



Resolution

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February 2026
FOI_7622

The following information was requested on 19 December 2025:

This is a follow up to [FOI_7552](#)

This request is made to support parliamentary scrutiny of the value for money and governance of NHS Resolution's hybrid working arrangements at 10 South Colonnade (10SC).

In your response to FOI_7552 you confirmed that 449 employees have a London/hybrid contract, that weekly attendance at 10SC between 1 April 2024 and 31 March 2025 ranged between 143 and 406 people, that the 2024/25 lease and service cost for 10SC is £1.7m for 168 desks, and that no formal value-for-money assessments of the hybrid working model or the Canary Wharf office have been undertaken since entering a long-term, no-break-clause contract.

To enable the Public Accounts Committee and others to understand the extent to which public money on office accommodation and HCAS is supported by effective management and assurance, please provide the following information.

1. HCAS expenditure, pay band and department for the period 1 April 2024 to 31 March 2025, and limited to staff whose contractual base is 10 South Colonnade and who are eligible for London High-Cost Area Supplement (HCAS):

For each month, please provide:

- a. Headcount by Agenda for Change pay band (or equivalent) and by department/directorate.*
- b. Total HCAS paid, broken down by pay band and department/directorate.*
- c. Average HCAS per full-time equivalent (FTE), by pay band and department/directorate. As at 20 November 2025 (the date cited in FOI_7552), please provide the number of staff with a London/hybrid contract whose contractual base is 10 South Colonnade, broken down by pay band and department/directorate.*

This will allow Parliament to see how recurrent HCAS expenditure at 10SC is distributed by seniority and function.

2. Attendance versus contractual expectation Please provide copies of the policies, guidance and standard contractual wording setting out the minimum office attendance requirements for staff based at 10 South Colonnade on hybrid contracts (for example, "one day per week"), including any expectations placed on managers to assure compliance.

For the cohort defined in section 1 (10SC contractual base and HCAS--eligible) and the period 1 April 2024 to 31 March 2025, and using whatever attendance monitoring systems you hold (e.g. pass swipes, desk bookings):

- a. For each month, the number of distinct staff who attended 10SC at least once, by pay band and department/directorate.*

- b. For each month, the number of staff who met the contractual attendance requirement (for example, at least one day per week on average), by pay band and department/directorate.*

- c. For each month, the number of staff with zero recorded attendance at 10SC, by pay band and department/directorate.*

- d. A description of any limitations in the data (such as the exclusion of temporary passes or of swipes after a specified time, as noted in FOI_7552).*

If you consider it is not possible to match attendance data to staff records (pay band, department, HCAS eligibility), please set out in detail what data is held and the legal or technical reasons why such matching cannot be undertaken, including reference to any data protection assessments.

3. Sickness, authorised absence and fair interpretation To ensure that non--attendance is not conflated with legitimate absence: For the same cohort and period, and for each month, please provide, broken down by pay band and department/directorate:

- a. Total days of sickness absence.*

- b. Total days of other authorised absence (e.g. special leave, carers' leave, study leave).*

- c. The number of staff with sickness absence of four weeks or more. Please explain whether, and how, sickness and other authorised absence are factored into any assessment of compliance with hybrid attendance requirements.*

4. Management information, escalation and assurance Please provide any policies, procedures or guidance in force at any point since 1 April 2022 that describe:

- a. How under--attendance or non--attendance against hybrid working requirements at 10 South Colonnade is monitored.*

- b. How such cases are escalated and addressed by managers, HR and senior leadership, including any sanctions or performance management processes. Since 1 April 2022, please provide copies of any regular reports, dashboards or other management information produced for senior managers that show hybrid attendance or utilisation of 10 South Colonnade, including any breakdown by department/directorate or pay band, where available. Since 1 April 2022, please provide copies of any papers, minutes or decisions considered by the Executive Team, Board or equivalent senior governance body in which:*

- a. low attendance or under--utilisation of 10 South Colonnade;*

- b. compliance or non--compliance with hybrid attendance requirements; or*

- c. the value for money of the 10SC lease and hybrid model were discussed, together with any agreed remedial actions.*

These materials will assist in assessing whether reasonable assurance has been taken over a significant and inflexible estate cost.

5. Value for money analysis of the lease Beyond the options appraisal undertaken prior to the move to 10 South Colonnade, have any analyses since 1 April 2024 examined:

- a. average daily or weekly attendance at 10SC relative to the 168--desk capacity; and/or*

- b. the £1.7m lease and service cost expressed per average attendee, and per desk actually in regular use?*

If so, please provide copies. If not, please confirm that no such analyses exist.

If any aspect of this request risks exceeding the statutory cost limit, please provide advice and assistance as to how it may be refined in a way that still enables Parliament to assess the economy, efficiency and effectiveness of expenditure on 10 South Colonnade and associated HCAS payments.

Our Response

Q1 and Q3 - Please find attached the requested information we are able to provide. We are unable to provide a monthly breakdown as requested due to the low numbers involved, which would have to be anonymised, which would make the information meaningless. We have provided you with the 2024/25 annual figure and an average figure as numbers of staff can fluctuate each month due to leavers, starters and staff moving departments.

Low numbers in the data

Please note we have suppressed low figures (and some high numbers that make it possible to work out low numbers) as we believe that disclosure of information with this level of granularity is exempt under Section 40(2) by virtue of section 40(3A) (a) of the Freedom of Information Act 2000, where disclosure to a member of the public would contravene one or more of the data protection principles. The data protection principles are set out in Article 5 of the General Data Protection Regulation. We take the view that it would not be fair or lawful (given the sensitive and confidential nature of the information held) to disclose such information, and any disclosure would therefore contravene the first data protection principle.

In some instances, the low numbers of staff (fewer than 5) in each category, the likelihood exists that individuals who are the subject of this information (employment location information) may be identified either from this information alone, or in combination with other available information. NHS Resolution believes it has a greater responsibility to protect those individuals' identities, as disclosure could potentially cause damage and/or distress to those involved.

Q 2a - d - We do not hold the information in the way you have requested it. As advised in our response to [FOI 7552 Hybrid-working-arrangements.pdf](#) - Attendance data is tracked through our security access pass activity and reports are received on a monthly basis. To comply with GDPR, only attendance numbers are received, **not** names or any details of bandings or departments. Attendance data is monitored so that workspace utilisation can be regularly reviewed. Therefore, the attendance reports received from the Government Property Agency (GPA) is not linked to named staff members.

We do hold separately the breakdown (by banding and department) of employees with a London/hybrid contract. Please see our response to Q1. However, we are **not** able to link this with weekly attendance in the London Office for the reasons given above.

By way of advice and assistance as is required under section 16 of the Freedom of Information Act, we can advise that for staff whose contractual location is a hybrid worker based in the London office, the requirement is that staff attend the office a minimum of one day per week on average. The 'on average' requirement is used in order to take into consideration a range of matters that may impact an individual's ability to attend the office in certain weeks due to specific circumstances. This may include but is not limited to; annual leave, sickness absence, emergency leave, domestic emergencies, special leave, childcare/carer responsibilities and short-term workplace adjustments based on personal health circumstances.

The monitoring of office attendance remains a local management responsibility, with individual line managers being aware of whether their team members are attending the office as required. This also enables line managers to take into consideration situations where people may be attending external meetings, workshops, training sessions etc, which may mean the individual has still been required to travel, but not necessarily into the London office.

If anyone is concerned that office attendance policy is not being adhered to or being applied consistently, they are encouraged to raise this matter through their line manager and/or local leadership teams.

HCAS guidance documents states:

To qualify for HCAS, employees must meet either of the following conditions:

- Have London as their current contractual work location and attend the office at least one day per week. As the London office falls within the inner London zone, these employees will receive the inner London entitlement.*
- Or, as a registered 100% homeworker, the contractual work location is set as the individual's home address. If their home address is within one of the areas stated as Inner London, Outer London or Fringe.*

Please find attached the HCAS Guidance for NHS Resolution staff.

Q 4 – There are no established assessments of compliance. As noted above '*The monitoring of office attendance remains a local management responsibility, with individual line managers being aware of whether their team members are attending the office as required. This also enables line managers to take into consideration situations where people may be attending external meetings, workshops, training sessions etc, which may mean the individual has still been required to travel, but not necessarily into the London office.*' Where necessary individual cases would be considered on the specific circumstances on a case-by-case basis.

Q 5 – As per our response to [FOI 7552 Hybrid-working-arrangements.pdf](#) we have not undertaken any formal value for money or cost assessments since then. Any potential optimisation of our use of space in 10 South Colonnade needs to be done in

conjunction with our landlords, GPA. We have made them aware that we are open for a review of our space allocation.

This concludes our response to your request.

If you are not satisfied with the service that you have received in response to your information request, it is open to you to make a complaint and request a formal review of our decisions. If you choose to do this, you should write to [Joanne Appleby](#), Deputy Data Protection Officer for NHS Resolution, within 28 days of your receipt of this reply. Reviews of decisions made in relation to information requests are carried out by a person who was not involved in the original decision-making about the request.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a review of the decision. Generally, the Information Commissioner will not make a decision unless you have exhausted the local complaints procedure. The address of the Information Commissioner's Office is:

Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

<https://ico.org.uk/>

Snapshot Headcount at the end of financial year 2024/25												
	Pay Band											
Directorate	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Grand Total
912 (L3) Claims		7	14	14	9	63	42	57	5	#		#
912 (L3) Corporate Affairs			#		5	7	7	8	#			34
912 (L3) Digital Data Technology & Transformation (DDaTT)			#		12	25	43	21	15	#	#	121
912 (L3) Finance & Corporate Planning				7	#	9	5	8	5	#		41
912 (L3) Practitioner Performance Advice & Primary Care Appeals			#		5	6	#			#		20
912 (L3) Safety and Learning			#	#		#	#	5	#			#
Grand Total		7	28	42	56	#	85	#	11	10	#	445

Average Headcount for the entire financial year 2024/25												
	Pay Band											
Directorate	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Grand Total
912 (L3) Claims		6.5	16.5	14	10	64	42	57	5.5	#		#
912 (L3) Corporate Affairs			#	#	8	7.5	6.5	#				34
912 (L3) Digital Data Technology & Transformation (DDaTT)			#		12.5	24	46	19	15	#	#	122
912 (L3) Finance & Corporate Planning				8	#	8.5	5	8.5	6	#		42
912 (L3) Practitioner Performance Advice & Primary Care Appeals	#	#	#		5.5	5	#			#		21.5
912 (L3) Safety and Learning			#	#		#	#	7.5	#			#
Grand Total	#	#	31	42.5	55.5	#	82	#	11	9.5	#	454.5

HCAS (Gross Cost)												
	Pay Band											
Directorate	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Grand Total by Directorate
912 (L3) Claims		£35,396.96	£91,958.97	£100,484.50	£99,225.81	£573,510.18	£398,290.46	£505,952.31	£50,529.05	#		#
912 (L3) Corporate Affairs			#		£66,452.08	£75,313.71	£60,705.07	#				£304,740.99
912 (L3) Digital Data Technology & Transformation (DDaTT)			#		£78,109.77	£199,843.86	£420,105.08	£172,712.56	£142,904.80	#	#	£1,061,998.36
912 (L3) Finance & Corporate Planning			£46,220.56	#	£71,360.21	£43,643.45	£82,832.14	£47,415.66	#			£340,652.52
912 (L3) Practitioner Performance Advice & Primary Care Appeals	#	#	#		£41,281.82	£55,118.49	#	#		#		£177,371.34
912 (L3) Safety and Learning			#	#		#		£55,785.39				#
Grand Total by Pay Band	#	#	£175,341.22	£289,021.95	£492,000.45	£1,125,590.66	£775,059.15	#	£103,784.95	£89,543.44	#	£3,900,930.21

Average HCAS Per FTE												
	Pay Band											
Directorate	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Grand Average by Directorate
912 (L3) Claims		£5,709.19	£5,747.44	£7,177.46	£10,022.81	£9,311.29	£9,794.19	£9,266.53	£9,187.10	#		#
912 (L3) Corporate Affairs			#		£8,519.50	£10,041.83	£9,791.14	#				£58,899.29
912 (L3) Digital Data Technology & Transformation (DDaTT)			#		£6,299.18	£8,361.67	£9,132.72	£9,090.13	£9,788.00	#	#	£78,674.02
912 (L3) Finance & Corporate Planning			£6,479.55	#	£8,597.62	£8,728.69	£9,744.96	£8,175.11	#			£68,614.99
912 (L3) Practitioner Performance Advice & Primary Care Appeals	#	#	#		£7,644.78	£11,483.02	#	#		#		£54,583.06
912 (L3) Safety and Learning			#	#		#		£7,538.57	#			#
Grand Average by Pay Band	#	#	£34,907.55	£41,265.23	£46,984.61	£50,997.83	£60,595.11	#	£39,775.78	£48,153.22	#	£389,157.28

Average Days of Sickness Absence												
	Pay Band											
Directorate	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Grand Total
912 (L3) Claims		12.7	17.1	11.9	11.6	36.6	18.2	46.3	7.5			161.9
912 (L3) Corporate Affairs			#		15	20.8	#					41.4
912 (L3) Digital Data Technology & Transformation (DDaTT)			#		24.5	37.6	14.1	7	25.9	#	#	122.1
912 (L3) Finance & Corporate Planning				22.6	#		9.6	21	#		#	59.8
912 (L3) Practitioner Performance Advice & Primary Care Appeals	#		#			16.4	5	6.8				35.5
912 (L3) Safety and Learning				#		#		5	18			28
Grand Total	#	12.7	46	54.7	#	69.6	58	95	#	8	#	448.7

Total Days of Other Authorised Absence (Special Leave)												
	Pay Band											
Directorate	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Grand Total
912 (L3) Claims		#	#	#		5.8	7.1	#	10.4			32.2
912 (L3) Corporate Affairs					#	#			6			11.5
912 (L3) Digital Data Technology & Transformation (DDaTT)					13	#	5.4	14.3	9.6		12	#
912 (L3) Finance & Corporate Planning				9	#	#	#	#	#	#		29.1
912 (L3) Practitioner Performance Advice & Primary Care Appeals				10	#							#
912 (L3) Safety and Learning				#				#	#			#
Grand Total		#	#		27.9	11.9	17.5	23.4	29	5	#	150.6

No. of Staff with Sickness Absence of 4 weeks or more												
	Pay Band											
Directorate	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Grand Total
912 (L3) Claims		#	#	#	#	#	#	#				8.7
912 (L3) Corporate Affairs					#	#	#	#				#
912 (L3) Digital Data Technology & Transformation (DDaTT)				#	#	#	#	#				6.4
912 (L3) Finance & Corporate Planning			#			#	#					#
912 (L3) Practitioner Performance Advice & Primary Care Appeals					#		#					#
912 (L3) Safety and Learning							#	#				#
Grand Total		#	#	#	#	#	5.5	#				24.8

High Cost Area Supplements (HCAS) Guide 2025

Guidance for NHS Resolution Staff

A decorative graphic consisting of a thick blue wave that curves upwards from the left and then downwards towards the right, set against a light blue background.

Contents

1. What is HCAS?.....	3
2. Current HCAS Supplements (01 April 2025 - 31 March 2026) with Pay Award Adjustment Due in August 2025 (Backdated)	3
3. NHS Resolution Agreement.....	3
4. Calculating HCAS for 100% Homeworkers.....	4
5. Frequently Asked Questions	6

1. What is HCAS?

HCAS is payable to NHS staff groups who are covered by the Agenda for Change Terms and Conditions of Service on working in inner and outer London and the fringe zones. The applicable zone is based on an individual's contractual work location. Details on contractual work locations are noted in sections 3 and 4 below. HCAS is not payable to those employed on Medical and Dental terms and conditions or the Executive and Senior Managers' pay framework.

These supplements are expressed as a proportion of basic pay (including the value of any long-term recruitment and retention premia) but are subject to a minimum and maximum level of extra pay, which normally changes in line with the annual pay award effective from 1st April each year (but usually agreed and paid with backpay a few months after April).

HCAS payments are pensionable – so they are subject to pension deductions in the same way as Basic Salary. They will not count as basic pay for the purposes of calculating the rate of overtime, unsocial hours pay or on call payments.

HCAS forms part of NHS terms and conditions, negotiated nationally.

2. Current HCAS Supplements (01 April 2025 - 31 March 2026) with Pay Award Adjustment Due in August 2025 (Backdated)

Area	Entitlement
Inner London	20% of basic salary, subject to a: • minimum payment of £5,609 and a maximum payment of £8,466
Outer London	15% of basic salary, subject to a: • minimum payment of £4,714 and a maximum payment of £5,941
Fringe	5% of basic salary, subject to a: • minimum payment of £1,303 and a maximum payment of £2198

N.B. The table above reflects the most recently agreed HCAS for NHS employees. Further updates are provided; <https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-9-high-cost-area-supplements>

3. NHS Resolution Agreement

To qualify for HCAS, employees must meet either of the following conditions:

- Have London as their current contractual work location and attend the office at least one day per week. As the London office falls within the inner London zone, these employees will receive the inner London entitlement (see section 4).

- Or, as a registered 100% homemaker, the contractual work location is set as the individual's home address. If their home address is within one of the areas stated as Inner London, Outer London or Fringe.

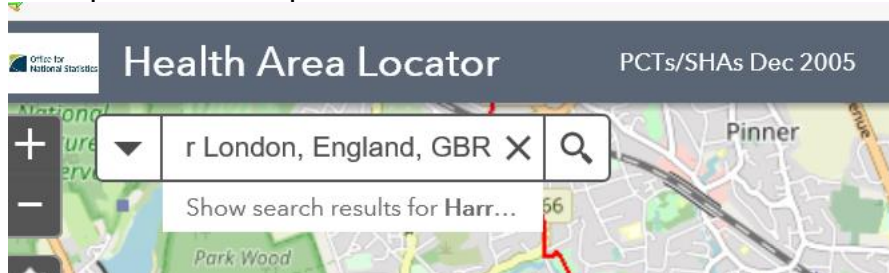
4. Calculating HCAS for 100% Homeworkers

For those employees who are 100% homeworkers, HCAS is based on the historical boundaries of NHS Primary Care Trusts (PCTs). Although PCTs have since been disbanded, HCAS allowance is still based on these historical boundaries and are relevant in calculating whether HCAS is applicable to an employee. The following link enables individual employees to see whether their home address falls within one of these boundaries.

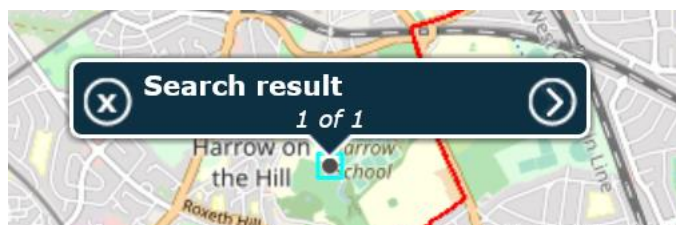
<https://ons.maps.arcgis.com/apps/webappviewer/index.html?id=f0cd5816667e4917957267a7f8bc7c8f>

To use this link...

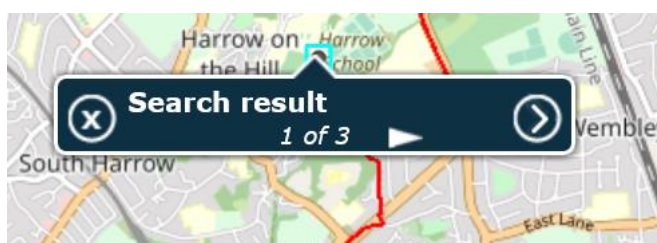
- enter postcode in top left hand corner



- click on blue circle which will then display search result 1-3



- click arrow to right of search result



- click the arrow top right once, which will provide you with the PCT.

(1 of 2)
⏪ ⏩

Primary Care Trust Information

PCT 2005 Code: 564

PCT 2005 Name: Tower Hamlets

Once you know which PCT your home postcode falls under, this will enable you to work out whether there is an entitlement to Inner, Outer, Fringe or zero HCAS as defined in the tables below:

In this example you can see that Tower Hamlets PCT falls within the Inner London zone, and therefore the HCAS rate payable will be Inner London.

Inner London

Strategic Health Authority (SHA)	PCT within SHA
Northwest London SHA	Hammersmith & Fulham PCT, Kensington & Chelsea PCT, Westminster PCT
North Central London SHA	Camden PCT, Islington PCT
North East London SHA	City & Hackney PCT, Tower Hamlets PCT
South East London SHA	Lambeth PCT, Lewisham PCT, Southwark PCT
South West London SHA	Wandsworth PCT

Outer London

SHA	PCT within SHA
North West London SHA	Brent PCT, Ealing PCT, Harrow PCT, Hillingdon PCT, Hounslow PCT
North Central London SHA	Barnet PCT, Enfield PCT, Haringey PCT
North East London SHA	Barking & Dagenham PCT, Havering PCT, Newham PCT, Redbridge PCT, Waltham Forest PCT
South East London SHA	Bexley PCT, Bromley PCT, Greenwich PCT
South West London SHA	Croydon PCT, Kingston PCT, Richmond & Twickenham PCT, Sutton & Merton PCT

Fringe area

SHA	PCT within SHA
Kent & Medway SHA	Dartford, Gravesham & Swanley PCT

Essex SHA	Basildon PCT, Billericay, Brentwood & Wickford PCT, Epping Forrest PCT, Harlow PCT, Thurrock PCT
Bedfordshire & Hertfordshire SHA	Dacorum PCT, Hertsmere PCT, Royston, Buntingford & Bishop Stortford PCT, South East Hertfordshire PCT, St Albans & Harpenden PCT, Watford & Three Rivers PCT, Welwyn, Hatfield PCT
Thames Valley SHA	Bracknell Forrest PCT, Slough PCT, Windsor, Ascot & Maidenhead PCT, Wokingham PCT
Surrey & Sussex SHA	East Elmbridge & Mid Surrey PCT, East Surrey PCT, Guildford & Waverley PCT, North Surrey PCT, Surrey Heath and Woking PCT

5. Frequently Asked Questions

- 1. My current contractual work location is London office, but I live outside the HCAS area. If I voluntarily move to a role which has a contractual work location of the Leeds Office or 100% homemaker, do I keep my HCAS?**

Answer: No, HCAS is not retained.

Explanation: HCAS is linked to the contractual work location of employment. If your new contractual location is Leeds, which is outside the designated HCAS zones, you are no longer eligible.

- 2. If I move from the London office to become a 100% homemaker, what happens to my HCAS?**

Answer: Your HCAS will be recalculated based on your home postcode.

Explanation: It's important to note that you may not retain Inner London HCAS. This HCAS payable will be reassessed based on your new contractual work location, which in this case is your home address.

- 3. My role is being moved from London to homeworking due to organisational change. Will I lose my HCAS?**

Answer: You may be eligible for pay protection under organisational change provisions.

Explanation: If the change is employer-led and not voluntary, HCAS may be protected for a transitional period. In this situation, staff would be informed of the impact on their HCAS as part of a formal consultation process.

- 4. Is HCAS included in my basic salary during parental leave?**

Answer: Yes, HCAS is considered part of your basic salary.

Explanation: During parental leave, HCAS continues to be paid as part of your

regular salary unless your contractual base changes.

5. Does my HCAS increase with national pay awards?

Answer: Yes, HCAS rates are reviewed and may be adjusted in line with national pay awards.

Explanation: HCAS is subject to periodic review and uplift as part of national agreements.

6. I'm on secondment to a London-based role. Will I receive HCAS?

Answer: Yes, if your temporary contractual work location is within a qualifying HCAS zone, you may be eligible for associated HCAS during the secondment period.

7. As a 100% homeworker I'm moving from one London zone to another (e.g. Outer to Inner London). Will my HCAS be adjusted?

Answer: Yes, if you become or are already a homeworker, your HCAS will be recalculated according to the zone of your new home address (your contractual work location). However, if your contractual work location remains within the same HCAS zone, your HCAS will stay the same

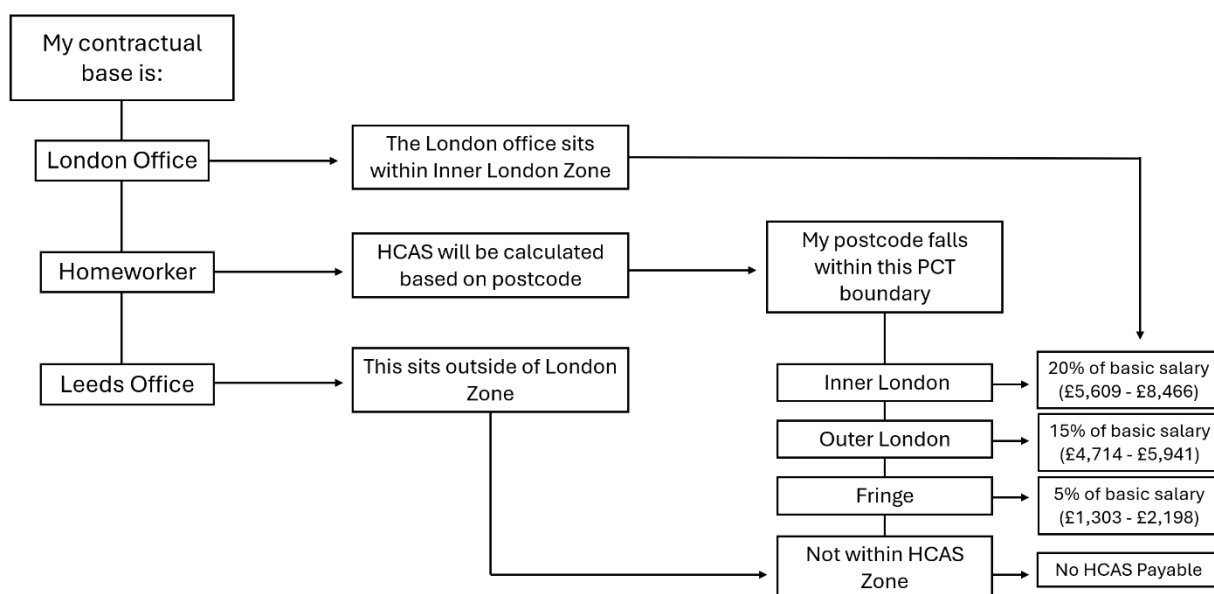
8. I'm considering a flexible working request to work part-time from home. How will this affect my HCAS?

Answer: If your contractual work location changes due to your flexible working arrangement, your HCAS will be reassessed based on the new contractual work location agreed as part of the request.

9. I'm a new employee taking a job located in the London office, but I live outside of London. Am I eligible for HCAS?

Answer: Yes, you are eligible for HCAS.

Explanation: Since HCAS is determined by your contractual work location, you are eligible for HCAS if your contractual base is within the inner London zone. To retain your HCAS, you must attend the office on average one day per week.



Please refer to Annex 8 & 9 of the agenda for change handbook for further guidance - [NHS Terms and Conditions of Service Handbook | NHS Employers](#)