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**APPENDIX 1**

**Pay Step Progression Pro forma**

**­Section A – Employee Declaration**

To be completed for **all pay affecting progression applications** and annually where staff on the top spine point of **bands 8C, 8D and 9** retain their pay step.

**Please ensure that you submit this to your line manager 2 months prior to the month that your pay step date is due.**

Employee Name: Manager Name:

Job Title: Specialist Nurse for safeguarding adults and children in Primary care

Pay Step due date:

Band: Last appraisal date:

|  |  |
| --- | --- |
| **I can confirm that:** | **Yes/No** |
| All statutory and mandatory training is up-to-date & recorded as compliant |  |
| I have achieved satisfactory appraisals and associated objectives |  |
| I have no live formal disciplinary warnings, including any attached to professional registration where applicable |  |
| I am not in the formal stage of the capability process |  |

|  |
| --- |
| **Please note any mitigation** |

**Signed: B C Foster (unable to electronically sign but form returned via my email account) Date:**

**Section B - Line Manager Declaration**

Please select one option from the tables below.

|  |  |  |
| --- | --- | --- |
| **Progression Confirmed** | **Tick** | **Yes/No/Add Comments** |
| The employee has met the pay progression criteria and will progress to the next pay step point. |  |  |
| The employee has met the performance standards and will retain their current pay point **(pay bands 8C, 8D & 9 only for the top point. ).** |  |  |
| The employee has failed to meet the required criteria for pay step progression but that there are constraints beyond their control that have prevented the achievement of this and will therefore progress to the next increment**.** |  | **Discuss with HR team and detail reasons:** |
| I confirm the employee is on maternity/adoption leave, or on long term sickness absence and they have been assessed on their performance over the 12 months prior to their current period of leave where possible and will automatically progress to the next pay step point. |  |  |

|  |  |  |
| --- | --- | --- |
| **Progression Declined** | **Tick** | **Yes/No/Add Comments and Evidence** |
| The employee has failed to meet the criteria for pay step progression and there are no valid constraints that have prevented this therefore pay step progression is declined. |  |  |
| Pay step progression has been declined and the employee will reduce to the previous pay point (**pay bands 8C, 8D & 9 only for top pay point**). |  | Email Payroll to advise. |

By signing I confirm that: the employee has been made aware of the outcome of the review, and where appropriate they have been made aware of their right of appeal; ESR has been updated; and payroll has been advised of any necessary actions.

**Date of Pay Step Review meeting:**

**Name: 12.07.2023 Position: Named Nurse for Safeguarding in Primary Care (HNYICB)**

**Signature: Date:**

***A copy of this form must be sent by email to*** : [hr.hnyy@nhs.net](mailto:hr.hnyy@nhs.net)