Downbanding in the NHS

What is Downbanding?
Downbanding is the general description for situations where the pay band of a role is reduced eg from Agenda for Change Band 6 to 5. In some cases this process is referred to as a ‘skill mix review’ or a ‘workforce re-profiling’.

This can happen in a variety of circumstances. For example, it could be an outcome of a review of the roles required in a particular department. If undertaken correctly both these processes should be formal when the employer (on a partnership basis) objectively assesses what skills are required to deliver a particular outcome. Outcomes could be:

- leaving all roles at the same level
- some roles down-banded
- some roles see a rise in the pay band required
- a combination of all three

All outcomes should be backed up with a clear rationale for any change. The AfC Handbook Annex X (England and Wales): Guidance on workforce re-profiling gives guidance how these exercises should be undertaken in partnership.

Downbanding can take place whether or not there is a person employed in the role. For example a post that is currently unfilled may be reviewed by an employer and the outcome could be to downband so the next person taking up that vacancy will receive less pay than the original post holder and will (in theory) have less responsibility ie the job will be different.

Use of Downbanding
Unfortunately, financial challenges sometimes lead to an employer viewing downbanding as a way to reduce costs. The objective of a skill-mix review or workforce re-profiling exercise may be purely to find cost savings. Some less scrupulous employers have even expected staff in downbanded roles to continue to work to the former higher level, even after any pay protection has expired.

The RCN Position on Downbanding
1) Down-bandng should never be instigated solely on the basis of the need / desire to reduce the pay bands of roles without reference to patient / client care issues.
2) Re-profiling / skill mix reviews should be based on what structure / range of skills and abilities is best designed to deliver optimum patient care and to reduce risk.
3) RCN representatives should be involved at as early a stage as possible and should work with members and the branch to respond to any initial consultation document.
4) These exercises provide an opportunity for Stewards, Learning and Safety Representatives to work together. Any change in the banding of a role has an effect on many factors such as:
   • the skills and ongoing learning required
   • the capacity of the post-holder to be safe while delivering care
   • the pay for the role
   • the number of unsocial hours requiring cover
   • the clinical hierarchy that the role is part of
   • possible changes in respect of team working, decision making and clinical accountability.

5) It is unlikely that such an exercise will have been developed on a ward by ward basis or unit by unit basis. It is more likely to be part of a plan to look at banding more generally. That is why it is necessary to establish where the initiative has come from.

6) When a post is down-banded it means that an employer considers that the level of skill, accountability and decision making for that role has reduced. There should be a clear rationale that explains why this is the case.

7) Any jobs that are changed must go through the relevant job evaluation processes including consistency checking.

8) There should be no suggestion that where a role (and post holder) is down-banded that they continue to function at the higher level. Clearly people will continue to use their clinical skills as appropriate but they must be reminded that their role within the team has now changed and the level of decision making / autonomy they once had may now have changed.

9) If nursing roles are down-banded the Director of Nursing/or equivalent must state that in their opinion the new structure is safe both for post-holders and patients.

10) If pay is reduced this may have an impact on a post-holder’s pension benefits particularly for staff in the 1995 section. In some cases it may be possible to protect the pension an individual has already built up. In the first case the member should discuss this with their HR department.

11) The RCN is a professional association – we have many clinical specialists who may be able to comment on re-profiling plans that affect nursing specialities e.g. elderly care, acute medicine, surgery, child and adolescent care, mental health and learning disability, midwifery and health visiting etc. The RCN region will be able to put representatives in touch with the appropriate adviser if required.
Checklist

- Has the RCN Regional Office been informed?
- What is the rationale for the changes? Are they being carried out on a ward or unit basis or part of wider plan on banding?
- Have the proposals been inspired purely by a need to cut costs or has it come from understanding that roles may need to be amended to deliver better care?
- Are changes to banding ‘cost neutral’ ie do the reductions in staffing costs from down-banding equal any increased cost/s of raising the banding of some roles or adding new roles to the establishment?
- Have job evaluation processes including consistency checking been completed?
- Has the Director of Nursing/or equivalent stated that the new structure is safe both for post-holders and patients.

Resources:

NHS Employers job evaluation resources can be found at www.nhsemployers.org/your-workforce/pay-and-reward/pay/job-evaluation