Trusts and Special Health Authorities, to ensure that all staff in transferring functions are afforded the same protections.

## **22. What do the Transfer of Undertakings (Protection of Employment (TUPE) Regulations and Cabinet Office Statement of Practice: Staff Transfers in the Public Sector (COSOP) mean?**

The relevance of TUPE and COSOP, as the HR Framework technical guidance section 5.1 sets out, is that these contain the principles that are followed in transfer situations. Where TUPE does not apply (as a matter of law) COSOP sets out that a statutory mechanism should be used to effect the transfer, which in this case is a statutory transfer scheme under the Health & Care Bill and that the staff involved should be treated no less favourably than had the Regulations applied. The process by which the transfers will happen will be in line with that required by TUPE and as set out as best practice in COSOP. This means that all transferring staff will be transferred with statutory continuity of employment and with their current T&Cs being preserved. TUPE might also apply to relevant transfers outside of the scope of the transfer scheme, for example, where members of the existing ICS workforce are not currently employed directly by CCGs, but perhaps hosted by, seconded from, or jointly appointed between other employers. Specialist advice may be required locally on the management of these cases.

There is no end date on the legal protection of T&Cs provided to staff under either TUPE regulations or statutory transfer schemes. However, the new ICBs will continue to evolve following their establishment, and it is therefore anticipated that there will need to be organisational change to fulfil the statutory functions set out by the ICB proposals. If change is required, you will be consulted in line with local organisational change policies. This process will identify the economic, technical, or organisational reason for the change as required by the TUPE legislation.

You will transfer on your current terms and conditions in line with the Agenda for Change NHS Terms and Conditions of Service Handbook.

Your NHS Pension rights (accrued and future) are preserved in membership of the NHS Pension Scheme because ICBs will be NHS Employers.

## **23. How can CCGs identify which NHSEI and CSU staff may be in scope of transfer?**

Section 5.2 of the HR Framework covering preparation for change and transition identifies that a people impact assessment (PIA) is required to support the identification of the potential impacts of the proposed changes on people working within CCGs or existing ICB workforce structures, with a view to making the process of change as transparent as possible. The PIA process should be

carried out at an early stage and take place at both CCG level and ICB/system level as an assessment completed in isolation may not provide a full review of staffing associated with clinical commissioning. A template PIA has been published to support this activity and can be accessed [here](#).

#### **24. I am currently off on leave, what happens to me?**

For example, maternity, paternity, adoption, or sickness leave. For colleagues currently on any form of extended leave your substantive role will transfer to the ICB with no change to your terms and conditions.

#### **25. What if I am on a secondment?**

The Employment Commitment guidance sets out that engagement arrangements, such as secondments should transfer from the CCG to the ICB. So, if you are seconded to a CCG, your secondment should continue in the ICB if that work is ongoing.

If you are a CCG employee on secondment to another organisation, your substantive employment will transfer as part of the transfer scheme to the ICB.

#### **26. What if I am on a fixed term contract?**

For colleagues on a fixed term contract of employment with a CCG, the impact on you will be dependent on the terms of your contract, the duration of the contract and whether you are providing cover for a substantive CCG employee (for example someone on maternity leave). Essentially the contract you are currently on should continue on the same terms, with a simple change of employer. A fixed term contract of employment will automatically transfer to an ICB if it is due to end after the intended transfer date. Our aim is to retain talent and provide continuity wherever possible and we are working at national and system level to find solutions that provide stability and remove uncertainty.

#### **27. I am employed by a Commissioning Support Unit (CSU) delivering work for a CCG under a contract between the organisations. How will the move to ICSs affect me?**

The contract the CSU holds with the CCG will continue. However, the contract ownership will transfer to the new ICB. Your legal employer will continue to be the NHS Business Services Authority.

#### **28. I work part-time or have flexible working arrangements; how will these be affected by the transition?**

The employment commitment means you will transfer to the ICB with your contracted hours and terms and conditions intact.

#### **29. What if I don't want to transfer? Can I apply for voluntary redundancy?**

As a result of the employment commitment, no redundancies due to the transfer are anticipated below board level. If you decide that you do not want to transfer you will need to discuss this with your employer and confirm this in writing, then your employment will end, currently on 30 June 2022 when your CCG is abolished, this will not be a dismissal and there will be no pay in lieu of notice.

#### **30. How will decisions be made around future work bases to ensure that employees are not disadvantaged?**

There are no national plans to change current work bases. However, ICBs will need to consult with staff and trade unions if proposals are made to change your formal base. This will involve collective

and individual TUPE equivalent consultation which would need to look at the ETO reasons along with the equality impact of changes, for example on those with caring responsibilities.

### **31. What is going to happen to current flexible and home working arrangements?**

Agreed contractual flexible working arrangements will lift and shift to the ICB. The same would apply for formal homeworking arrangements not linked to our response to Covid-19. Temporary home working that was adopted as part of our response to Covid-19 is subject to national Covid-19 advice and each CCG/ICB will need to communicate how this will work in practice.

### **32. Why are permanent vacancies being advertised externally? Should these not be interim or fixed term?**

Section 3.1 of the HR Framework recommends that ICBs and CCGs should set out their approach to filling vacancies that arise during transition and that there is no national mandate to operate any recruitment freezes. The national ambition is for the work to continue with minimal disruption and therefore permanent replacements below board level might be appropriate and necessary. While CCG colleagues will transfer over to the new organisation by way of a transfer scheme made by NHS England, there will be occasions where undertaking a recruitment process is necessary, particularly for new roles that are not currently employed in the existing organisations.

### **33. What will happen to arrangements to pay my trade union membership after the transfer?**

If you pay your union membership through deductions at source (i.e. your payroll pays your subscriptions from your wages) then these will transfer to your new employer.

If you pay your subscriptions by Direct Debit, you should let your union know your new employer's name when you have been transferred.

### **34. Will my pay band be affected due to transition?**

The intention is to lift and shift roles and terms and conditions are protected by the transfer scheme, so your pay banding should not change because of the transition. Where the outcome of an outstanding banding review/appeal becomes known during the transition period, then this may lead to a change to the pay band for a person's role. Following the transition to the ICB, the new employer will need to assure themselves that they are using the NHS Job Evaluation Scheme fully and properly to ensure pay equality across their workforce. The NHS Job Evaluation handbook (Chapter 4: Merger and reconfiguration of health service organisations) sets out the work that employers will need to undertake as part of this assurance process - further JEG guidance will be made available in the future.

### **35. If staff are transferring under a transfer scheme are ICBs required to revalidate right to works checks for staff who have transferred into the ICB?**

All liabilities are transferred by the statutory transfer scheme, so if the transferor did not conduct the original check correctly the ICB would be liable for a penalty if the employee is later found to be working illegally. Employers are advised to undertake a fresh right to work check on acquired staff and a 60-day grace period applies in cases of TUPE transfers. NHS Employers guidance on this topic can be found [here](#).

# 7. Section 6 – Suitable Alternative Employment

## **36. What should be taken into consideration when seeking suitable alternative employment for board level colleagues displaced by the proposed establishment of ICB Boards?**

### The legal position

Suitable alternative employment is a concept defined by the Employment Rights Act 1996. It is a requirement upon employers to seek suitable alternative employment for staff before making redundancies.

Under section 141 of the Employment Rights Act 1996, a potentially redundant employee will lose their right to a statutory redundancy payment if they unreasonably refuse an offer of suitable alternative employment made by their employer.

### Agenda for Change NHS Terms and Conditions Section 16

A similar rule applies to NHS employees with contractual redundancy entitlements: for example, under section 16 of the NHS Terms and Conditions Handbook, an employee will not be entitled to contractual redundancy pay if they unreasonably refuse to accept or apply for suitable alternative employment with the same or another NHS employer.

### The HR Framework

The HR Framework asks employers to follow their local organisational change policy when carrying out the consultations with board level colleagues on their proposed new executive structures. The reason for this is that the employers are liable for their activities in this area and to do this safely and legally, they should ensure compliance with their agreed policies.

The theme of talent retention has also been a key part of the national change approach with a stated ambition to retain as much talent as possible. Alongside this are the core principles of being people centred and compassionate and being able to respond to individuals' needs and wants.

If you are in the position of seeking suitable alternative employment for a CCG board-level colleague, then the person impacted will have been identified as at risk of redundancy. This means that their current role should have been confirmed as significantly impacted by the proposed ICB establishment in that it is disestablished by the dissolution of the CCG(s) and the creation of proposed new executive structures in the ICB.

Usually, the issue of whether alternative employment is suitable is determined by an employer based on a role comparison in line with their organisational change policy. It is the employer's responsibility to identify opportunities for suitable alternative employment in the wider NHS, while the employee's responsibility is to consider any opportunities in the context of their personal circumstances. This role comparison will usually include factors such as:

- Accountability, responsibility, and status
- Duties and activities as set out in current and new job descriptions
- Reporting lines
- Salary
- Hours
- Location

Any roles which appear to be suitable within the current employing organisation should either be offered to the affected individual(s) in writing or given prior consideration in an interview process if there are several employees in competition for the role who are all 'at risk' of redundancy. If the alternative roles are in the wider NHS the employee should be encouraged to apply for them using their 'at risk' status on NHS Jobs to ensure they receive prior consideration, as part of local efforts to mitigate the effects of the redundancy situation. Employees should be reminded of the implications of unreasonably refusing SAE and the impact that could have on a contractual redundancy payment.

### **37. How do Very Senior Manager (VSM) contracts of employment provide for redundancy rights and entitlements and how does this impact consideration of suitable alternative employment?**

The redundancy provisions set out under section 16 of the NHS Terms and Conditions Handbook apply to all NHS staff employed under these terms and should generally be reflected in VSM contracts of employment. Section 16 of the Handbook sets out the terms and conditions in relation to:

- suitable alternative employment: (paras 16.21-16.23)

16.22 states 'suitable alternative employment'.... Should be determined by reference to sections 138 and 141 of the Employment Rights Act 1996. In considering whether a post is suitable alternative employment, regards should be had to the personal circumstances of the employee. Employees will, however, be expected to show some flexibility'.

16.23 For the purposes of this scheme any suitable alternative employment must be brought to the employee's notice in writing or by electronic means agreed with the employee before the date of termination of contract and with reasonable time for the employee to consider it. The employment should be available not later than four weeks from that date. Where this is done, but the employee fails to make any necessary application, the employee shall be deemed to have refused suitable alternative employment...'

- redundancy and redundancy pay (para 16.26):

'Claims for redundancy payment or retirement on grounds of redundancy must be submitted within six months of date of termination of employment. Before payment is made the employee will certify that:

They had not obtained, been offered, or unreasonably refused to apply for or accept suitable alternative health service employment within four weeks of the termination date.

They understand that payment is made only on this condition and undertake to refund it if this condition is not satisfied'



When considering the application of section 16 for VSM contracts it is important to ascertain whether these clauses are incorporated in their contract of employment. If not, any severance payments being considered outside of these terms will be considered novel, contentious and potentially repercussive and will be subject to Treasury approval in line with the guidance on public section exit payments.

In its guidance on NHS redundancy arrangements NHS Employers advise that suitable alternative employment should be judged on case by case basis.

**38. Is there any case law in this respect?** NHS Employers FAQs suggest reviewing *Readman v Devon Primary Care Trust* but there is a range of case law on this subject and colleagues are encouraged to search relevant cases and take their own professional advice to inform local decision making.

**39. How does taking a talent approach to transition influence the approach to seeking suitable alternative employment?**

The legal obligation is for employers to seek suitable alternative employment for staff at risk of redundancy. In this transition according to the HR Framework, the ICB will be the employer that enacts any redundancies. In practice, before establishment, CCGs should be engaged in this process, with support from ICSs. It will also be important for opportunities for alternative employment to be sought at system, regional and national level to mitigate potential redundancies and loss of key talent as a result of this process. ICSs should identify how opportunities can be shared amongst organisations affected by these changes in a timely manner.

**40. Can short term temporary transitional roles be taken up by colleagues who are at risk of redundancy as part of this process without this affecting their right to a redundancy payment?**

Short term transitional roles are unlikely to meet the definition of suitable alternative employment because they are not permanent in nature. Most individuals would, quite reasonably, not deem short-term roles to be suitable alternative employment and refusal of such a role will therefore not affect an individual's entitlement to redundancy if they are displaced because of the introduction of ICB boards. However, the use of temporary roles does support the approach to talent retention set out in the HR Framework and they can be offered to employees who would otherwise be at risk of redundancy if the employee is happy to accept the role as their new substantive post. It is envisaged that transitional roles could be used for short periods of up to 12 months to enable individuals to retain NHS employment, whilst also seeking permanent substantive employment.

If a transitional, short-term post is accepted by an employee but they have not found a permanent role by the end of the contract then their employment would cease by reason of the transitional role ending. Notice of redundancy should be issued to coincide with the end of the temporary role to avoid the need to either be worked or paid in lieu separately. Temporary transitional roles should be limited to a reasonable timeframe, either supporting a genuine fixed term contract/ role or short term ICB transition. The nature of a temporary role is likely to become less clear for employer and employee if it extends beyond 12 months but there may be genuinely short-term roles available for longer for example work on projects with specific funding periods/timelines. It should also be noted that an employee who takes a temporary or fixed term role would be redundant when that role comes to an end (if SAE cannot be found) and their full reckonable service at that point should be taken into account for redundancy pay purposes.

ICS Development Programme Team