NHS job evaluation:
action checklist for RCN representatives

The NHS Job Evaluation Scheme is an integral part of the wider Agenda for Change package in the NHS and, as such, RCN reps will want to be fully engaged in job evaluation in their workplace.

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Introduction

Agenda for Change (AfC) pay rates are underpinned by an analytical job evaluation scheme (JES) that was designed, by employers and trade unions in partnership, to reflect the complexities of health service jobs and career structures, and the unique nature of the work undertaken by NHS staff. Some organisations are still dealing with the outcomes of those initial evaluations, whereas others are facing new challenges such as service redesign, mergers and band rationalisation. The NHS Staff Council remains ultimately responsible for the design and maintenance of the NHS JES, with the support of a technical sub group, the Job Evaluation Group (JEG).

To go back to basics, the NHS JES is:

- jointly owned and run by employers and trade unions in partnership

- a system for comparing different jobs, applying agreed rules

- a way of establishing an internal rank order of jobs using agreed demand weighting

- an assessment of all significant job demands, but only measures them once

- a measurement of jobs and not the people doing those jobs

- free from bias

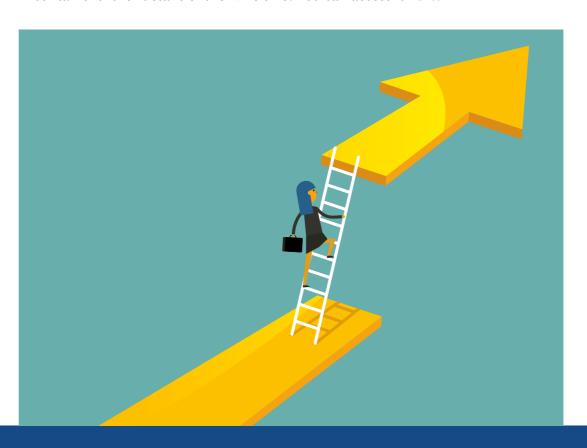- transparent and has a review procedure.

The NHS JES remains, therefore, an essential tool for:

- deciding the banding of new posts

- re-considering the banding of existing posts that have changed significantly

- applying the correct banding to posts affected by service redesign or organisational change.

However, we know that with the growing pressure on resources within organisations, job evaluation (JE) sometimes slips down the agenda and local capacity and procedures fall into disrepair. This can have damaging and expensive consequences, including staff dissatisfaction, greater numbers of disputes and potentially costly equal pay cases.

The Equality and Human Rights Commission makes it clear that an equality-proofed JES can be used as a defence in an equal pay claim providing it has been implemented robustly at local level. The ET judgement in Hartley and others v Northumbria Healthcare NHS Foundation Trust (2008) ruled that the processes and procedures around the NHS JES at national level complied with equal pay legislation – BUT that it is local implementation that matters most!

The RCN has produced a toolkit for RCN officers and representatives, which contains further details of the NHS JES. You can access it here.

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Checklist

This checklist will help you assess your organisation's performance on JE – to ensure that local processes and procedures are fit for practice. Ideally you will be able to work through the checklist in partnership with managers in your organisation and report your findings back to your partnership forum/joint consultative meeting.

This is an editable form that you can save and complete at your convenience.

Governance issues

It is vital to ensure that all JE practices are undertaken in partnership as this is fundamental to the JES.

Is there both a management-side and a staff-side lead for JE?

Yes	No	Action needed	Progress

Is there a JE policy that has been agreed in partnership, and that outlines all processes and practices in line with the national *NHS Job Evaluation Handbook*?

Yes	No	Action needed	Progress

Are JE leads involved in service reconfiguration/redesign at an early stage?

Yes	No	Action needed	Progress

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JE capacity

It stands to reason that organisations need to ensure they have sufficient JE practitioners to undertake the work necessary. Some have allowed this to slip post-implementation, thinking that there would no longer be much JE work to be done. However, the creation of new roles, service and organisational change, mergers, etc. ensure this is rarely the case.

Are there sufficient trained JE practitioners (staff side and management side) available to undertake the volume of JE work required?

Yes	No	Action needed	Progress

Does the organisation have a plan for JE training courses to keep the supply of trained JE practitioners replenished?

Yes	No	Action needed	Progress

Do trained practitioners get sufficient paid time off to undertake JE work? This should be separate from any facilities time agreed.

Yes	No	Action needed	Progress

Is refresher training offered regularly for trained practitioners?

Yes	No	Action needed	Progress

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Ensuring quality and record keeping

The importance of having robust processes in place to assure quality and good record keeping cannot be overstated. Without historical records of all JE decisions, an organisation could lose its defence against any equal pay claim.

Are all JE processes, including consistency checking, conducted in partnership?

Yes	No	Action needed	Progress

Is there a robust system in place for recording all JE outcomes, consistency checking and reviews?

Yes	No	Action needed	Progress

Are JE reports given to partnership/joint consultative meetings regularly and any concerns/actions taken accordingly?

Yes	No	Action needed	Progress

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Common pitfalls

Some other things to look out for include:

Factor shortcutting
Some organisations wrongly think they can shortcut JE matching by looking only at factors 2 (knowledge, training and experience) and 12 (freedom to act). This is a misapplication of the JES and is likely to result in erroneous banding outcomes, as the recently published band 6 paramedic profile proves.

Consistency checking
In some organisations this continues to be problematic because it is under-resourced and misunderstood. Common issues include informal approaches and/or the use of single individuals rather than a partnership panel. Additionally, some consistency checking panels incorrectly substitute their own outcomes where they see a problem, rather than remitting a disputed case back to the original panel that considered it. This is outlined, as are all JE processes, in the *NHS Job Evaluation Handbook*.

Desktopping
Some organisations are doing this more widely than is permitted by the JES. Desktopping should only be done where there is a new post that has not yet been filled. This too should be done by a partnership panel. The outcome will be provisional but will allow for recruitment to take place – applicants and appointees must be informed that the banding outcome could change. After an agreed period of "bedding down" the job must go through the usual matching or evaluating process, and then and only then can the banding be confirmed. Consistency checking should take place at all stages as usual.

Reviewing changed jobs
Most jobs change over time and job descriptions ought to be kept under review and updated whenever necessary. Where there have been significant changes post holders need to seek approval from their line manager to request a review of their JE outcome and the date from which any potential change takes effect. A grievance should be submitted if it is felt that agreement is being deliberately withheld or obstructed.

Further information

All resources relating to the NHS JES are found on the NHS Employers website. This includes the Handbook and all advice and guidance issued by JEG as well as profiles and details of training.

www.nhsemployers.org/your-workforce/pay-and-reward/pay/job-evaluation

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