NHS Job Evaluation Handbook

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Seventh edition, September 2018

Introduction

The job evaluation group (JEG) is responsible for producing the NHS job evaluation handbook, a comprehensive guide for organisations on job evaluation.

The handbook covers areas such as mainstreaming job evaluation and resolving blocked matching and the evaluation of jobs. It also includes details on job evaluation linked to the merger and reconfiguration of health service organisations, weighting and scoring, band ranges and how to use job profiles.

This seventh edition of the handbook includes changes to chapter 15 and provides guidance on the protocol for blocked processes for matching, evaluation and consistency checking.

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Contents

Seventh edition, September 2018

Seventh edition, September 2018

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Seventh edition, September 2018

Introduction

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Introduction to the job evaluation handbook

1. Overview of contents

1.1 This version of the Job Evaluation (JE) handbook incorporates NHS Staff Council advice which has been published since the second edition of the handbook, as well as the factor plan and procedures to implement and maintain job evaluation in your organisation.

Seventh edition, September 2018

1.2 In this first introductory section, the text is either in bold or non-bold:

- **bold is used for the tools for carrying out the matching/evaluation processes**
- non-bold is used for associated advice from NHS Staff Council to cover a number of possible scenarios.

1.3 Chapter one provides the background to the JE scheme. Chapter two contains advice on the status of guidance approved by the NHS Staff Council, professional bodies and staff side organisations and whether advice is mandatory or advisory.

1.4 Chapters three and four contain essential guidance for future use of the scheme in a changing NHS, either when roles are new or change, or when the service is reconfigured.

1.5 Chapter five contains the factor plan and important guidance notes on how to apply it.

1.6 Chapters six, seven and eight have information on the weighting and scoring of the scheme and the band ranges.

1.7 Chapter nine explains the development and use of national job profiles and chapter ten gives the NHS Staff Council advice on job descriptions and Agenda for Change (AfC).

1.8 Chapters eleven, twelve and thirteen describe in detail the job matching, job evaluation and review protocols, and chapter fourteen reinforces the importance of the consistency checking process.

1.9 Finally, chapter fifteen sets out the NHS Staff Council procedure on what to do if one of the evaluation processes become blocked at a local level and the advice available to job evaluation partners from the Job Evaluation group.

2. The background on NHS pay structures before Agenda for Change

2.1 Collective bargaining arrangements and associated pay structures have changed relatively little since the creation of the National Health Service (NHS) in 1948 until the introduction of AfC in 2004.

2.2 Pre October 2004, in line with industrial relations practice in the public sector in the immediate post-war period, there was an over-arching joint negotiating body for the sector, the General Whitley Council, and more than 20 individual joint committees and sub¬committees for the different occupational groups, each with responsibility for its own grading and pay structures, and terms and conditions of employment.

2.3 There had been some developments, mainly from the early 1980s onwards, in response to increasing tensions within the system, for example:

- Reviews of individual grading structures. The most well-known of these (largely because of the high number of appeals generated) was the introduction of the Clinical Grading Structure for nurses and midwives on 1 April 1988, which brought in the previous grades A to I. There were other grading structure reviews in the late 1980s and early 1990s which covered professions including estates officers, speech and language therapists and hospital pharmacists. There was no attempt to undertake cross-Whitley Committee reviews.

- The introduction of independent pay review bodies for doctors and dentists (1971), and nursing staff, midwives, health visitors and professions allied to medicine (1984). These took evidence from all relevant parties and recommended annual pay increases. They replaced the traditional collective bargaining approach, which was considered to have delivered

unsatisfactory pay levels for some key public sector groups, but had no remit to compare pay from one group to another (even among their remit groups). Staff groups not covered by pay review bodies continued to use collective bargaining on pay increases, but these increasingly mirrored the pay review body settlements.

- Changes to health service legislation from 1992. These changes allowed organisations to develop their own terms and conditions and to apply these to new and promoted employees, although existing employees could choose to retain their Whitley terms and conditions. Most trust terms and conditions shadowed the relevant Whitley arrangements in most areas, but a small number of trusts introduced totally new pay and grading structures, and other terms and conditions. These were generally based on the various commercial job evaluation systems available at the time e.g. Medequate, Hay.

2.4 By the mid-1990s this resulted in a mixture of pay and grading systems, with some significant defects:

- Difficulty in accommodating developing jobs, such as healthcare assistants, operating department practitioners (ODPs), and multi-disciplinary team members, who might be carrying out similar roles, but whose salaries could vary significantly, depending on the occupational background of the jobholders.
- Inability to respond quickly to technological developments and changes to work organisation, even where everyone agreed they were desirable.
- Inability to respond to external labour market pressures, causing severe recruitment and retention problems in some areas. Additional increments, which could be applied flexibly to meet such pressures, were introduced into a number of the major Whitley structures, but these were insufficient to solve the problems.

- From a union perspective, the Whitley system was viewed as having delivered low pay compared with other parts of the public sector and unequal pay between the various Whitley groups.

3. The equality background

3.1 Health service pay structures and relativities were well established long before the advent of UK anti-discrimination legislation. Professional and managerial groups benefited from negotiations, following a 1948 Royal Commission on Equal Pay to achieve equal pay between men and women carrying out the same work. However female ancillary staff were paid lower rates than their male colleagues until the Equal Pay Act in 1970, which made such practices illegal. Under the Equal Pay Act, the gap between male and female ancillary pay rates was eliminated in stages between 1970 and 1975.

3.2 However, as the Equal Pay Act only applied where women and men were undertaking:

- 'like work', that is, the same or very similar work (who were already generally receiving equal pay)
- 'work rated as equivalent under a job evaluation scheme' (only ancillary workers in the health service were covered by job evaluation) it had little impact elsewhere in the health service.

3.3 From 1984, the Equal Pay Act was amended to allow equal pay claims where the applicant considered that they were carrying out: 'work of equal value' (when compared 'under headings such as effort, skill and decision') to a higher paid male colleague.

3.4 The equal value amendment has resulted in many claims to employment tribunals, mainly by women who believe that they are paid less than men doing work with similar demands. In an important case for the NHS, speech and language therapists submitted equal value claims comparing their work to that of clinical

psychologists and clinical pharmacists. The European Court of Justice found in favour of the claimants [Enderby v Frenchay Health Authority and Secretary of State for Health (1993)]. This, together with the need to simplify the existing pay systems, influenced the decision to introduce a new job evaluation scheme in the NHS.

4. The first job evaluation working party

4.1 The first Job Evaluation working party (known retrospectively as JEWP I) was set up in the mid1990s to review those job evaluation schemes introduced in the NHS following the 1992 health reform legislation. Its stated aim was to develop a 'kitemarking' system for those meeting equality requirements.

4.2 JEWP I developed a set of criteria for what would make a fair and non-discriminatory scheme for use in the NHS and tested a number of schemes against these criteria. None met all the criteria but some were better than others.

4.3 The working party also evaluated an agreed list of jobs against each of six off the shelf JE schemes to ascertain whether or not they would deliver similar outcomes. There were some significant differences in the resulting rank orders. JEWP I, therefore, concluded that it was not possible to 'kitemark' schemes for NHS use and it would be necessary to develop a tailor-made scheme.

5. The Agenda for Change proposals

5.1 In 1999, the government published a paper Agenda for Change: Modernising the NHS pay system. The proposals set out in that paper included:

- A single job evaluation scheme to cover all jobs in the health service to support a review of pay and all other terms and conditions for NHS employees.
- Three pay spines for: (1) doctors and dentists; (2) other professional groups covered by the Pay Review Body; (3) remaining non-Pay Review Body staff.

- A wider remit for the Pay Review Body covering the second of these pay spines.

6. The development of the NHS Job Evaluation Scheme

6.1 Following the publication of *Agenda for Change: Modernising the NHS pay system*, the Job Evaluation Working Party was re-constituted (JEWP II and subsequently referred to as JEWP) as one of a number of technical sub-groups of the Joint Secretariat Group (JSG), a sub-committee of the Central Negotiation Group of employer, union and Department of Health representatives, set up to negotiate new health service grading and pay structures.

6.2 The stages in developing the NHS Job Evaluation Scheme were:

a. Identifying draft factors. This drew on the work of JEWP I in comparing the schemes in use in the NHS.

b. Testing draft factors. This was done using a sample of around 100 jobs. Volunteer jobholders were asked to complete an open-ended questionnaire, providing information under each of the draft factor headings and any other information about their jobs which they felt was not covered by the draft factors. The draft factors were then refined.

c. Development of factor levels. The information collected during the initial test exercise was used by JEWP, working in small joint teams, to identify and define draft levels of demand for each factor.

d. Testing of draft factor plan. A benchmark sample of around 200 jobs was drawn up, with two or three individuals being selected for each job to complete a more specific factor-based questionnaire, helped by trained job analysts, to ensure that the information provided was accurate and comprehensive.

e. Completed questionnaires were evaluated by trained joint panels. The outcomes were reviewed by JEWP members and the validated

results were then put on a computer database. This led to the initial development of national job profiles by JEWP, which were summaries of typical jobs using the evaluated questionnaires.

f. Scoring and weighting. The job evaluation results database was used to test various scoring and weighting options considered by a joint JSG/JEWP group.

g. Guidance notes. Provisional guidance notes, to assist evaluators and matching panel members to apply the factor level definitions to jobs consistently, were drafted for the benchmark exercise. These were then expanded as a result of the benchmark evaluation exercise and have continued to be developed following successive training and profiling.

h. Computerisation. The scale of implementing the NHS JE Scheme meant it was essential to consider how it could be computerised. A bespoke computerised JE software package was developed to assist in the process of matching and evaluating local jobs under the rules of the scheme.

7. Equality features of the scheme

7.1 One of the reasons for NHS pay modernisation was to ensure equal pay for work of equal value. In line with this, it was crucial that every effort was made to ensure that the NHS Job Evaluation Scheme was fair and non-discriminatory in both design and implementation.

7.2 A checklist was developed, based on the equality criteria drawn up by JEWP I. As the exercise progressed, its stages were compared with the checklist and a compliance report drafted. The final section of the checklist covered statistical analysis and monitoring of both the benchmark exercise and the final outcomes. This is ongoing.

7.3 The equality features of the NHS JE Scheme design include:

- A sufficiently large number of factors to ensure that all significant job features can be measured fairly.
- Inclusion of specific factors to ensure that features of predominantly female jobs are fairly measured, for example communication and relationship skills, physical skills, responsibilities for patients/clients and emotional effort.
- Avoidance of references in the factor level definitions to features which might operate in an indirectly discriminatory way, for example direct references to qualifications under the knowledge factor, references to tested skills under the physical skills factor.

7.4 Scoring and weighting were designed in accordance with a set of gender neutral principles, rather than with the aim of achieving a particular outcome, for example all responsibility factors are equally weighted to avoid one form of responsibility been viewed as more important than others.

7.5 Equality features of the implementation procedures include:

- A detailed matching procedure to ensure that all jobs have been compared to the national benchmark profiles on an analytical basis, in accordance with the Court of Appeal decision in the case of Bromley v H and J Quick (1988).
- Training in equality issues and the avoidance of bias for all matching panel members, job analysts and evaluators.
- A detailed Job Analysis Questionnaire (JAQ) to ensure that all relevant information is available for local evaluations.

7.6 An employment judge in the Hartley v Northumbria Healthcare tribunal (2008-9) found that the national aspects of the scheme, including design, profile writing, job evaluation processes and training courses were in line with equal pay requirements, but issued a warning that the processes and procedures needed to be implemented properly at local level to avoid equal pay claims being brought against the employer.

THE NHS STAFF COUNCIL

WORKING IN PARTNERSHIP

Seventh edition, September 2018

Chapter 2

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

The status of additional guidance

This chapter sets out the status of additional guidance on interpreting and applying the Agenda for Change (AFC) job evaluation (JE) system and profiles.

1. Guidance approved by the NHS Staff Council Executive

1.1 The Job Evaluation Handbook contains all the guidance on interpreting and applying the AfC JE scheme and profiles, which have been developed nationally and approved by the executive on behalf of Staff Council. Further explanation of how this guidance should be used is available from the national training materials for matching and evaluation panels (see NHS Employers website for further details on training).

1.2 On occasion, the Job Evaluation Handbook guidance may be supplemented by additional advice and questions and answers approved by the executive on behalf of Staff Council, and published on NHS Employers job evaluation web pages. This advice will be published to cover new situations as required and incorporated in the JE handbook where appropriate.

1.3 All of the above guidance is binding on local matching and evaluation panels. No other guidance has the same status or is binding.

2. Guidance from professional bodies and staff side organisations

2.1 A number of professional bodies and staff side organisations have published guidance to assist their own members in understanding the applications of the AfC JE Scheme and/or relevant profiles to their roles.

2.2 Some of this guidance may have been developed following discussion with JEWP/JEG members, for example, during joint working on the development of profiles.

2.3 Whether or not there has been discussion with JEWP/JEG members on the content of guidance referred to in 2.1, its status is advisory. It is not binding on local matching and evaluation panels.

3. Guidance on qualifications and/or experience

3.1 Some individuals and organisations have produced additional

guidance, often in matrix form, on how specific forms of qualification and/or years of experience required for certain jobs should be related to the factor level definitions and guidance on the knowledge factor in the Job Evaluation Handbook.

3.2 Such guidance is intended to assist local matching and evaluation panels by providing a straightforward read-across between the qualifications and/or experience requirements, which may be included in personal specifications or other job documents, and the AfC scheme factor levels.

3.3 Such read-across guidance has not been provided nationally because the knowledge factor is intended to measure the knowledge actually required for the job, which may be significantly different from the qualifications and/or experience specified in job documentation, which may under or overstate the knowledge required.

3.4 In addition, read-across guidance on qualifications and experience are recognised as contributing to discrimination in the past against jobs occupied predominantly by women and/or employees from ethnic minority groups.

3.5 The status of such additional guidance is advisory and it should be treated with caution.

Chapter 3

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Maintaining good job evaluation practice

1. Embedding good practice

1.1 The NHS job evaluation (NHS JE) scheme is used to determine the pay bands for all posts on Agenda for Change (AFC) contracts. It was introduced in 2004 and relies on consistent application within organisations and across the service.

Seventh edition, September 2018

1.2 Whilst many current posts were banded using the JE process outlined below at the time of implementation, it is essential that the NHS JE Scheme continues to be used for determining the banding of posts and consequently staff pay rates. This will especially apply to all new posts and posts which have significantly changed since they were last evaluated.

1.3 The NHS JE process aims to:

- ensure job descriptions and person specifications are up to date and accurately reflect the demands of the post (see chapter 10)
- match jobs against national profiles using the procedure in chapter 12
- evaluate jobs in accordance with chapter 13 using the job analysis questionnaire, job analysis interview and evaluation panels
- ensure pay structures are consistent and do not unfairly discriminate employees or staff groups.
- ensure all the above is carried out in partnership.

1.4 The AFC agreement requires fairness and equality in line with equal pay legislation. This is a continuing requirement as organisations develop new services and posts and incorporate the job evaluation process into procedures, particularly, but not exclusively, organisational change and service improvement.

1.5 In order to continue to match/evaluate jobs, organisations need to ensure that there are enough trained job evaluation practitioners to enable matching, analysis, evaluation and consistency checking in partnership. The Job Evaluation Group offers training on matching, evaluating and consistency checking.

2. Job evaluation and service improvement

2.1 Job evaluation does not in itself achieve service improvement but

the process may assist in the identification and development of new roles, and it is necessary to ensure that new posts are slotted into the organisational structure at the correct level. Employers in England and Wales should also note the contents of Annex 24 of the NHS Terms and Conditions of Service handbook.

2.2 Organisations need to consider whether to replace vacant posts with a similar post or to evaluate the needs of the service and create a new role in line with service improvement.

3. Changed jobs

3.1 One of the aims of AFC is to allow NHS organisations to operate more flexibly by developing roles in partnership. Detailed procedures need to be agreed locally.

3.2 All posts change over a period of time. For most, the job evaluation outcome will not normally be affected unless there are significant changes. Some job outcomes may be close to band boundaries and consequently the banding for these jobs may change with only limited changes to job demands.

3.3 The decision about whether changes are significant and warrant a re-evaluation should be made in partnership by knowledgeable Job Evaluation practitioners

3.4 Organisations need to establish how changes to posts will be identified and verified. In some cases it may be obvious and there will be discussion around these changing roles. On other occasions it may be due to demographic, incidental or re-organisational changes.

3.5 Disputes over whether a job has changed significantly should be resolved through the local grievance procedure or a local arbitration process.

4. Re-evaluation of changed jobs

4.1 Where a post holder and their manager agree that the demands of the post have changed significantly, then a re-match or re-evaluation of the post needs to be carried out.

4.2 To make a request for re-evaluation or re-match the post holder must submit either an amended agreed job description, or agreed evidence showing which skills and responsibilities applicable to the post have changed. They should also provide details of the changed job demands that have led them to believe there is a change in factor levels. (note: It is advised that job descriptions are kept up to date with all changes whether they are deemed significant or not).

4.3 Post holders must be advised that the outcome of the re-evaluation or rematch could be to remain in the same band; or go up or down a band.

4.4 A re-match or re-evaluation should assess the whole job, albeit with a reference back to the original match or evaluation. Just dealing with some of the factors could lead to inconsistencies.

4.5 If the banding outcome changes as a result of re-evaluation, that change should be backdated to when the postholder and manager agreed the job has changed. Disputes about back-dating should be resolved through local procedures.

Maintaining good job evaluation practice

5. Matching/evaluating new jobs

5.1 This procedure should be used where a new role to the service has been created and there is no post holder in post.

5.2 New jobs will need to be matched or evaluated in order that a pay band can be determined for recruitment purposes. This exercise should be carried out by experienced matching or evaluation panel members in partnership, who will be advised by appropriate management and staff side representatives from the relevant sphere of the work. However, it must be acknowledged that, as there is no one working in the post, some questions may not be answerable at this stage and the full nature of the role may not yet be known (see below).

5.3 After recruitment, the organisation should allow a reasonable period of time for the job to 'bed down' and this may vary according to the nature of the job. Some posts may need a period of a few months, while others may be subject to seasonal variations requiring a full year to determine the full job demands. Once the full demands of the post are clear, the post-holder and/or their manager should review the job description and, if any changes are made to it, the job evaluation outcome must be reassessed using the matching or evaluation procedure as appropriate. The standard procedure for this reassessment either by job matching or evaluation panel should be followed. This includes checking that the outcome is consistent with other similar jobs on a factor by factor basis.

The application of the reassessed job evaluation outcome would normally be backdated to the start date of the new job. Note that the outcome can go up or down.

5.4 New jobs which are likely to become commonly occurring across the NHS, but do not match any of the published profiles, should be locally evaluated and then referred to NHS Staff Council to consider whether a national profile should be produced.

6. Recording and retaining job evaluation outcomes

6.1 From 2005 to the end of 2012, health departments funded the provision of a computerised system to record job evaluation decisions and outcomes, known as Computer Aided Job Evaluation (CAJE). From 1 January 2013, organisations in England have been responsible for their own systems for storing information and monitoring the consistency of outcomes. Health departments in Scotland, Wales and Northern Ireland have procured and funded CAJE for use in organisations within those countries

6.2 It is important that organisations keep good records of job matching or job evaluation and any subsequent processes, including review and re-evaluation Evidence for banding outcomes should be documented and audit trails of decisions be accessible should any clarification be required. Historical records including those formerly held on CAJE also need to be kept in case organisations have to supply these in defence of an equal pay claim. Failure to produce records recently resulted in a tribunal dismissing a defence[1] and as such is a significant risk to the organisation.

6.3 Those organisations which no longer have a contract for CAJE should develop a system which will:

- record matching and evaluation outcomes, together with information on jobs, for example, department, job title, etc
- hold and store all relevant documents, for example, job description, JAQs, further information

- provide reports
- enable those with access to interrogate the information in a number of ways to assist consistency checking.

6.4 Without a robust system, there will be an increased risk of the wrong type of information being recorded or information not being recorded robustly enough to allow good consistency checking. The lack of a method of ensuring good information storage will substantially increase the risks of organisations finding it difficult to defend any equal pay claims in the future. Organisations will need to consider including provisions in line with the above bullet points in any system developed or procured locally.

Organisations should retain all job evaluation records to ensure that they can justify their outcomes in any equal pay claims.

7. Keeping job evaluation relevant

7.1 Where does job evaluation fit in your organisation?

There is an ongoing need to ensure the application of job evaluation reflects current working practices. There needs to be a partnership agreement to establish the necessary protocols and procedures that will apply to the ongoing use of the NHS JE Scheme and the protection of equality and fairness within the new pay structure.

7.2 Partnership working

Partnership working remains a central principle of Agenda for Change. Organisations need to consider how they will continue to develop partnership working that has been created during, and following, implementation of AfC.

Employers should work in partnership with unions to ensure that members of trade unions and other staff organisations recognised for purposes of collective bargaining at local level are recruited, trained and released appropriately to participate in the operation and monitoring of the scheme. Such staff can, but do not need to be, accredited trade union representatives, but they should be

employed by their local organisation and be nominated by and accountable to their local trade union branch and/or staff side. The Scottish terms and conditions committee has stipulated that staff side job evaluation/matching practitioners must also be accredited trade union reps.

In exceptional circumstances and only by local partnership agreement, job matching or evaluation may need to be done by a third party organisation to meet local capacity needs on a temporary basis (see section 8.4 for more details on when this is possible).

7.3 Trained matching/evaluators

Organisations need to ensure that staff are trained in the matching, analysis and evaluation processes of the NHS JE Scheme for continuity in the future. It is essential for organisations to keep a register of names of practitioners and trainers.

7.4 They also need to consider how the skills of practitioners can be maintained and the need for refresher training on a regular basis. NHS Employers, on behalf of the NHS Staff Council, provide a variety of training courses using the latest training materials and national job evaluation trainers. Organisations may want to collaborate and share training and refresher training events.

7.5 To ensure that the NHS JE Scheme is maintained in line with the job evaluation handbook, the NHS Staff Council Job Evaluation Group deliver job evaluation training courses.

7.6 JEG trainers are able to demonstrate the following technical and behavioural competences:

- a thorough understanding of the underpinning principles of equality and equal pay in job evaluation
- a sound working knowledge of the NHS JE scheme
- an awareness of the history of the NHS JE scheme and how it relates to practices today

- an understanding of how the JE scheme is managed and maintained by JEG
- a commitment to partnership working and the benefits it offers.

7.7 In the case of those delivering training locally to practitioners, organisations need to be confident in the ability of those who have been trained to pass on their knowledge and skills to practitioners. The use of JEG nationally-accredited trainers at all levels ensures the required standard and quality.

8. Maintaining capacity

8.1 It is essential that employers maintain capacity to undertake job evaluation thoroughly. Amongst the issues that have been identified are:

- The need to maintain adequate numbers of trained JE practitioners within the organisation. This can help avoids long delays and a backlog of jobs requiring matching/evaluation, reviewing and consistency checking.
- The need for named JE management and staff side leads with responsibility for overseeing job evaluation across the organisation. Time pressures may result in poor practice with regards to outcomes.
- Lack of consistency checking processes.
- The importance of maintaining partnership throughout the process, particularly in new organisations with low union density.
- Succession planning when losing experienced personnel due to reconfiguration or other reasons.

8.2 It is important that all long-term and temporary solutions to existing capacity issues are discussed in partnership. Any solutions should include an action plan aimed at identifying and solving capacity issues.

8.3 Employers should draw up, in partnership, an action plan for long-term solutions. Examples of issues that can be addressed in a local action plan are:

- Ensuring sufficient properly trained practitioners.
- Agreement for sufficient time off for practitioners to sit on panels as required.
- Support from the organisation and line managers to enable JE practitioners to fully engage in the process and maintain their skills.
- Mentoring and support from experienced practitioners to refresh supply of new practitioners.
- Running training courses to train and refresh practitioners' skills.
- Temporary solutions should be time-limited with clear measurable goals, which draw on the minimum amount of external support needed to build internal capacity.

8.4 In the short term the following may be of use.

- **Solving the problem internally -** Initially, organisations should review how they manage JE processes internally and scope whether there is room for improvement, although efficiencies adopted should be consistent with the processes in the Job Evaluation Handbook. This may be by improving administrative and communication procedures; identifying existing trained staff and what may be preventing them sitting on panels; commissioning additional training, for example refresher training; ensuring the importance of evaluation is understood by staff side and line managers. JEG offers appropriate training, please visit our web page for more information.
- **Consider speaking to local organisations** to see if they are able to provide support, even if they do not have the same spread of services or staff groups. It is more important that the practitioners are well-trained and up to date in the NHS JE

Scheme. Explore with your neighbours what options are available to you. These may include:

- Running panels comprising practitioners from both organisations.
- Arranging for the neighbouring organisation to run panels on your behalf; ensuring that robust audit trails are kept locally.
- Sharing resources for matching and evaluation across both organisations, e.g. hosting panels, administration, etc.
- Where maintaining sufficient job analysts and job evaluators is difficult due to the low number of evaluations presenting, you may wish to consider working with a neighbouring organisation as a longer-term solution.
- Learning from your neighbour in how they have integrated JE processes successfully into the trust.

All of these options may entail some cost to the organisation and the following questions will need to be considered carefully before proceeding:

- How to facilitate collaboration?
- Whether any informal networks are in place already?
- How to support collaboration in a way that is beneficial to both parties?
- How to ensure that robust audit trails of decision making, including consistency checks, are made available to the employer responsible for the posts?

- **Using JEG-nominated national panel members** - JEG has a comprehensive database of trained and experienced job matchers and job evaluators. This can be accessed via JEG to supplement local practitioners where there are significant capacity problems, particularly in cases where there are long backlogs. Panel members are spread across the country and it may be possible to access practitioners within your region. This

is facilitated by the JEG secretariat and the organisations will be expected to provide a venue, resources and pay practitioners expenses. These practitioners will not be expected to provide consultancy services for third party organisations.

- **Use of third-party consultants** - this is unlikely, in the longer-term, to support local organisations to develop sound and comprehensive internal processes. This is because it does not build or develop internal JE resources and knowledge within the organisation. Consequently, JEG advises that using third-party consultants should as a rule be a short-term solution, which is used when other options have been exhausted.

JEG recommends that use of third-party consultants be subject to the following criteria:

- Any temporary agreement with a third party should have clearly defined time-limits and be measurable against set criteria.
- Partnership working underpins the NHS JE scheme, therefore it is important that any external panels can demonstrate that they work in partnership.
- The organisation must be satisfied that external panel members have been properly trained in the NHS JE scheme and understand the principles, which underpin it.
- All information relating to the panels and the decisions they make should be audited and handed over to management and staff side JE leads of the organisation. Ownership of the information will rest with the organisation and not the third-party consultancy.
- Arrangements should be in place to ensure that there are channels for dialogue to allow panel findings and rationales to be interrogated, understood and differences reconciled.
- Consistency checking should be carried out within the organisation, not by a third party.
- The organisation needs to give some thought to how requests

for review will be managed.

9. Summary

9.1 Organisations must ensure that the NHS JE Scheme is embedded in everyday operational processes. They must ensure that they have the capacity for future matching and evaluation in partnership, by scoping future needs to identify a pool of sufficient practitioners who will be used on a regular basis to ensure job evaluation competency and consistency. This will require on-going training and refresher training.

9.2 Partnership working must be maintained and all practices and procedures should reflect this, as well as compliance with the equal pay legislation.

9.3 Ensuring and maintaining capacity is essential to ensure thorough and timely application of job evaluation practices.

[1] On 16 July 2008, Employment Judge Garside at the Newcastle ET upheld a strike-out of the defence in the case of Aynsley and Others v. N. Tyneside PCTbecause the trust had failed to disclose appropriate AfC documentation.

Chapter 4

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Merger and reconfiguration of health service organisations

1. Introduction

1.1 This chapter provides advice on the equal pay implications of mergers and practical advice for organisations undergoing mergers and reconfigurations in the NHS. Its aim is to show how AfC principles and practices in relation to the NHS JE Scheme, can be

used to assist organisations in developing and implementing new and revised job structures.

1.2 The advice draws on relevant legal decisions, good practice advice from the Equality and Human Rights Commission and experience of those who have been through similar exercises.

1.3 This guidance should be read in conjunction with annex 24 - Guidance on workforce re-profiling in the NHS Terms and Conditions Handbook.

1.4 The principles of this guidance are also applicable in situations where health and social care services are being integrated, perhaps due to regional devolution or the development of new models of service delivery.

2. The equal pay implications of mergers and reconfiguration

2.1 Following merger or reconfiguration, there will be a new single employer and employees of the merged organisation will be treated as being 'in the same employment' for the purpose of the Equality Act 2010 and the Equal Pay Act (Northern Ireland) 1970. This means it may be possible for employees of one of the legacy organisations to pursue equal pay claims, citing comparators from one of the other merging organisations.

2.2 Although the legacy organisations should all have applied the NHS JE Scheme, they may be vulnerable to equal pay claims if there are significant differences in the way each constituent organisation has implemented it. However, the risk of such claims is likely to be lower than, for example, where merging organisations have not previously undertaken job evaluation. To protect itself against claims, the reconfigured organisation should at the earliest opportunity review and consistency check all evaluations, revisiting and, if necessary, re-evaluating where inconsistencies cannot be objectively justified.

2.3 If it emerges from the review and consistency check that the same scheme has been applied in significantly different ways by the legacy organisations, then it will be necessary to treat the exercise as though different schemes had been adopted and to re-evaluate to common principles and procedures, using the AfC JE Scheme.

2.4 Where NHS organisations are employing social care staff from Local Authorities, it is important that they are aware of the equal pay risks they may face if they have staff on two different pay scales with two different job evaluation mechanisms (NHS and local government).

3. Timing

3.1 It is a major exercise for any organisation to design a fresh job structure with new and changed jobs, even more so when this follows a merger of organisations which already have their own structures and where there are uncertainties about their future.

3.2 For this reason, it should not be rushed. Time should be taken at the design and planning stages of the exercise to ensure that the proposed new job structure is suitable for the new organisation's future service needs.

3.3 Although there may be a transitional risk of equal pay claims, this risk is likely to be lower than the risk of claims arising from poor application of the job evaluation scheme to new and changed jobs. In the long run, it would be preferable to spend time at the planning stage, ensuring that the new structure is 'fit for purpose' and implemented with vigour.

4. First practical steps

4.1 At the outset of the exercise it is important to:

- Establish partnership arrangements. The principles and practices of the original Agenda for Change implementation should also apply to post-merger/reconfiguration exercises. Experience shows that it is important to get such arrangements

established as quickly as possible. An early task for the new partnership groups could be to review the locally determined Agenda for Change procedures and to agree those to be adopted by the new organisation. This will save delays at later stages.

- Devise a communications strategy. Employees in the new organisation are likely to be particularly anxious about the future of their jobs, so it is imperative to ensure there is good communication to keep all staff informed of progress.
- Organise the logistics. It is important not to underestimate the resources required for the introduction of a common job structure for the merged/reconfigured organisation eg project management, timescales. This step should include a review of relevant HR IT systems to ascertain what data they can provide and to ensure they are compatible.
- Develop a common terminology. A possible barrier to progress is the use of legacy organisations' terminology eg using the same term for different concepts and different terms for the same concept. As the meanings of words are important in the context of job matching and evaluation, it is worth spending some time at the outset on clarifying and defining any terms that are likely to be used frequently.

4.2 Step 1: Conducting a jobs audit

The first step in introducing a common job structure is to conduct an audit of jobs in the merged organisation. This is usually an HR function. It can start before the merger takes place and can then inform the development of the new job structure (see below). It involves preparing a comprehensive list of job titles within the new organisation and gathering relevant job descriptions and person specifications, where they exist.

4.3 By comparing job descriptions for similar areas of work, it will be possible to identify how many different jobs there are and how many share common job titles. Other jobs may be the same or broadly similar but have different job titles. This is particularly true in

administrative and clerical fields.

4.4 Where jobs are the same or broadly similar but have different job titles, it will be necessary to rationalise job titles, at least for review purposes. Any decisions to agree common job titles for the new organisation should be made in consultation with the individuals concerned and their trade union representatives.

4.5 All jobholders should have had up-to-date and accurate job descriptions for the initial AfC implementation, but some may already be out of date and some of the formats may not be useful for other purposes. This is an opportunity to view the organisation's job description format and for any out of date job descriptions to be brought up to date. It will not only assist and inform this stage of the exercise but also serve as preparation for matching and/or evaluating of new and changed jobs.

4.6 Step 2: Designing a common job structure

Having conducted a jobs audit, the next step is to design a common job structure. Consideration will need to be made as to how the organisation should be structured to meet its future needs and objectives. This could involve significant changes to some of the jobs and structures which operated in the legacy organisations. The exercise should be undertaken, even if significant changes are not anticipated for most jobs.

4.7 Designing a new job structure is a major exercise which will need direction from senior managers. It should involve managers at all levels and be done in consultation with the relevant trade unions and professional organisations.

4.8 Step 3: Implementing the common job structure or reviewing matching/evaluation

The crucial question at this stage is the order in which the next steps in the exercise take place. There are two possible options:

- implement the new common job structure and then

undertake AfC matching and evaluation of new or changed jobs, or

- review the matching/evaluation of the jobs that exist on merger/reconfiguration, implement the new job structure and then re-match or evaluate the new jobs in the structure as necessary.

4.9 Each approach has advantages and disadvantages. The advantage of the first approach is that it potentially saves time on a second round of matching/evaluations. However, implementing a new job structure can be very time consuming, leaving the organisation vulnerable to equal pay claims if there are any significant inconsistencies in banding. It can also be de-stabilising for staff.

4.10 The advantage of the second approach is that the risk of equal pay claims is minimised. Those jobs that remain the same in the new structure, will not need to be re-evaluated, unless a very long period of time has elapsed since the original AfC matching and evaluations. This approach also allows for job re-structuring and any further evaluations to be carried out in a phased programme. The second approach is therefore recommended.

4.11 Step 4: Matching and evaluating new and changed jobs following merger/reconfiguration

Points to bear in mind:

a. The principles, practices and procedures should be exactly the same as the original AfC implementation. Where different procedures had been adopted for the aspects to be determined locally, it is obviously necessary to agree a single approach and helpful if this has been done in advance of the process.

b. Jobs which all parties agree have not changed following the merger/reconfiguration do not need to be re-matched or re-evaluated, as long as the review shows there are no inconsistencies

in the previous processes. If inconsistencies are found, then it will be necessary to re-match or evaluate.

c. Consistency checking should take place during the post-merger matching/evaluations in exactly the same way as in the original exercise. Overall consistency checking should include jobs which have not needed to be re-matched or evaluated, to ensure that outcomes are consistent across all jobs in the new organisation. Not doing this risks internal grievances or legal challenge.

d. Employees should have the same right of review of matching or evaluations of new and changed jobs, as in the original exercises.

Chapter 5

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Factor definitions and factor levels

Chapter 5 factor plan and guidance notes
Factor definitions and factor levels

Factor 1 – Communications and relationship skills

Factor 2 – Knowledge and training and experience

Seventh edition, September 2018

Factor 3 – Analytical and judgemental skills

Factor 4 – Planning and organisational skills

Factor 5 – Physical skills

Factor 6 – Responsibilities for patient client care

Factor 7 – Responsibilities for policy and service deployment implementation

Factor 8 – Responsibilities for financial and physical resources

Factor 9 – Responsibilities for human resources

Factor 10 - Responsibilities for information resources

Factor 11 - Responsibilities for research and development

Factor 12 – Freedom to act

Factor 13 – Physical effort

Factor 14 – Mental effort

Factor 15 – Emotional effort

Factor 16 – Working conditions

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Seventh edition, September 2018

1. Communications and relationships skills

This factor measures the skills required to communicate, establish and maintain relationships and gain the cooperation of others. It takes account of the skills required to motivate, negotiate, persuade, make presentations, train others, empathise, communicate unpleasant news sensitively and provide counselling and reassurance. It also takes account of difficulties involved in exercising these skills.

Skills required for:

Level 1:	Providing and receiving routine information orally to assist in undertaking own job. Communication is mainly with work colleagues.
Level 2:	Providing and receiving routine information orally, in writing or electronically to inform work colleagues, patients, clients, carers, the public or other external contacts.
Level 3:	(a) Providing and receiving routine information which requires tact or persuasive skills or where there are barriers to understanding, or (b) providing and receiving complex or sensitive information, or (c) providing advice, instruction or training to groups, where the subject matter is straightforward.
Level 4:	(a) Providing and receiving complex, sensitive or contentious information, where persuasive, motivational, negotiating, training, empathic or re-assurance skills are required. This may be because agreement or cooperation is required or because there are barriers to understanding, or (b) providing and receiving highly complex information.
Level 5:	(a) Providing and receiving highly complex, highly sensitive or highly contentious information, where developed persuasive, motivational, negotiating, training, empathic or re-assurance skills are required. This may be

	because agreement or co-operation is required or because there are barriers to understanding, or (b) presenting complex, sensitive or contentious information to a large group of staff or members of the public, or (c) providing and receiving complex, sensitive or contentious information, where there are significant barriers to acceptance which need to be overcome using developed interpersonal and communication skills such as would be required when communicating in a hostile, antagonistic or highly emotive atmosphere.
Level 6:	Providing and receiving highly complex, highly sensitive or highly contentious information where there are significant barriers to acceptance which need to be overcome using the highest level of interpersonal and communication skills, such as would be required when communicating in a hostile, antagonistic or highly emotive atmosphere.

Definitions and notes:

From Level 2 upwards communication may be oral or other than oral (e.g. in writing) to work colleagues, staff, patients, clients, carers, public or other contacts external to the department, including other NHS organisations or suppliers.

Requirement to communicate in a language other than English. Jobs with a specific requirement to communicate in a language other than English, which would otherwise score at Level 2 will score at Level 3. Any score higher than Level 3 will be dependent on the nature of the communication, the skills required and the extent to which they meet the factor level definitions and not the language of delivery.

Barriers to understanding (Levels 3 to 5a) refers to situations where the audience may not easily understand because of cultural or language differences, or physical or mental special needs, or due to age (e.g. young children, elderly or frail patients/clients)

From Level 3 upwards communication may be oral, in writing, electronic, or using sign language, or other verbal or non-verbal

forms.

Tact or persuasive skills (Level 3a). Tact may be required for situations where it is necessary to communicate in a manner that will neither offend nor antagonise. This may occur where there is a job requirement to communicate with people who may be upset or angry, be perceptive to concerns and moods and anticipate how others may feel about anything which is said. Persuasive skills refer to the skills required to encourage listeners to follow a specific course of action.

Complex (Levels 3b, 4a, 5b, 5c) means complicated and made up of several components, eg financial information for accountancy jobs, employment law for HR jobs, condition related information for qualified clinical jobs. Most professional jobs normally involve providing or receiving complex information.

Sensitive information (Levels 3b, 4a, 5b, 5c) includes delicate or personal information where there are issues of how and what to convey.

Training where the subject matter is straightforward (Level 3c) refers to training in practical topics such as manual handling; new equipment familiarisation; hygiene, health and safety.

Empathy (Level 4a, 5a) means appreciation of, or being able to put oneself in a position to sympathise with, another person's situation or point of view.

Highly complex (Levels 4b, 5a, 6) refers to situations where the jobholder has to communicate extremely complicated strands of information which may be conflicting eg communicating particularly complicated clinical matters that are difficult to explain and multi-stranded business cases.

Highly sensitive (Levels 5a and 6) refers to situations where the

communication topic is extremely delicate or sensitive e.g. communicating with patients/clients about foetal abnormalities or life-threatening defects, or where it is likely to cause offence e.g. a health or social services practitioner communicating with patients/clients about suspected child abuse or sexually transmitted diseases.

Highly contentious (Levels 5a and 6) refers to situations where the communication topic is extremely controversial and is likely to be challenged e.g. a major organisational change or closure of a hospital unit.

Developed skills (Levels 5a and 6) refers to a high level of skill in the relevant area which may have been acquired through specific training or equivalent relevant experience. It includes formal counselling skills where the jobholder is required to handle one-to-one and/or group counselling sessions.

Presenting complex, sensitive or contentious information to a large group of staff or members of the public (Level 5b) means communicating this type of information to groups of around 20 people or more in a formal setting, e.g. classroom teaching, presentation to boards or other meetings with participants not previously known to the jobholder. This type of communication may involve the use of presentational aids and typically gains and holds the attention of, and imparts knowledge to, groups of people who may have mixed or conflicting interests.

Communicating in a hostile, antagonistic or highly emotive atmosphere (Level 5c) includes situations where communications are complex, sensitive or contentious (see above) and the degree of hostility and antagonism towards the message requires the use of a high level of interpersonal and communication skills on an ongoing basis, such as would be required for communications which provide therapy or have an impact on the behaviour/views of patients/clients with severely challenging behaviour. It also includes communications

with people with strong opposing views and objectives where the message needs to be understood and accepted, e.g. communicating policy changes which have an impact on service delivery or employment.

Communicating highly complex information in a hostile, antagonistic or highly emotive atmosphere (Level 6). This level is only applicable where there is an exceptionally high level of demand for communication skills. It applies to situations where communications are highly complex, highly sensitive or highly contentious (see above) and there is a significant degree of hostility and antagonism towards the message which requires the use of the highest level of interpersonal and communication skills such as is required for communications which are designed to provide therapy or impact on the behaviour/views of patients with severely challenging behaviour in the mental health field. It also includes communications with people with extremely strong opposing views and objectives eg communicating a hospital closure to staff or the community where the message needs to be understood and accepted.

2. Knowledge training and experience

This factor measures all the forms of knowledge required to fulfil the job responsibilities satisfactorily. This includes theoretical and practical knowledge; professional, specialist or technical knowledge; and knowledge of the policies, practices and procedures associated with the job. It takes account of the educational level normally expected as well as the equivalent level of knowledge gained without undertaking a formal course of study; and the practical experience required to fulfil the job responsibilities satisfactorily.

The job requires:

Level 1:	Understanding of a small number of routine work procedures which could be gained through a short induction period or on the job instruction.
Level 2:	Understanding of a range of routine work procedures possibly outside immediate work area, which would require a combination of on-the-job training and a period of induction.
Level 3:	Understanding of a range of work procedures and practices, some of which are non-routine, which require a base level of theoretical knowledge. This is normally acquired through formal training or equivalent experience.
Level 4:	Understanding of a range of work procedures and practices, the majority of which are non-routine, which require intermediate level theoretical knowledge. This knowledge is normally acquired through formal training or equivalent experience.
Level 5:	Understanding of a range of work procedures and practices, which require expertise within a specialism or discipline, underpinned by theoretical knowledge or relevant practical experience.
Level 6:	Specialist knowledge across the range of work procedures and practices, underpinned by theoretical knowledge or relevant practical experience.
Level 7:	Highly developed specialist knowledge across the range of work procedures and practices, underpinned by theoretical knowledge and relevant practical experience.

Level 8:	(a) Advanced theoretical and practical knowledge of a range of work procedures and practices, or (b) specialist knowledge over more than one discipline/function acquired over a significant period.

Definitions and notes:
Evaluating/matching under Factor 2: knowledge, training and experience

Knowledge is the most heavily weighted factor in the NHS JE Scheme and often makes a difference between one pay band and the next. It is, therefore, important that jobs are correctly evaluated or matched under this factor heading. The following notes are intended to assist evaluation and matching panel members to achieve accurate and consistent outcomes.

It is very important to get the KTE factor level right. Care must be taken to recognise all knowledge, skills and experience required irrespective of whether a formal qualification is required. General education, previous skills or experience and the amount of in-house or mandatory training needed must be taken into account.

Please be aware that skills levels used by education and qualification organisations, e.g. Skills for Health (SfH), are not equivalent to NHS JE Scheme factor levels. For example a SfH level 2 does not equate to a band 2 job or even that the KTE is level 2.

Advice from Staff Council makes it clear that person specifications are not always enough to assess the level of knowledge required for a job.

General points

1. The level of knowledge to be assessed

1.1 The knowledge to be measured is the minimum needed to carry out the full duties of the job to the required standards.

1.2 In some cases, this will be the level required at entry and set out in the person specification, for example:

- An accountancy job for which the person specification sets out the need for an accountancy qualification plus experience of health service financial systems.
- A healthcare professional job, for which the person specification sets out the requirement for the relevant professional qualification plus knowledge and/or experience in a specified specialist area.

1.3 In other cases, however, the person specification may understate the knowledge actually needed to carry out the job because it is set at a recruitment level on the expectation that the rest of the required knowledge will be acquired in-house through on the job training and experience, for example:

- Clerical posts for which the recruitment level of knowledge is a number of GCSEs, whereas the actual knowledge required includes a range of clerical and administrative procedures.
- Managerial posts for which the recruitment level of knowledge is a number of GCSEs plus a specified period of health service experience, when the actual knowledge required includes the range of administrative procedures used by the team managed plus supervisory/managerial knowledge or experience.
- Healthcare jobs where a form of specialist knowledge is stated on the person specification as desirable, rather than essential, because the organisation is willing to provide training in the particular specialist field.

1.4 The number of years' service should not be used as a rationale for justifying a certain factor level. It is possible that using the number of years' service contravenes the age discrimination legislation.

2. Qualifications and experience

2.1 The factor level definitions are written in terms of the knowledge actually required to perform the job at each level. This is to ensure that the knowledge is accurately evaluated and no indirect discrimination occurs through use of qualifications, which may understate or overstate the knowledge required.

2.2 Qualifications can provide a useful indicator of the level of knowledge required. Training towards qualifications is also one means of acquiring the knowledge required for a job (other means include on-the-job training, short courses and experience). Indicative qualifications are given in the guidance notes. This does not mean that there is a requirement to hold any particular qualification for a job to be scored at the level in question, but that the knowledge required must be of an equivalent level to the stipulated qualification.

2.3 On the other hand, if a job does genuinely require the knowledge acquired through a specified formal qualification, then this should be taken into account when assessing the job.

2.4 It is important that panels clarify what qualifications and/or experience are actually needed for a job and ensure they understand what the qualification or experience is – this may involve asking questions of the job advisors to ensure that the level expected of someone is the level at which the job will be carried out competently, rather than that relating to recruitment level. It is sometimes useful to match or evaluate the other job factors first prior to the KTE factor in cases where there is doubt about the level for factor 2, because a better idea of the job demands will emerge from this process.

2.5 Where qualification and/or experience requirements for a job have changed, the current requirements should be taken as the necessary standard to be achieved. As it is the job which is evaluated, jobholders with previous qualifications are deemed to have achieved the current qualification level through on-the-job learning and experience.

2.6 It is not advisable to match or evaluate using a person specification and qualification levels alone. Knowledge must be assessed in the context of demands and responsibilities of the whole job. Panels should always check that, should a qualification be set in the person spec, that this is actually required for the job.

3. Registration

3.1 Registration with a professional body is not directly related to either knowledge generally, or to any particular level of knowledge, e.g. level 5.

3.2 Registration is important in other contexts because it provides guarantees of quality, but in job evaluation terms it gives only confirmation of a level of knowledge which would have been taken into account in any event.

3.3 As it happens, many healthcare professional jobs require knowledge at level 5, and also require state registration for professional practice. But it would be perfectly possible for other groups where there is either a higher or lower knowledge requirement for this to be associated with state or professional registration.

4. Using factors 2 and 12

4.1 JEG is aware that there are concerns expressed by job evaluation panels relating to factor 2, which may have led to some short cuts being taken. One of the most common short cuts is that of matching or evaluating factors 2 and 12 in isolation of the other factors, which will often lead to panels 'shoe-horning' roles into profiles and may lead to an inaccurate band outcome.

4.2 It is crucial that panels are satisfied they have taken into account all information set out in the job description, person specification and any additional information, for example, organisational chart.

The knowledge required for the job may be partly made up from on-the-job learning, short courses and significant experience which leads to a ‘step up’, as well as the level of qualification expected.

4.3 The correct way to identify a suitable profile is not by looking at factors 2 and 12 but by using the principle purpose of the job in the job descriptions and comparing this with the job statement at the top of a profile.

5, Job descriptions and person specifications

5.1 A good job description is needed for a robust job matching outcome, which should clearly articulate the requirements and competence for the role and a person specification stipulating the essential qualifications and/or experience required to be employed in the role.

5.2 Having up-to-date, agreed job descriptions is good HR practice and their main purpose is to ensure that employees and their line managers have a common understanding of what is required of the jobholder. The required information is generally set out in the form of a list of job duties.

5.3 Similarly, having person specifications available for all posts is good HR practice because it facilitates the recruitment process.

5.4 Job descriptions should not follow the national JE profile format as profiles are not job descriptions and do not fulfil the main purpose of having job descriptions.

5.5 Information required for matching, which is not usually included in job descriptions of person specifications (for example, in relation to the effort and environment factors) can be collected by other means, for instance, by short questionnaire or through oral evidence.

5.6 Some job descriptions may not be clear on the level of knowledge, training and experience required, but it is the panel's duty to find out by asking further questions.

5.7 If your current practices, in partnership do not comply with this advice, JEG recommends that you revisit matching outcomes to ensure they are robust.

Points specific to factor levels

Small number of routine work procedures (Level 1) includes those that could normally be learned on the job without prior knowledge or experience.

Short induction period (Level 1) is generally for days rather than weeks.

The difference between levels 1 and 2

The difference is in the range of procedures and, in consequence, the length of time it takes to acquire knowledge of the relevant procedures.

Job training (Level 2) refers to training that is typically provided on the job through a combination of instruction and practice or by attending training sessions. At this level the required knowledge generally takes weeks, but not months, in the job to learn and may include some elements of theoretical learning. It also refers to the knowledge required for large goods vehicle or passenger carrying

vehicle licences.

The difference between levels 2 and 3

Both levels 2 and 3 apply to jobs requiring understanding of a range of work procedures. The differences are over:

- Whether the procedures are routine or involve non-routine elements.
- Whether it is necessary to have theoretical or conceptual understanding to support the procedural knowledge, such as that acquired in obtaining NVQ3, Vocational Qualifications level 3 and similar qualifications.

For areas of work where there are no commonly accepted equivalent qualifications:

- Level 2 applies to jobs requiring knowledge of a range of routine procedures.
- Level 3 applies to jobs requiring knowledge of the relevant procedures, plus knowledge of how to deal with related non-routine activities, such as answering queries, progress chasing, task-related problem solving.

Base level of theoretical knowledge (Level 3) equates to NVQ level 3, Vocational Qualifications level 3, GCE AS and A level, Baccalaureate Qualification Advanced or equivalent level of knowledge.

Equivalent experience (Levels 3 and 4) refers to experience which enables the jobholder to gain an equivalent level of knowledge.

The difference between levels 3 and 4

Both levels 3 and 4 apply to jobs requiring understanding of a range of work procedures and practices. The differences are:

- the extent to which the procedures and practices are non-routine
- the level of the equivalent qualifications.

For areas of work where there are no commonly accepted equivalent qualifications, eg health service administrative areas such as admissions, medical records, waiting lists:

- Level 3 – procedures and practices, some of which are non-routine – applies to jobs requiring knowledge of the relevant administrative procedures, plus knowledge of how to deal with related non-routine activities, such as answering queries, progress chasing, task-related problem solving.
- Level 4 – procedures and practices, the majority of which are non-routine – applies to jobs requiring knowledge of all the relevant administrative procedures, plus knowledge of how to deal with a range of non-routine activities, such as work allocation, problem solving for a team or area of work, as well as answering queries and progress chasing, developing alternative or additional procedures.

Intermediate level of theoretical knowledge (Level 4) equates to a Higher National Certificate, Vocational Qualifications level 4 or 5, foundation degree, Higher National Diploma, Diploma in Higher Education, AAT (Association of Accounting Technicians) Technician Level or other diploma or equivalent level of knowledge.

The difference between levels 4 and 5

The differences between levels 4 and 5 are:

- the breadth and depth of the knowledge requirement
- the level of the equivalent qualifications.

For areas of work where there are no commonly accepted equivalent qualifications:

- Level 4 – procedures and practices, the majority of which are non-routine – applies to jobs requiring knowledge of all the relevant administrative procedures, plus knowledge of how to deal with a range of non-routine activities, such as work allocation, problem solving for a team or area of work, as well as answering queries and progress chasing, developing alternative or additional procedures.
- Level 5 – range of work procedures and practices, which require expertise within a specialism or discipline – applies to jobs requiring knowledge across an area of practice, e.g. in purchasing, medical records, or finance, allowing the jobholder to operate as an independent (non-healthcare or healthcare) practitioner and to deal with issues such as workload management and problem solving across the work area. It can apply to non-healthcare jobs with a managerial remit across an administrative or other support area where these criteria are met, e.g.¬ in hotel services, catering, sterile supplies management.

Expertise within a specialism (Level 5) normally requires degree level, Honours degree, Vocational Qualifications level 6 or an equivalent level of knowledge. This level of knowledge could also be obtained through an in-depth diploma plus significant experience. Jobs requiring a degree or an equivalent level of knowledge e.g. registered general nurse, should be scored at this level.

The difference between levels 5 and 6

There must be a clear step in knowledge requirements between levels 5 and 6, so for both healthcare professional (e.g. nurse, allied health professional, biomedical scientist jobs) and non-healthcare

professional (e.g. HR, accountant, librarian, IT) jobs, a distinct addition of knowledge compared to what was acquired during basic training and required for professional practice.

This additional knowledge may be acquired by various routes:

(a) normal training and accreditation, as for a district nurse, health visitor

(b) other forms of training/learning e.g. long or combination of short courses or structured self-study

(c) experience

(d) some combination of (b) and (c).

In broad terms the additional knowledge for level 6 should equate to post-registration or post-graduate diploma level (that is, between first degree/registration and master's level), but there is no requirement to hold such a diploma.

It is important to note that not all **experience** delivers the required additional knowledge for level 6. Simply doing a job for a number of years may make the jobholder more proficient at doing the job, but does not always result in additional knowledge. Also, while most additional knowledge, particularly for healthcare professional jobs, is specialist knowledge (that is, homing in on an area of practice and deepening the knowledge of that area acquired during basic training), some is a broadening of basic knowledge to a level which allows the jobholder to undertake all areas of practice without any guidance or supervision.

For **additional specialist knowledge,** indicators of level 6 knowledge, acquired primarily through experience are, for example, a requirement to have worked:

- In the specialist area and with practitioners from own or another profession who are experienced in this area.
- In the specialist area and to a clear programme of knowledge development, for example, rotating through all aspects of the specialist work, attending appropriate study days and short courses, undertaking self-study.

For **additional breadth of knowledge,** examples of level 6 are:

- The midwife, who undertakes a formal mentoring or preceptorship to achieve a level of knowledge allowing the full sphere of midwifery practice to be undertaken.
- The community psychiatric nurse, where the jobholder would need to have acquired sufficient additional post-registration knowledge through experience as a nurse in a mental health setting to be able to work autonomously in the community.
- The specialist AHP professional or therapist, where the jobholder needs additional knowledge acquired through (formal and informal) specialist training and experience in order to be able to manage a caseload of clients with complex needs.
- A human resources professional required to have sufficient additional knowledge gained through experience to be able to be the autonomous HR adviser for a directorate or equivalent organisational area, or for an equivalent subject area of responsibility.
- An accountancy job requiring knowledge gained through professional qualifications plus sufficient additional knowledge of health service finance systems to be responsible for the accounts for one or more directorates.
- An estates management job requiring knowledge gained through professional qualifications (or equivalent vocational qualifications) plus sufficient additional knowledge of health service capital procurement procedures and practices to be able to manage part or all of the capital projects programme for the organisation.

Specialist knowledge (level 6) refers to a level of knowledge and expertise which can be acquired through either in-depth experience or theoretical study of a broad range of techniques/processes relating to the knowledge area. This equates to post-registration/graduate diploma level or equivalent in a specific field. This level also refers to the specialist organisational, procedural or policy knowledge required to work across a range of different areas. The jobholder is influential within the organisation in matters relating to his/her area and provides detailed advice to other specialists and non-specialists.

The difference between levels 6 and 7

There must be a further clear step in knowledge between levels 6 and 7, equivalent to the step between a post-graduate diploma and master's degree, in terms of both the length of the period of knowledge acquisition and the depth or breadth of the knowledge acquired.

This additional knowledge may be acquired by various routes:

(a) formal training and accreditation to master's or doctorate level, as for clinical pharmacist, clinical psychologist or a qualification deemed to be equivalent, eg health visitor Community Practice Teacher, Diploma in Arts Therapy

(b) other forms of training/learning eg long or combination of short courses or structured self-study

(c) experience (but see below)

(d) some combination of (b) and (c).

In broad terms the additional knowledge for level 7 should equate to master's level (that is, between post-graduate diploma and doctoral

level), but there is no requirement to hold such a degree.

As with the difference between levels 5 and 6, not all experience delivers the required additional knowledge for level 7. Simply doing a job for many years may make the jobholder more proficient at doing the job, but does not always result in additional knowledge. For level 7, experience on its own - as the means of acquiring sufficient, relevant additional knowledge - should be scrutinised carefully. There should normally be evidence of additional theoretical or conceptual knowledge acquisition such as would be acquired through a taught master's course.

For **additional specialist knowledge,** indicators of level 7 knowledge, acquired primarily through experience, are, for example, a requirement to have worked:

- in the specialist area and working pro-actively with practitioners from own or another profession who are experienced in this, together with relevant short courses and self-study
- in the specialist area and to a clear and substantial programme of knowledge development, e.g. rotating and actively participating in all aspects of the specialist work, attending appropriate study days and short courses, undertaking extended self-study.

The additional specialist knowledge required could consist in part of managerial knowledge, where this is genuinely needed for the job and there is a requirement to attend management courses or have equivalent managerial experience.

Highly developed specialist knowledge (Level 7) refers to knowledge and expertise which can only be acquired through a combination of in-depth experience and postgraduate or post-registration study, such as that obtained through a master's degree

or equivalent experience/qualification or doctorate, or significant formal training or research in a relevant field, in addition to short courses and experience. Jobs requiring a doctorate or equivalent knowledge as an entry requirement such as medical, dental, scientific or specialist management qualifications should be assessed at this level as a minimum.

The difference between levels 7 and 8

There must be a further clear step in knowledge between levels 7 and 8, equivalent to the step between a master's degree and a doctorate, in terms of both the length of the period of knowledge acquisition and the depth or breadth of the knowledge acquired. Where the entry point for a job for knowledge is Level 7, because there is an entry requirement for a doctorate, masters or equivalent qualification, then the step in knowledge should be equivalent to that required for a post-graduate diploma (in addition to the entry qualification).

As at other levels, this additional knowledge may be acquired by various routes:

(a) formal training and accreditation to doctorate level, e.g. in scientific areas, where a specialist doctorate is required for practice in the particular field, or to post-doctorate level, e.g. a post including adult psychotherapy requiring both a clinical psychology doctorate and a post-doctorate diploma in psychotherapy

(b) other forms of training/learning e.g. long or combination of short courses or structured self-study to the appropriate level

(c) experience (but see below)

(d) some combination of (b) and (c).

As with the difference between levels 5 and 6, and 6 and 7, not all

experience delivers the required additional knowledge for level 8. Simply doing a job for many years may make the jobholder more proficient at doing the job, but does not always result in additional knowledge. For level 8, experience on its own as the means of acquiring sufficient additional knowledge should be scrutinised carefully. There should normally be evidence of additional theoretical or conceptual knowledge acquisition such as would be acquired through a taught postgraduate course.

The additional specialist knowledge required could consist in part of managerial knowledge, where this is genuinely needed for the job and there is a requirement to attend management courses, or have equivalent managerial experience.

Advanced theoretical and practical knowledge (Level 8a) refers to the highest level of specialist knowledge within the relevant specialist field. It is equivalent to a doctorate plus further specialist training, research or study. It is, therefore, appropriate for posts requiring significant expertise and experience and where the entry level is a doctorate or equivalent e.g. healthcare or scientific consultant posts.

Specialist knowledge over more than one discipline/function (Level 8) refers to extensive knowledge and expertise across a number of subject areas, i.e. a combination of some (i.e. two or more) disciplines/functions, e.g. clinical, research and development, human resources, finance, estates.

3. Analytical and judgemental skills

This factor measures the analytical and judgemental skills required to fulfil the job responsibilities satisfactorily. It takes account of requirements for analytical skills to diagnose a problem or illness and understand complex situations or information; and judgemental skills to formulate solutions and recommend/decide on the best course of action/treatment.

Skills required for:

Level 1:	Judgements involving straightforward job-related facts or situations.
Level 2:	Judgements involving facts or situations, some of which require analysis.
Level 3:	Judgements involving a range of facts or situations, which require analysis or comparison of a range of options.
Level 4:	Judgements involving complex facts or situations, which require the analysis, interpretation and comparison of a range of options.
Level 5:	Judgements involving highly complex facts or situations, which require the analysis, interpretation and comparison of a range of options.

Definitions and notes:

Facts or situations, some of which require analysis (level 2) includes both clinical and non-clinical facts/situations where there is more than a straightforward choice of options and there is a requirement in some cases to assess events, problems or patient conditions in detail to determine the best course of action, such as selection of staff, resolving staffing issues, problem solving, fault finding on non-complex equipment.

Range of facts or situations which require analysis or comparison (level 3) includes both clinical and non-clinical facts/situations where there is more than a straightforward choice of options and there is a requirement in a range of different cases to assess events, problems or illnesses in detail to determine the appropriate course of action. Examples of this type of analysis and judgement are fault finding on complex equipment, initial patient assessment, analysis of complex financial queries or discrepancies.

Complex (level 4) means complicated and made up of several components which have to be analysed and assessed and which may contain conflicting information or indicators e.g. assessment of specialist clinical conditions, analysis of complex financial trends, investigating and assessing serious disciplinary cases.

Interpretation (levels 4 and 5) indicates a requirement to exercise judgment in identifying and assessing complicated events, problems or illnesses and where a range of options, and the implications of each of these, have to be considered.

Highly complex (level 5) means complicated and made up of several components which may be conflicting and where expert opinion differs or some information is unavailable. This type of analysis and judgment may be required in posts where the jobholders are themselves experts in their field and judgments have to be made about situations which may have unique characteristics and where there are a number of complicated aspects to take into account which do not have obvious solutions.

4. Planning and organisational skills

This factor measures the planning and organisational skills required to fulfil the job responsibilities satisfactorily. It takes account of the skills required for activities such as planning or organising clinical or non-clinical services, departments, rotas, meetings, conferences and for strategic planning. It also takes account of the complexity and degree of uncertainty involved in these activities.

Skills required for:

Level 1:	Organises own day-to-day work tasks or activities.
Level 2:	Planning and organisation of straightforward tasks, activities or programmes, some of which may be ongoing.
Level 3:	Planning and organisation of a number of complex activities or programmes, which require the formulation and adjustment of plans.
Level 4:	Planning and organisation of a broad range of complex activities or programmes, some of which are ongoing, which require the formulation and adjustment of plans or strategies.
Level 5:	Formulating long-term, strategic plans, which involve uncertainty and which may impact across the whole organisation.

Definitions and notes:

Straightforward tasks, activities or programmes (level 2) means several tasks, activities or programmes, which are individually uncomplicated such as arranging meetings for others.

Planning and organisation (level 2) includes planning and organising time/activities for staff, patients or clients where there is

a need to make short-term adjustments to plans for example planning non-complex staff rotas, clinics or parent-craft classes, allocating work to staff, planning individual patient/client care, ensuring that accounts are prepared for statutory deadlines, planning administrative work around committee meeting cycles.

Planning and organisation of a number of complex activities (level 3) includes complex staff or work planning, where there is a need to allocate and re-allocate tasks, situations or staff on a daily basis to meet organisational requirements. It also includes the skills required for co-coordinating activities with other professionals and agencies, for example where the jobholder is the main person organising case conferences or discharge planning where a substantial amount of detailed planning is required. These typically involve a wide range of other professionals or agencies. The jobholder must be in a position to initiate the plan or coordinate the area of activity. Participating in such activities does not require planning and organisational skills at this level.

Complex (levels 3 and 4) means complicated and made up of several components, which may be conflicting.

Planning and organisation of a broad range of complex activities (level 4) includes planning programmes which impact across or within departments, services or agencies.

Formulating plans (levels 4 and 5) means developing, structuring and scheduling plans or strategies.

Long term strategic plans (level 5) extend for at least the future year, take into account the overall aims and policies of the service/directorate/organisation and create an operational framework.

WORKING IN PARTNERSHIP

Seventh edition, September 2018

5. Physical skills

This factor measures the physical skills required to fulfil the job duties. It takes into account hand-eye co-ordination, sensory skills (sight, hearing, touch, taste, smell), dexterity, manipulation, requirements for speed and accuracy, keyboard and driving skills.

Level 1:	The post has minimal demand for work related physical skills.
Level 2:	The post requires physical skills which are normally obtained through practice over a period of time or during practical training e.g. standard driving or keyboard skills, use of some tools and types of equipment.
Level 3:	(a) The post requires developed physical skills to fulfil duties where there is a specific requirement for speed or accuracy. This level of skill may be required for advanced or high-speed driving; advanced keyboard use; advanced sensory skills or manipulation of objects or people with narrow margins for error, or b) the post requires highly developed physical skills, where accuracy is important, but there is no specific requirement for speed. This level of skill may be required for manipulation of fine tools or materials.
Level 4:	The post requires highly developed physical skills where a high degree of precision or speed and high levels of hand, eye and sensory co-ordination are essential.
Level 5:	The post requires the highest level of physical skills where a high degree of precision or speed and the highest levels of hand, eye and sensory co-ordination are essential.

Definitions and notes:

Physical skills normally obtained through practice (level 2) includes skills which jobholders develop in post or through previous relevant experience, such as use of cleaning, catering or similar equipment. It also includes manoeuvring wheel chairs/trolleys in confined spaces, using hoists or other lifting equipment to move patients/clients, intra-muscular immunisations/injections and use of sensory skills.

Standard keyboard skills (level 2) includes the skills exercised by those who have learned over time and those who have been trained to RSA 1 or equivalent.

Specific requirement (level 3a) means that the job demands are above average and require specific training or considerable experience to get to the required level of dexterity, co-ordination or sensory skills.

Advanced or high-speed driving (level 3a) includes driving a heavy goods vehicle, ambulance, minibus or articulated lorry where a Large Goods Vehicle, Passenger Carrying Vehicle or Ambulance Driving Test or equivalent is required.

Advanced keyboard use (level 3a) includes the skills exercised by touch typists and advanced computer operators.

Advanced sensory skills (level 3a) includes the skills required for sensory, hand and eye co-ordination such as those required for audio-typing. It also includes specific developed sensory skills e.g. listening skills for identifying speech or language defects.

Restraint of patients/clients (level 3a) indicates a skill level that requires a formal course of training and regular updating.

Manipulation of fine tools or materials (level 3b) for example, manipulation of materials on a slide or under a microscope, use of fine screw drivers or similar equipment, assembly of surgical equipment, administering intravenous injections.

Highly developed physical skills (level 4) for example, the skills required for performing surgical interventions, intubation, tracheotomies, suturing, a range of manual physiotherapy treatments or carrying out endoscopies.

Highest level of physical skill (level 5) such as keyhole or laser

surgery or IVF procedures.

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Seventh edition, September 2018

6. Responsibilities for patient client care

This factor measures responsibilities for patient/client care, treatment and therapy. It takes account of the nature of the responsibility and the level of the jobholder's involvement in the provision of care or treatment to patients/clients, including the degree to which the responsibility is shared with others. It also takes account of the responsibility to maintain records of care/treatment/advice/tests.

Level 1:	Assists patients/clients/relatives during incidental contacts.
Level 2:	Provides general non-clinical advice, information, guidance or ancillary services directly to patients, clients, relatives or carers.
Level 3:	(a) Provides personal care to patients/clients, or (b) provides basic clinical technical services for patients/clients, or (c) provides basic clinical advice.
Level 4:	(a) Implements clinical care/care packages, or (b) provides clinical technical services to patients/clients, or (c) provides advice in relation to the care of an individual, or groups of patients/clients.
Level 5:	(a) Develops programmes of care/care packages, or (b) provides specialist clinical technical services, or (c) provides specialised advice in relation to the care of patients/clients.
Level 6:	(a) Develops specialised programmes of care/care packages, or (b) provides highly specialist clinical technical services, or (c) provides highly specialised advice concerning the care or treatment of identified groups or categories of patients/clients, or (d) accountable for the direct delivery of a service within a sub-division of a clinical, clinical technical or social care service.
Level 7:	Accountable for the direct delivery of a clinical, clinical technical, or social care service(s).

Level 8:	Corporate responsibility for the provision of a clinical, clinical technical or social care service(s).

Definitions and notes:

Clients: alternative term for patients often used for those who are not unwell (pregnant women, mothers, those with learning disabilities) or to whom services are provided in the community. 'Clients' does not refer to commercial organisations or customers, nor does it refer to internal customer/client relationships. Please see advice at the end of this section about matching or evaluating non-clinical manager jobs.
At level 2 or above the clinical activities should be a significant aspect of normal duties. **Directly to patients/clients (level 2)** on a one-to-one, individual basis, usually face-to-face or over the telephone e.g. reception or switchboard services, food delivery service, ward or theatre cleaning.

Personal care (level 3a) includes assisting with feeding, bathing, appearance, portering supplied directly to patients/clients. **Basic clinical technical services (level 3b)** includes cleaning, sterilising or packing specialist equipment or facilities used in the provision of clinical services e.g. sterile supplies, theatres, laboratories; the routine obtaining or processing of diagnostic test samples; medical/ technical/ laboratory support work.

Basic clinical advice (level 3c) includes the provision of straightforward clinical advice to patients/clients by jobholders who are not clinical specialists e.g. an emergency call service operation.

Implementing care (level 4a) includes carrying out programmes of care, therapy or treatment determined by others. This may entail making minor modifications to the care programme or package within prescribed parameters, and reporting back on progress. It also includes supervising individual or group therapy sessions within an overall programme of care, treatment or therapy.

Provides clinical technical services (level 4b) e.g. initial screening of diagnostic test samples, dispensing of medicines, undertaking standard diagnostic (e.g. radiography, neurophysiology) tests on patients/clients, or maintaining or calibrating specialist or complex equipment for use on patients.

Provides advice (level 4c) provides advice which contributes to the care, wellbeing or education of patients/clients, including health promotion. This level also covers jobs involving the registration, inspection or quality assurance of facilities/services for patients/clients e.g. registration and/or inspection of nursing homes, inspection of storage and use of drugs in residential care homes.

Develops programmes of care/care packages (level 5a) involves assessment of care needs and development of suitable care programmes/packages, to be implemented by the jobholder or by others. It includes giving clinical/professional advice to those who are the subject of the care programmes/packages.

Provides specialist clinical technical services (level 5b) for example, interprets diagnostic test results, carries out complex diagnostic procedures, processes and interprets mammograms, constructs specialist appliances, calibrates or maintains highly specialist or highly complex equipment.

Provides specialised advice (level 5c) provides specialised advice which contributes to the diagnosis, care or education of patients/clients e.g. clinical pharmacy or dietetic advice on individual patient care, specialised input to registration, inspection or quality assurance of facilities/services for patients/clients. This option apples to jobs which do not involve developing programmes of care, as these are covered by level 5a.

Develops specialised programmes of care/care packages (level 6a) takes account of the depth and breadth of this responsibility. Clinicians working in a specialist field typically provide this level of

care.

Provides highly specialist clinical technical services (level 6b) provides a highly specialist clinical technical service, which contributes to the diagnosis, care or treatment of patients/clients e.g. the maxillo-facial prosthetology service.

Provides highly specialised advice (level 6c) provides highly specialised advice, which contributes to the diagnosis, care or education of patients/clients in an expert area of practice. Clinicians working in a specialist field typically provide this level of advice. This option applies to jobs which do not involve developing specialist care programmes/packages, which are covered by level 6a.

Within a sub division of (level 6d) refers to responsibility for either a geographical or functional sub division e.g. area manager for a service, locality manager.

Accountable for direct delivery (level 7) refers to the accountability vested in jobholders who directly manage the providers of direct patient/client care, clinical technical service or social care service and may or may not provide direct care, clinical technical services or advice themselves, for example, professional health care managers. The accountability must be for a whole service.

Corporate responsibility (level 8) refers to the accountability, normally at board or equivalent level, at the highest level of responsibility other than the Chief Executive Officer, for clinical governance across the organisation e.g. director of nursing and midwifery services.

Clinical service refers to services such as oncology and paediatrics.

Clinical technical service refers to services such as medical physics, diagnostic radiography, audiology and haematology.

Social care service refers to services such as child protection, learning disabilities.

Please note:

Responsibility for the provision of a service which contributes to patient care, e.g. hotel services management, should be regarded as a policy and service development responsibility and assessed under that factor. The responsibilities of those providing such services should be assessed under the relevant responsibility factor(s) such as maintenance of facilities or equipment under Responsibilities for Financial and Physical Resources.

Matching and local evaluation of non-clinical manager jobs in clinical areas

National monitoring of matching and local evaluations of non-clinical managerial jobs in clinical areas has revealed some misunderstanding of how the Agenda for Change JES should be applied to these jobs, particularly in relation to the Responsibility for Patient Care factor. The problem appears to have arisen from:

- The initial absence of national profiles for such jobs, which has led panels to match them to the (healthcare) Professional Manager profiles (which have level 7 for Responsibility for Patient Care).
- The labelling and classification (in the job family 'other' on the NHS Employers website and THE COMPUTERISED SYSTEM) of the Professional Manager profiles, which does not make it clear that they are intended for clinical professional manager roles.
- The wording of the guidance on 'accountable for direct delivery of a service' at levels 6(d) and 7 on the 'Responsibility for Patient Care factor', which reads: 'accountability vested in jobholders who manage the providers of direct patient/client care, clinical technical service or social care service and may or may not provide direct care, clinical technical services or advice

themselves, for example, professional healthcare managers.'

The JEG has reviewed the situation and confirmed that level 6d and level 7 of the Responsibility for Patient Care factor were intended to be applied only to healthcare practitioner roles with clinical accountability for the direct delivery of clinical or social care services. They were not intended to apply to non-clinical roles and those general manager roles with responsibilities for the delivery of clinical services.

Use of the professional manager profiles for non-clinical or social care jobs and/or evaluation of such jobs at level 6(d) or 7 on the responsibility for patient/client care factor runs a risk of challenge on equality grounds.

It is recommended that non-clinical managerial jobs in clinical areas, for example:

- General or business manager jobs in clinical areas: or
- Non-clinical or divisional/departmental managers of clinical divisions/departments should, wherever possible, be matched to the professional manager, performance/operations profiles (in the business administration and projects job family). These are in bands 8b-d.

The guidance in relation to accountable for direct delivery should be read as follows: 'refers to the accountability vested in jobholders *requiring a health or social care practitioner background in order to** directly manage the providers of direct patient/client care, clinical technical service or social care service, and may or may not provide direct care, clinical technical services or clinical or social care* advice themselves, for example professional health care managers.'

Mismatching of non-clinical manager jobs may carry risks of equal pay claims.

This advice also applies where non-clinical managerial roles are undertaken by those with professional health or social care backgrounds and expertise, if this is not a requirement of the role.

** The text in italics is additional guidance to assist in the correct use of this factor level.*

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Seventh edition, September 2018

7. Responsibilities for policy and service development implementation

This factor measures the responsibilities of the job for development and implementation of policy and/or services. It takes account of the nature of the responsibility and the extent and level of the jobholder's contribution to the relevant decision-making process, for instance, making recommendations to decision makers. It also takes account of whether the relevant policies or services relate to a function, department, division, directorate, the whole trust or employing organisation, or wider than this; and the degree to which the responsibility is shared with others.

Level 1:	Follows policies in own role which are determined by others; no responsibility for service development, but may be required to comment on policies, procedures or possible developments.
Level 2:	Implements policies for own work area and proposes changes to working practices or procedures for own work area.
Level 3:	Implements policies for own work area and proposes policy or service changes which impact beyond own area of activity.
Level 4:	Responsible for policy implementation and for discrete policy or service development for a service or more than one area of activity.
Level 5:	Responsible for a range of policy implementation and policy or service development for a directorate or equivalent.
Level 6:	Corporate responsibility for major policy implementation and policy or service development, which impacts across or beyond the organisation.

Definitions and notes:

Policies (level 1 upwards) refers to a documented method for

undertaking a task which is based on best practice, legal requirements or service needs e.g. directorate policy on treatment of leg ulcers or trust/organisation policy on reporting accidents.

Follows policies in own role (level 1) refers to a responsibility for following policy guidelines which impact on own job, where there is no requirement to be pro-active in ensuring that changes are implemented.

Implements policies (level 2 and above) refers to the introduction and putting into practice of new or revised policies eg implementing policies relating to personnel practices, where the jobholder is pro-active in bringing about change in the policy or service. This is a greater level of responsibility than following new policy guidelines for own job, which is covered by the Level 1 definition.

Own work area (levels 2 and 3) refers to the immediate section/department.

Proposes policy or service changes (level 3) includes participation on working parties proposing policy changes as an integral part of the job (i.e. not a one-off exercise on a single issue). At this level, policy or service changes must impact on other disciplines, sections, departments or parts of the service.

Beyond own area of activity (level 3) refers to own function/service/discipline and not a geographic area e.g. where policy changes impact on other disciplines within multi-disciplinary (non-clinical or clinical) teams or outside own specialist area. It does not refer, for example, to the same function, service or discipline in other parts of the trust/organisation.

Service (level 4) refers to a (discrete) standalone service, which may be a sub-division of a directorate, e.g. oncology, haematology, care of the elderly, catering, accounts.

Responsible for policy implementation and for discrete policy or

service development (level 4) applies where the jobholder has overall responsibility for policy or service development and for its practical implementation. This responsibility should normally be specified on the job description.

Directorate or equivalent (level 5) refers to areas such as the medical services, children services, community services, estates services, hotel services, finance directorate and human resources directorate.

Corporate responsibility (level 6) refers to responsibility for policy or service development such as is held by those on the Board or equivalent level of accountability e.g. director of HR, director of corporate services, providing they hold the highest level of responsibility for the particular policy or service development area, besides the chief executive.

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8. Responsibilities for financial and physical resources

This factor measures the responsibilities of the job for financial resources (including cash, vouchers, cheques, debits and credits, invoice payment, budgets, revenues, income generation); and physical assets (including clinical, office and other equipment; tools and instruments; vehicles, plant and machinery; premises, fittings and fixtures; personal possessions of patients/clients or others; goods, produce, stocks and supplies).

It takes account of the nature of the responsibility (e.g. careful use, security, maintenance, budgetary and ordering responsibilities); the frequency with which it is exercised; the value of the resources; and the degree to which the responsibility is shared with others.

Level 1:	Observes personal duty of care in relation to equipment and resources used in course of work.
Level 2:	(a) Regularly handles or processes cash, cheques, patients' valuables, or (b) responsible for the safe use of equipment other than equipment which they personally use, or (c) responsible for maintaining stock control and/or security of stock, or (d) Authorised signatory for small cash/financial payments, or (e) responsible for the safe use of expensive or highly complex equipment.
Level 3:	(a) Authorised signatory for cash/financial payments, or (b) responsible for the purchase of some physical assets or supplies, or (c) monitors or contributes to the drawing up of department/service budgets or financial initiatives, or (d) holds a delegated budget from a budget for a department/service, or (e) responsible for the installation or repair and maintenance of physical assets.
Level 4:	(a) Budget holder for a department/services, or (b) responsible for budget setting for a department/service, or

	(c) responsible for the procurement or maintenance of all physical assets or supplies for a department/service.
Level 5:	(a) Responsible for the budget for several services, or (b) responsible for budget setting for several services, or (c) responsible for physical assets for several services.
Level 6:	Corporate responsibility for the financial resources and physical assets of an organisation.

Definitions and notes:

General point on double counting

There is a risk of double-counting clinical technical services jobs under the Finance and Physical Assets factor, where part of the job role is about calibrating and repairing complex medical equipment. If the principal purpose of the job is providing a clinical technical service, these jobs will score for this under the Patient/Client Care factor and not again under the Finance and Physical Assets factor.

Personal duty of care in relation to equipment and resources (level 1) refers to careful use of communal equipment and facilities and/or ordering supplies for personal use.

Regularly (level 2a) means at least once a week on average.

Safe use of equipment (level 2b) includes dismantling and assembling equipment for use by other staff or patients/clients. It also includes overall responsibility e.g. for office machinery or cleaning equipment for a location or area of activity.

Maintaining stock control (level 2c) is appropriate for jobs which include responsibility for re-ordering goods/stock from an agreed point/supplier on a regular basis.

Security of stock (level 2c) is appropriate for jobs where the responsibility is a significant feature of the job e.g. responsible for the security of a substantial amount/volume of drugs/materials. It

also includes being a departmental key holder but holding the food store or drugs cupboard key for the shift is not sufficient to be assessed at this level.

Authorised signatory for small cash/financial payments (level 2d) includes e.g. 'signing off' travel expenses, overtime payments, agency/bank staff time sheets totalling less than around £1,000 per month. It also includes responsibility for the financial verification of documents/information such as expense sheets or purchase documents up to this amount, where it is a significant and on-going job responsibility. This role would normally be carried out within the finance department.

Safe use of expensive equipment (level 2e) refers to the personal use of individual pieces of equipment valued at £30,000 or more.

Highly complex equipment (level 2e) refers to the personal use of individual pieces of equipment which are complicated, intricate and difficult to use, for example radiography equipment.

Authorised signatory (level 3a) includes for example, "signing off" travel expenses or overtime payments agency/bank staff time sheets totalling around £1,000 or more per month. It also includes responsibility for the financial verification of documents/information such as expense sheets or purchase documents up to this amount, where it is a significant and ongoing job responsibility. This role would normally be carried out within the finance department.

Responsible for the purchase of some physical assets or supplies (level 3b) covers responsibility for the purchase or signing off orders valued at around £5,000 per year or greater. This level is appropriate for jobs where there is discretion to select suppliers taking into account cost, quality, reliability etc.

Monitors (level 3c) is applicable to situations where a jobholder is required to regularly review a set of financial information/accounts

to ensure that they are consistent with guidelines and within pre-determined budgetary limits, as an ongoing job responsibility.

Financial initiatives (level 3c) includes income generation and cost improvement programmes.

Delegated budget (level 3d) refers to jobs which have responsibility for a sub-division of a departmental or service budget. This level also applies to jobs involved in committing substantial financial expenditures from a budget held elsewhere without formally holding a delegated budget e.g. commissioning care packages for social services clients.

Responsible for the installation or repair and maintenance (level 3e) refers to jobs which have a responsibility for carrying out repairs and maintenance on equipment, machinery or the fabric of the building. It also includes overall responsibility for security of a site.

Department/service* (levels 4a, b and c) is appropriate where there is full responsibility for budget/physical assets over a department or service. Where it involves large and multi-stranded financial/physical services, this should be treated as the equivalent of 'several services'. (i.e. Levels 5abc).

Budget holder (level 4a) refers to responsibility for authorising expenditure and accountable for expenditure within an allocated budget.

Budget setting (levels 4b and 5b) refers to an accounting activity with responsibility for overseeing the financial position.

Responsible for procurement (level 4c) refers to responsibility for selecting suppliers or authorising purchases, taking into account cost, quality, delivery time and reliability.

Several services* (levels 5a, b and c) is appropriate where there is

significant responsibility over different departments and/or services and where the responsibility covers large and/or multi stranded financial/physical services.

Corporate responsibility (level 6) refers to accountability for financial governance across the organisation(s), at the highest level of responsibility other than the chief executive officer.

Commissioning of patient services should be assessed under the Responsibilities for Financial and Physical Resources factor, as a form or purchase of procurement of assets and supplies. The relevant level definitions are 3 (b), 4(c), 5(c) and, where there is corporate responsibility for the commissioning of patient services, 6.

It will be necessary to determine on an equivalence basis which of these is the appropriate definition to cover the job in question.

**The assessment should take into account the range and scope of the responsibility and the degree of control that is required. It is also helpful to consider whether the jobholder has full control of the budget(s)/physical assets or whether it is a delegated responsibility.*

9. Responsibilities for human resources

This factor measures the responsibilities of the job for management, supervision, co-ordination, teaching, training and development of employees, students/trainees and others in an equivalent position.

It includes work planning and allocation; checking and evaluating work; undertaking clinical supervision; identifying training needs; developing and/or implementing training programmes; teaching staff, students or trainees; and continuing professional development (CPD). It also includes responsibility for such personnel functions as recruitment, discipline, appraisal and career development and the long-term development of human resources.

The emphasis is on the nature of the responsibility, rather than the precise numbers of those supervised, co-ordinated, trained or developed.

Level 1:	Provides advice, or demonstrates own activities or workplace routines to new or less experienced employees in own work area.
Level 2:	(a) Responsible for day-to-day supervision or co-ordination of staff within a section/function of a department/service, or (b) regularly responsible for professional/clinical supervision of a small number of qualified staff or students, or (c) regularly responsible for providing training in own discipline/practical training or undertaking basic workplace assessments, or (d) regularly responsible for the provision of basic HR advice.
Level 3:	(a) Responsible for day to day management of a group of staff, or (b) responsible for the allocation or placement and subsequent supervision of qualified staff or students, or (c) responsible for the teaching/delivery of core training on a range of subjects or

	specialist training, or (d) responsible for the delivery of core HR advice on a range of subjects.
Level 4:	(a) Responsible as line manager for a single function or department, or (b) responsible for the teaching or devising of training and development programmes as a major job responsibility, or (c) responsible for the delivery of a comprehensive range of HR services.
Level 5:	(a) Responsible as line manager for several/multiple departments, or (b) responsible for the management of a teaching/training function across the organisation, or (c) responsible for the management of a significant part of the HR function across the organisation.
Level 6:	Corporate responsibility for the human resources or HR function.

Definitions and notes:

Day-to-day supervision or co-ordination (level 2a) includes work allocation and checking. It also includes ongoing responsibility for the monitoring or supervision of one or more groups of staff employed by a contractor.

Professional and clinical supervision (level 2b) is the process by which professional and clinical practitioners are able to reflect on their professional practice in order to improve, identify training needs and develop. It can be conducted by a peer or superior. It is not for the purpose of appraisal or assessment and only for the purpose of improving practice in context of clinical governance etc. It may include mentoring.

Regularly (level 2b, c and d) at least once a week on average but could be in more concentrated blocks e.g. six weeks every year. Above Level 2 the responsibility must be ongoing.

Practical training (level 2c) e.g. training in lifting and handling, Control of Substances Hazardous to Health (COSHH) regulations

Training in own discipline (level 2c) means training people from own or other disciplines concerning subjects connected with own work e.g. an accountant training departmental managers in

budgetary requirements, a specialist dietitian providing training to other professionals concerning the importance of diet in different clinical situations.

Undertaking basic workplace assessments (level 2c) includes undertaking assessments of practical skills e.g. NVQ assessments.

Provision of basic HR advice (level 2d) refers to a specific and ongoing responsibility for giving basic advice on HR policies and practices to staff other than those who they supervise/manage, for example, on recruitment procedures and practices within the organisation.

Day to day management (level 3a) includes responsibility for all or most of the following: initial stages of grievance and discipline; appraisal, acting as an appointment panel member; ensuring that appropriate training is delivered to staff; reviewing work performance and progress; work allocation and checking.

Responsibility for allocation or placement and subsequent supervision (level 3b) includes liaison with training providers, allocation of students/trainees to staff for training purposes, ensuring that student/trainee records or assessments are completed.

Responsibility for teaching/delivery of core or specialist training (level 3c) refers to a significant and on-going job responsibility for training individuals in either elements of the jobholder's specialism or a core range of subjects. The trainees may be from either within or outside the jobholder's profession.

Responsible for delivery of core HR advice across a range of subjects (level 3d) refers to responsibility for giving advice and interpretation across a range of HR issues e.g. recruitment, grievance and disciplinary matters, employment law, as a primary job function.

Line manager (level 4a, 5a) includes responsibility over own staff for all or most of the following: appraisals; sickness absence; disciplinary and grievance matters; recruitment and selection decisions; personal and career development; departmental workload and allocation (i.e. allocation and re-allocation of blocks of work or responsibilities for areas of activity, not just allocation of tasks to individuals).

Single function or department (level 4a) refers to any unit of equivalent scope to a department where there is a significant management responsibility; taking into account the diversity and scope of the workforce managed.

Several/multiple departments (level 5a) refers to units of equivalent scope to departments in different functions where there is significant management responsibility e.g. estates and hotel services or therapy and diagnostic services.

Teaching or devising training as a major job responsibility (level 4b) refers to situations where teaching or devising training is one of the primary job functions and specified as a 'job purpose' and/or as a major job duty.

Responsible for the delivery of a comprehensive range of HR services (level 4c) the provision of specialist advice, for example, on change management, work development and similar issues, should be treated on an equivalence basis as meeting the level 4 definition of being responsible for the delivery of a comprehensive range of HR services.

Responsible for the management of a teaching/training function across the organisation (level 5b) refers to major responsibility for managing the provision of multi-disciplinary training across the organisation, including nursing, management development, AHP, statutory training. It would normally include responsibility for liaising with universities and other educational bodies.

Responsible for the management of a significant part of the HR function across the organisation (level 5c) covers jobs involving responsibility for the provision of highly specialist advice on HR issues which impact across the organisation, where the job holder is responsible for the nature and accuracy of the advice and for anticipating its consequences eg strategic employment relations, compensations and benefits or change management advice at the highest level of the organisation should be treated on an equivalence basis as meeting the level 5c definition of being responsible for the management of a significant part of the HR function across the organisation.

Corporate responsibility (level 6) refers to accountability for HR across the organisation(s) at the highest level of responsibility other than the Chief Executive Officer.

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

10. Responsibilities for information resources

This factor measures specific responsibilities of the job for information resources (for example computerised; paper based, microfiche) and information systems (both hardware and software for example medical records).

It takes account of the nature of the responsibility (security, processing and generating information, creation, updating and maintenance of information databases or systems) and the degree to which it is shared with others. It assumes that all information encountered in the NHS is confidential.

Level 1:	Records personally generated information
Level 2:	(a) Responsible for data entry, text processing or storage of data compiled by others, utilising paper or computer-based data entry systems, or (b) occasional requirement to use computer software to develop or create statistical reports requiring formulae, query reports or detailed drawings /diagrams using desktop publishing (DTP) or computer aided design (CAD).
Level 3:	(a) Responsible for taking and transcribing formal minutes, or (b) regular requirement to use computer software to develop or create statistical reports requiring formulae, query reports or detailed drawings /diagrams using desktop publishing (DTP) or computer aided design (CAD), or (c) responsible for maintaining one or more information systems where this is a significant job responsibility.
Level 4:	(a) Responsible for adapting / designing information systems to meet the specifications of others, or (b) responsible for the operation of one or more information systems at department / service level where this is the major job responsibility.
Level	(a) Responsible for the design and development of major information systems to meet

5:	the specifications of others, or (b) responsible for the operation of one or more information systems for several services where this is the major job responsibility.
Level 6:	Responsible for the management and development of information systems across the organisation as the major job responsibility.
Level 7:	Corporate responsibility for the provision of information systems for the organisation.

Definitions and notes:

General point on double counting

Care must be taken with the consideration of the information resources factor in the case of jobs which are predominantly about direct care for patients/clients; clinical technical services, such as imaging and calibrating complex medical equipment; and jobs whose main role is giving advice directly relating to patient/client care on clinical, social care or clinical technical services issues. These jobs will score under the patient/client care factor. However, because these jobs require the jobholder to manipulate information in connection with the service they provide, panels may believe it is appropriate to score this under the information factor.

It is, in most cases, inappropriate for jobs scoring high levels under the patient/client care factor also to score highly under the information factor when the information is relevant to the actual job, as this is deemed to have been considered under the patient care factor. Measuring it again in the information factor will invariably constitute double-counting and may lead to inflation of the band outcome.

Records personally generated information (level 1) includes personally generated:

- clinical observations
- test results
- own court or case reports
- financial data
- personal data

- research data

in whatever form the data is recorded (manuscript, word processed, spreadsheets, databases).

Data entry, text processing or storage of data (level 2a) includes word processing, typing or producing other computerised output such as drawings; inputting documents or notes compiled by others (for example test/research results, correspondence, medical or personnel records); collating or compiling statistics from existing records; pulling and/or filing of medical, personnel or similar records.

Occasional (level 2b) at least two or three times per month on average.

Develop or create statistical reports requiring formulae, (levels 2b and 3b) refers to a job requirement to produce statistical reports which require setting up and /or adjusting formulae.

Query reports (levels 2b and 3b) are computer generated structured reports used to request information from a database.

Taking and transcribing formal minutes (level 3a) includes board or trustee meetings, case conferences or similar where formal minutes are required, which are published to a wider audience than those attending the original meeting, and where this is a significant job responsibility. It does not include taking notes at departmental meetings or similar, or processing notes taken by others.

Regular (level 3b) at least two or three times a week on average.

Responsible for maintaining one or more information systems as a significant job responsibility (level 3c) includes responsibility for updating software, operating help facilities for an information system(s); managing storage and retrieval of information or records.

Responsible for adapting /designing information systems (levels 4a and 5a) refers to an ongoing and specific job responsibility for modifying or creating software, hardware or hard copy information systems.

Note: Level 5a is appropriate where the jobholder is responsible for the design and development of an entire system or equivalent.

Responsible for the operation of one or more information systems (levels 4b and 5b) includes direct responsibility for managing the operation of one or more systems which process, generate, create, update or store information.

Responsible for the operation of one or more information systems for several departments/services (levels 5b) includes responsibility for several departments/ services which process, generate, create, update, or store information as a principal activity.

Responsible for the management and development of information systems (levels 6) is appropriate only where it is the principal job responsibility and where it covers the whole organisation.

Corporate responsibility (level 7) refers to accountability, normally at board or equivalent level, at the highest level of responsibility other than the Chief Executive Officer, for information resources across the organisation(s).

11. Responsibilities for research and development

This factor measures the responsibilities of the job for informal and formal clinical or non-clinical research and development (R&D) activities underpinned by appropriate methodology and documentation, including formal testing or evaluation of drugs, or clinical or non-clinical equipment.

It takes into account the nature of the responsibility (initiation, implementation, oversight of research and development activities), whether it is an integral part of the work or research for personal development purposes, and the degree to which it is shared with others.

Level 1:	Undertakes surveys or audits, as necessary to own work; may occasionally participate in R&D, clinical trials or equipment testing.
Level 2:	(a) Regularly undertakes R&D activity as a requirement of the job, or b) regularly undertakes clinical trials, or (c) regularly undertakes equipment testing or adaptation.
Level 3:	Carries out research or development work as part of one or more formal research programmes or activities as a major job requirement.
Level 4:	Responsible for co-ordinating and implementing R&D programmes or activity as a requirement of the job.
Level 5:	Responsible, as an integral part of the job, for initiating (which may involve securing funding) and developing R&D programmes or activities, which support the objectives of the broader organisation.
Level 6:	Responsible, as an integral part of the job, for initiating and developing R&D programmes, which have an impact outside the organisation for example NHS-wide or outside the health service.

Definitions and notes:

Research and development (all levels) this includes testing of, drugs and equipment and other forms of formal non-clinical research (such as human resources, communications, health education) as well as formal clinical research. This factor measures the requirement for active direct participation in research or trials and does not include indirect involvement as a result of a patient being involved in the research.

Occasionally (level 1) one or two such projects or activities per year.

Undertaking audits (level 1) includes building and facilities audits or surveys, functional audits, clinical audits. Specific, one-off complex audits using research methodology should be counted as R&D activity (level 2a).

Undertakes R&D activity (level 2a) includes complex audits using research methodology for example specific one-off audits designed to improve a particular area or service. It also includes the collation of research results.

Undertakes clinical trials or equipment testing (levels 2b and 2c) is appropriate where active participation is required.

Regularly (levels 2a, 2b and 2c) is appropriate where it is a regular feature of the work, normally identified in a job description, with relevant activity on average at least once a month and usually more

frequently.

Major job requirement (level 3) indicates a continuing involvement for at least some part of every working week (20 per cent or more per week on average). This level is only appropriate where the jobholder normally has at least one project ongoing requiring this amount of involvement. Where the high-level involvement is only required for a one-off project, the job should be assessed according to the normal degree of involvement. Formal audits/investigations which meet the continuing involvement criteria should also be included at this level.

Co-ordinating and implementing R&D programmes (level 4) includes taking overall control of a local, regional or national programme, which may be managed elsewhere. It also includes project management of R&D activities.

An integral part of the job (level 5) is appropriate where R&D is a significant part of the job and takes up a substantial amount of working time.

Initiating and developing (level 6) is appropriate where the jobholder is required to specify and develop R&D programmes and get these off the ground.

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12. Freedom to act

This factor measures the extent to which the jobholder is required to be accountable for their own actions and those of others, to use own initiative and act independently; and the discretion given to the jobholder to take action.

It takes account of any restrictions on the jobholder's freedom to act imposed by, for example, supervisory control; instructions, procedures, practices and policies; professional, technical or occupational codes of practice or other ethical guidelines; the nature or system in which the job operates; the position of the job within the organisation; and the existence of any statutory responsibility for service provision.

Level 1:	Generally works with supervision close by and within well established procedures and/or practices and has standards and results to be achieved.
Level 2:	Is guided by standard operating procedures (SOPs), good practice, established precedents and understands what results or standards are to be achieved. Someone is generally available for reference and work may be checked on a sample/random basis.
Level 3:	Is guided by precedent and clearly defined occupational policies, protocols, procedures or codes of conduct. Work is managed, rather than supervised, and results/outcomes are assessed at agreed intervals.
Level 4:	Expected results are defined but the post holder decides how they are best achieved and is guided by principles and broad occupational policies or regulations. Guidance may be provided by peers or external reference points.
Level 5:	Is guided by general health, organisational or broad occupational policies, but in most situations the post holder will need to establish the way in which these should be interpreted.
Level 6:	Is required to interpret overall health service policy and strategy, in order to establish goals and standards.

Definitions and notes

Within well-established procedures and/or practices (Level 1) is appropriate where jobholders are required to follow well defined procedures and do not generally deviate from these without seeking advice and guidance is guided by standard operating procedures (SOPs), good practice and established precedents (Level 2).

Is guided by standard operating procedures (SOPs), good practice, established precedents (Level 2) for example a jobholder may be required to deal with enquiries and other matters which are generally routine, but is normally able to refer non-routine enquiries and other matters to others.

Is guided by precedent and clearly defined occupational policies, protocols, procedures or codes of conduct (Level 3), is appropriate where the jobholder has the freedom to act within established parameters. Qualified professional/clinical/ technical/scientific/administrative roles typically meet this requirement

Work is managed, rather than supervised (Level 3) is appropriate where jobholders are required to act independently within appropriate occupational guidelines, deciding when it is necessary to refer to their manager.

Is guided by principles and broad occupational policies (Level 4) is appropriate where the jobholder has significant discretion to work within a set of defined parameters. This applies, for example, to those who are the lead specialist or section/department manager in a particular (non-clinical or clinical) field e.g. an HR job specialising in continuing personal development (CPD), a clinical practitioner specialising in a particular field. This level also applies to jobs with responsibility for interpreting policies in relation to a defined

caseload or locality in the community.

Establish the way in which these should be interpreted (Level 5) indicates freedom to take action based on own interpretation of broad clinical/professional/ administrative/technical/scientific policies, potentially advising the organisation on how these should be interpreted e.g. consultant, professional and managerial roles. This also applies to specialists, who have the freedom to initiate action within broad policies, seeking advice as necessary. By definition there can only be one or a very small number of jobs at this level in any service or department.

Is required to interpret overall health service policy and strategy (Level 6) would be appropriate for jobs with an ongoing requirement to act with minimal guidelines and set goals and standards for others.

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13. Physical effort

This factor measures the nature, level, frequency and duration of the physical effort (sustained effort at a similar level or sudden explosive effort) required for the job. It takes account of any circumstances that may affect the degree of effort required, such as working in an awkward position or confined space. The job requires:

Level 1:	A combination of sitting, standing and walking with little requirement for physical effort. There may be a requirement to exert light physical effort for short periods.
Level 2:	(a) There is a frequent requirement for sitting or standing in a restricted position for a substantial proportion of the working time, or (b) there is a frequent requirement for light physical effort for several short periods during a shift, or (c) there is an occasional requirement to exert light physical effort for several long periods during a shift, or (d) there is an occasional requirement to exert moderate physical effort for several short periods during a shift.
Level 3:	(a) There is a frequent requirement to exert light physical effort for several long periods during a shift, or (b) there is an occasional requirement to exert moderate physical effort for several long periods during a shift, or (c) there is a frequent requirement to exert moderate physical effort for several short periods during a shift.
Level 4:	(a) There is an ongoing requirement to exert light physical effort, or (b) there is a frequent requirement to exert moderate physical effort for several long periods during a shift, or (c) there is an occasional requirement to exert intense physical effort for several short periods during a shift.
Level 5:	(a) There is an ongoing requirement to exert moderate physical effort, or (b) there is a frequent requirement to exert intense physical effort for several short periods during a shift, or (c) there is an occasional requirement to exert intense physical effort for several long periods during a shift.

Definitions and notes:

Light physical effort (levels 2 to 4) means lifting, pushing, pulling objects weighing from two to five kilos; bending/kneeling/crawling; working in cramped conditions; working at heights; walking more than a kilometre at any one time.

Sitting or standing in a restricted position (level 2a) restricted by the nature of the work in a position which cannot easily be changed e.g. inputting at a keyboard, wearing a telephone headset, in a driving position, sitting at a microscope examining slides; standing at a machine in a restricted area; standing while making sandwiches or serving meals on a conveyor belt system.

Moderate physical effort (levels 2 to 5) means lifting, pushing, pulling objects weighing from six to fifteen kilos; controlled restraint of patients e.g. in mental health or learning disabilities situations; sudden explosive effort such as running from a standing start; clearing tables; moving patients/heavy weights (over fifteen kilos) with mechanical aids including hoists and trolleys; manoeuvring patients/clients into position e.g. for treatment or personal care purposes; transferring patient/clients from a bed to a chair or similar.

Intense physical effort (levels 4 to 5) means lifting, pushing, pulling objects weighing over fifteen kilos with no mechanical aids; sudden explosive effort such as running from a standing start pushing a trolley; heavy manual digging, lifting heavy containers; heavy duty pot washing.

Occasional at least three times per month but fewer than half the shifts worked, a shift being a period of work.

Frequent occurs on half the shifts worked or more, a shift being a period of work.

Several periods this applies to jobs where there are repeated recurrences of physical effort and does not apply to jobs where the effort in question occurs only once per shift. For example, level 3c applies to jobs involving the repeated moving or manoeuvring of patients, with mechanical or human assistance, into positions in which care or treatment can be carried out.

Weights quoted are illustrative only. Evaluators should take into account the difficulty of the lifting.

Ongoing is continuously or almost continuously.

Short periods are up to and including 20 minutes.

Long periods are over 20 minutes.

Walking or driving to work is not included.

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Seventh edition, September 2018

14. Mental effort

This factor measures the nature, level, frequency and duration of the mental effort required for the job (for example concentration, responding to unpredictable work patterns, interruptions and the need to meet deadlines).

Level 1:	General awareness and sensory attention; normal care and attention; an occasional requirement for concentration where the work pattern is predictable with few competing demands for attention.
Level 2:	(a) There is a frequent requirement for concentration where the work pattern is predictable with few competing demands for attention, or (b) there is an occasional requirement for concentration where the work pattern is unpredictable.
Level 3:	(a) There is a frequent requirement for concentration where the work pattern is unpredictable, or (b) there is an occasional requirement for prolonged concentration.
Level 4:	(a) There is a frequent requirement for prolonged concentration, or (b) there is an occasional requirement for intense concentration
Level 5:	There is a frequent requirement for intense concentration.

Definitions and notes:

General awareness and sensory attention (level 1) is the level required for carrying out day-to-day activities where there is a general requirement for care, attention and alertness but no specific requirement for concentration on complex or intricate matters.

Concentration (levels 2 to 4) is where the jobholder needs to be particularly alert for cumulative periods of one to two hours at a time for example when checking detailed documents; carrying out

complex calculations or analysing detailed statistics; active participation in formal hearings; operating machinery; driving a vehicle; taking detailed minutes of meetings; carrying out screening tests/microscope work; examining or assessing patients/clients.

Normal concentration for example seeing patients, writing reports, attending meetings and all other such activities which are interrupted by phone calls should be level 2.

Unpredictable (levels 2b and 3a) is where the jobholder is required to change from one activity to another at third party request. **Dealing with frequent interruptions (as in telephone or reception work) is not unpredictable unless they frequently cause the post holder to change from what they are doing to another activity (eg responding to emergency bleep, or changing from one accounting task to another in response to requests for specific information). These levels are appropriate for jobs where the jobholder has no prior knowledge of an impending interruption but has to immediately change planned activities in response to one.**

Prolonged concentration (levels 3b and 4a) refers to a requirement to concentrate continuously for more than half a shift, on average, excluding statutory breaks. This is appropriate where the jobholder undertakes few duties other than concentrating on a detailed, intricate and important sample/slide/document, for example cytology screening, clinical coding.

Intense concentration (levels 4b and 5). Requires in-depth mental attention, combined with proactive engagement with the subject, for example:

- carrying out intricate clinical interventions
- undergoing cross examination in court
- active and prolonged participation in board meetings
- situations where the job-holder not only has to apply sustained concentration to the subject matter, but also has to

respond/actively participate, as in clinical psychology or speech and language therapy.

This is greater than a requirement to observe and/or record the reactions of a patient/client or other person.

Occasional fewer than half the shifts worked; a shift being a period of work. There will be activities which are carried out very occasionally for once in six months, which should not be counted under this factor.

Frequent occurs on half the shifts worked or more; a shift being a period of work.

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15. Emotional effort

This factor measures the nature, level, frequency and duration demands of the emotional effort required to undertake clinical or non-clinical duties that are generally considered to be distressing and/or emotionally demanding.

Level 1:	(a) Exposure to distressing or emotional circumstances is rare, or (b) occasional indirect exposure to distressing or emotional circumstances.
Level 2:	(a) Occasional exposure to distressing or emotional circumstances, or (b) frequent indirect exposure to distressing or emotional circumstances, or (c) occasional indirect exposure to highly distressing or highly emotional circumstances.
Level 3:	(a) Frequent exposure to distressing or emotional circumstances, or (b) occasional exposure to highly distressing or highly emotional circumstances, or (c) frequent indirect exposure to highly distressing or highly emotional circumstances.
Level 4:	(a) Occasional exposure to traumatic circumstances, or (b) frequent exposure to highly distressing or highly emotional circumstances.

Definitions and notes:

Exposure relates to actual incidents but the extent of the emotional impact can be either direct, where the jobholder is directly exposed to a situation/patient/client with emotional demands, or **indirect** where the jobholder is exposed to information about the situation and circumstances but is not directly exposed to the situation/patient/ client.

Indirect exposure will generally reduce the level of intensity, so, for example, indirect exposure to highly distressing or emotional circumstances (for example word processing reports of child abuse)

– levels 3b or 4b – is treated as equivalent to the levels below i.e. levels 2a or 3a.

Distressing or emotional circumstances (levels 1 to 3) for example:

- Imparting unwelcome news to staff, patients/clients or relatives. This includes disciplinary or grievance matters, or redeployment/redundancy situations.
- Care of the terminally ill.
- Dealing with difficult family situations or circumstances.
- Exposure to severely injured bodies/corpses.

Indirect exposure to highly distressing (levels 2c and 3c) for example, taking minutes or typing reports concerning child abuse.

Highly distressing or emotional circumstances (levels 3b and 4b)

- This includes imparting news of terminal illness or unexpected death to patients and relatives; personal involvement with child abuse or family breakdown.
- Dealing with people with severely challenging behaviour.

Traumatic incidents (level 4a) for example:

- Arriving at scene of, or dealing with patients/relatives as a result of, a serious incident.

Rare means less than once a month on average.

Occasional means once a month or more on average. This level is also appropriate where the circumstances in which the jobholder is involved are very serious, such as a major accident or incident, but occur less than once a month.

Frequent means on average, once a week or more.

Fear of violence is measured under working conditions.

THE NHS STAFF COUNCIL

WORKING IN PARTNERSHIP

Seventh edition, September 2018

16. Working conditions

This factor measures the nature, level, frequency and duration of demands arising from inevitably adverse environmental conditions (such as inclement weather, extreme heat/cold, smells, noise, and fumes) and hazards, which are unavoidable (even with the strictest health and safety controls), such as road traffic accidents, spills of harmful chemicals, aggressive behaviour of patients, clients, relatives, carers.

Level 1:	Exposure to unpleasant working conditions or hazards is rare.
Level 2:	(a) Occasional exposure to unpleasant working conditions, or (b) occasional requirement to use road transportation in emergency situations, or (c) frequent requirement to use road transportation, or (d) frequent requirement to work outdoors, or (e) requirement to use Visual Display Unit equipment more or less continuously on most days.
Level 3:	(a) Frequent exposure to unpleasant working conditions, or (b) occasional exposure to highly unpleasant working conditions.
Level 4:	(a) Some exposure to hazards, or (b) frequent exposure to highly unpleasant working conditions.
Level 5:	Considerable exposure to hazards

Definitions and notes:

Exposure to unpleasant working conditions is rare (level 1) is appropriate where exposure to unpleasant working conditions occurs on average less than three times a month.

Unpleasant working conditions (levels 1 to 3) includes direct exposure to dirt, dust, smell, noise, inclement weather and extreme temperatures, controlled (by being contained or subject to health and safety regulations) chemicals/samples. Verbal aggression should also be treated as an unpleasant working condition. This level also includes being in the vicinity of, but not having to deal personally with, body fluids, foul linen, fleas, lice, noxious fumes (i.e. highly unpleasant working conditions if there is direct exposure).

Highly unpleasant working conditions (levels 3b to 4b) means direct contact with (in the sense of having to deal with, not just being in the vicinity of) uncontained body fluids, foul linen, fleas, lice, noxious fumes.

Some exposure to hazards (level 4a) is appropriate where there is scope for limiting or containing the risk (e.g. through panic alarms or personal support systems) such as accident and emergency departments and acute mental health wards.

Considerable exposure to hazards (level 5) is appropriate where there is exposure to hazards on all or most shifts and where the scope for controlling or containing the exposure is limited for example, emergency ambulance service work. This level does not apply in situations where potential hazards (chemicals, laboratory samples, electricity, radiation) are controlled through being contained or subject to specific health and safety regulations.

Rare means less than three times a month on average.

Occasional means three times a month or more on average.

Frequent means several times a week with several occurrences on each relevant shift.

Driving to and from work is not included.

THE NHS STAFF COUNCIL

WORKING IN PARTNERSHIP

Seventh edition, September 2018

Chapter 6

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Job evaluation weighting and scoring

1.1 Some form of weighting – the size of the contribution each factor makes to the maximum overall job evaluation score – is implicit in the design of all job evaluation schemes. Most schemes also have additional explicit weighting. The rationale for this is generally two-fold. It is unusual for all factors to have the same

number of levels because some factors are capable of greater differentiation than others. This gives rise to weighting in favour of those factors with more levels, which may need to be adjusted. It is also the case that organisations place different values on different factors, depending upon the nature of the organisation.

1.2 Weighting was considered by an extended Joint Secretaries Group (JSG) which included Job Evaluation Working Party (JEWP) members and an independent expert. The group approached weighting by discussing and provisionally agreeing the principles to be adopted. These were then tested on evaluation results, rather than calculating what weighting and scoring would achieve a desired end, which would have carried risks of being indirectly discriminatory.

1.3 The following was agreed:

- Groups of similar factors should have equal weights.
- Weighting for each factor should be of sufficient size to be meaningful so that all individual factors add value to the factor plan.
- There was recognition that the NHS was a knowledge-based organisation, justifying a higher weighting to knowledge than other factors.
- Jobs would score at least one on each factor.
- There was recognition that differentiation worked best when scores were stretched, which could be achieved through a non-linear approach to scoring. This can be achieved by increasing the step size the higher the factor level.

1.4 A number of models of weighting and scoring were tested. They all had a similar effect on the rank order of jobs. The changes occasioned by different models had a very limited effect. It was agreed that in order to effect significant changes to the rank order, very extreme weighting would need to be applied and this could not be justified.

1.5 The model has a maximum of 1,000 points available. The number of points available for each factor is distributed between the levels on an increasing whole number basis. Within the available maximum number of points for the scheme, the maximum score for each factor has a percentage value, the values being the same for similar factors. The allocation of total points to factors is set out below.

Responsibility: 6 factors: – maximum score 60: – 6 x 60 = 360 – 36% of all available points in the scheme.

Freedom to act: 1 factor: – maximum score 60: – 1 x 60 = 60 – 6% of all available points.

Knowledge: 1 factor:– maximum score 240: – 1 x 240 = 240 –24% of all available points.

Skills: 4 factors:– maximum score for each 60: – 4 x 60 = 240 –24% of all available points.

Effort and environmental: 4 factors: – maximum score for each 25: – 4 x 25 = 100: – 10% of all available points.

Chapter 7

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Seventh edition, September 2018

Job evaluation scoring chart

Factor	Level 1	2	3	4	5	6	7	8
1. Communication and relationship skills	5	12	21	32	45	60		
2. Knowledge, training and experience	16	36	60	88	120	156	196	240
3. Analytical skills	6	15	27	42	60			
4. Planning and organisation skills	6	15	27	42	60			
5. Physical skills	6	15	27	42	60			
6. Responsibility – patient/client care	4	9	15	22	30	39	49	60
7. Responsibility – policy and service	5	12	21	32	45	60		
8. Responsibility – finance and physical	5	12	21	32	45	60		
9. Responsibility – staff/HR/leadership/training	5	12	21	32	45	60		
10. Responsibility – information resources	4	9	16	24	34	46	60	
11. Responsibility – research and development	5	12	21	32	45	60		
12. Freedom to act	5	12	21	32	45	60		
13. Physical effort	3	7	12	18	25			
14. Mental effort	3	7	12	18	25			
15. Emotional effort	5	11	18	25				
16. Working conditions	3	7	12	18	25			

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Seventh edition, September 2018

Chapter 8

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Job evaluation band ranges

Pay bands and job weight

Band	Job weight
1	0-160
2	161-215

3	216-270
4	271-325
5	326-395
6	396-465
7	466-539
8a	540-584
8b	585-629
8c	630-674
8d	675-720
9	721-765

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Chapter 9

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Guide to the use of profiles

1. Introduction

1.1 Profiles have been developed in order to:

- Make the processes of assigning pay bands to roles as straightforward as possible. The matching procedure (see chapter 11) allows most jobs locally to be matched to nationally evaluated profiles, on the basis of information from job

descriptions, person specifications and oral information.

- Provide a framework against which to check the consistency of local evaluations during the initial assimilation process and in the future (see chapter 13).

1.2 Profiles work on the premise that there are posts in the NHS which are fairly standard and which have many common features. Indeed one of the benefits of job evaluation is that it uses a common language and a common set of terms to describe all jobs. Job evaluation is about highlighting similarities between jobs via common language and measurement. Profiles apply these principles to particular job groups.

2. What profiles are and are not

2.1 Profiles are:

- The outcomes of evaluations of jobs (see paragraph 3 below).
- Explanations (rationales) for how national benchmark jobs evaluate as they do.

2.2 Profiles are not:

- Job descriptions and are not intended to replace organisational job descriptions. Similarly, profile labels are not intended to be read as job titles
- Person specifications for recruitment purposes, although they may be helpful in drawing up person specifications in the future.

3. The development of profiles

3.1 The NHS Staff Council Job Evaluation Group (JEG) develops and reviews profiles by working in partnership with relevant stakeholders, e.g. professional groups, trade unions, considering and analysing relevant job information and guidance from third parties (e.g. career frameworks and competency standards). Where significant changes to existing profiles are made, or new profiles developed, these are distributed for consultation via the Executive of

the NHS Staff Council. Comments received are considered by JEG and the revised profile and/or explanation of response to comments is submitted to the Executive of NHS Staff Council for agreement to publish.

4. Use of profiles

National profiles are regularly reviewed and updated to ensure their accuracy and currency. For this reason, it is essential that panels use the profiles published on the NHS Employers website at the time of the panel sitting and do not rely on saved or pre-printed versions that may not be up to date.

4.1 Each profile represents a commonly occurring and recognisable healthcare or non-healthcare job found in the health service. However, for many such jobs there are small variations in the duties, responsibilities and other demands within and between NHS organisations, which need to be acknowledged but which do not make a difference to the overall band outcome.

4.2 Such variations are shown as a range for the relevant factors. Factor ranges are generally not more than two levels, but can be three levels under the effort and working conditions factors and the responsibility for research and development factor, where considerable variations occur in practice in otherwise very similar jobs.

4.3 For each factor, examples are given to exemplify the benchmark evaluation. Generic examples of duties, responsibilities and skills have been used where possible. In some cases a specific example, usually a specialism, has been used. The profile may still be applicable where the particular example used is not relevant to an individual job.

4.4 In some cases there is more than one profile where a single job title has been used historically (e.g. clinical coding officer, healthcare assistant). This is usually because there is a wide range of duties and hence job weight carried out by staff with this title. The range is sufficient to span more than one new pay band. Employers

working in partnership with staff organisations, in accordance with the agreed matching procedure, should determine which is the correct profile for the local post and assign the relevant pay band.

5. Generic profiles

5.1 Most of the current profiles apply to traditional job groups (e.g. podiatry, medical records) for the purpose of transferring all employees onto the Agenda for Change pay band structures. However, one of the aims of Agenda for Change is to increase job flexibility, where this is agreed to be desirable. For some groups, therefore, more generic profiles have been jointly developed by agreement with representatives of the group in question. These are designed to apply to a range of posts, which are broadly similar but which may have been treated differently in the past (e.g. finance, healthcare science).

5.2 Because of the range of job characteristics which can be covered by a single generic profile, this may mean that the profile score crosses the job evaluation range to a lower band. In each such case, the profile carries the following health warning: "The band for jobs covered by this generic profile is band e.g. 4. The minimum total profile score falls below the band e.g. 4 band range boundary. This is the result of using a single generic profile to cover a number of jobs of equivalent but not necessarily similar factor demand. It is not anticipated that any job will be assessed at the minimum level of every possible factor range. If this were the case, it indicates that the job should instead be matched against a band e.g. 3 profile. If this is not successful, the job must be locally evaluated."

6. Profile labels

6.1 Profile labels are intended to assist in identifying possible profiles for matching purposes and to help employees find the profiles of relevance to their own jobs. Profile labels are NOT intended to be used as job titles. Revised profiles sometimes include commonly found job titles; there is no reason why these should not continue to be used, except where they refer to Whitley or other previous grading structures.

6.2 The principles on which the current profile labelling system is designed are to:

- Move away from the current various systems of job labelling and to emphasise the different approach and principles behind the Agenda for Change pay structure.
- Provide labels with meaning to staff in terms of career development e.g. nurse, nurse specialist, nurse advanced, nurse consultant; medical secretary entry level, medical secretary.
- Demonstrate commonality and potential for flexibility where reflected in profile content and outcomes e.g. clinical support worker.
- Keep job group profiles together in an alphabetical listing by starting with the job group name e.g. dental technician, dental technician higher level etc.

7. Profile conventions

7.1 Each profile factor box contains one or more bold statements, taken from the relevant factor level definitions and one or more text statements, summarising or exemplifying job information.

7.2 Bold statements pick out key words and phrases from the relevant factor level definitions and should be read in the context of the factor level definitions.

7.3 Bold and text statements at the same factor level are separated by a semi-colon; bold and text statements at different factor levels are separated by a forward slash.

7.4 **Bold and text statements follow the order of the factor options in the scheme.**

8. Archived profiles

There are times when it is necessary to archive profiles such as:

- when they are replaced by a combined suite
- where there is substantial evidence to indicate that have not

been used throughout the service for a significant period of time.

- where the profile has been updated and changes are significant.

Archived profiles should be retained as such on your job evaluation system but not used to match jobs to going forward. When a profile is archived it does not mean that any jobs matched to it automatically need to be re-matched, the outcome is still valid. However, when the post is subsequently required for recruitment the job description should be confirmed against the new / revised profile as the archived profile is no longer available for future matches.

Chapter 10

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Job descriptions and other job information

10. Job descriptions and other job information

10.1 Having an up-to-date, agreed job description is essential in ensuring that employees and their line managers/employers have a common understanding of what is required of a job. The required

information is generally set out in the form of a list of job duties, after a statement describing the key purpose of the role. Person specifications are usually drawn up to support recruitment as they list the key skills, knowledge and attributes needed for the job. The skills and attributes listed as essential in the person specification must be relevant to the duties required of the job.

10.2 An up-to-date and agreed job description and person specification is also required to facilitate the job matching or evaluation process (see chapter 11, paragraph 3.1 in matching procedure). Accordingly, the NHS Staff Council advice is as follows:

10.2.1 There is no recommended format: the format and content of job descriptions are matters for individual organisations to agree in partnership and should be appropriate to the needs of the organisation. However, having an agreed job description template may support the consistency checking process.

10.2.2 While it may suit the needs of the organisation to include information on the competencies required for the role in the job description, it should be noted that job descriptions which are exclusively competence-based are not helpful for matching purposes.

10.2.3 A Knowledge and Skills Framework (KSF) or other competency-based framework outline should not be used for job matching

10.2.4 Job descriptions should not follow the national JE profile format (written as the 16 factors) or use the same terminology as the profiles/JE scheme. Profiles are not job descriptions and do not fulfil the main purpose of having job descriptions.

10.2.5 JE practitioners are trained to challenge use of factor language in job descriptions for example highly complex or intense

concentration. Likewise they should not accept at face value person specifications that are out of line with the duties of the job, for example requiring a masters level qualification if there is little evidence of use of the level of knowledge or responsibility.

10.2.6 Information required for matching, which is not usually included in job descriptions or person specifications (for example, in relation to the effort and environment factors) should be collected by other means, for instance, by short questionnaire or through oral evidence.

10.2.7 Where generic job descriptions are in use, post holders and their managers must ensure that they adequately reflect the complete nature of the role and amend if necessary. This may trigger a review (see chapter 13).

10.2.8 If job descriptions are used that have not been generated from within the organisation, it is essential that there is a robust audit trail outlining the job evaluation processes used to determine the banding of the job. Organisations must not simply rely on pay bandings determined by other employers without assuring themselves that they could defend the outcome if challenged.

10.2.9 Job descriptions used from other organisations must be checked for consistency against other posts in the organisation. Failure to do so could result in equal pay challenges.

Chapter 11

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Matching procedure

Job matching procedure using national evaluated profiles

1. Aims

1.1 The aims of the matching procedure are:

- To secure outcomes which accurately reflect the demands of

the job and ensure equality of pay.

- To match as many jobs as possible to national evaluated profiles in the most efficient manner possible avoiding the need for many local evaluations.
- For the matching process to be carried out by a partnership panel of trained practitioners.

2. Matching panel(s)

2.1 Matching should be carried out by a panel comprising both management and staff representative members. It should be representative of the organisation as a whole. Panel members must have been trained in the NHS JE Scheme, and this training must include an understanding of the avoidance of bias. These trained practitioners must also be committed to partnership working. The make-up of matching panels is a matter for local agreement but panels must operate in partnership. It is good practice for panels to have equal numbers of staff side and management practitioners with four panel members (two of each) being most effective. No one panel member has deciding vote and panels must reach consensus decisions

The panel can operate with three practitioners should circumstances occur that a practitioner cannot attend and the rest of the panel agree they are happy to continue.The panel can operate with five practitioners. This option is to support the development and confidence of new practitioners to the JE team.
2.2 Records should be kept of matching panel practitioners attending each session, together with a list of jobs matched. This is for future reference, in case of need to convene a differently constituted review panel and to establish a matching audit trail.

2.3 When the panel meets two people representing management and staff in the area of work under consideration should ideally be available to answer any queries or clarify any information about the post being matched. However, this may not always be practical and

questions may need to be asked in writing and written answers considered by the panel at a later date. These job advisers/ representatives should be briefed about the matching process. It is essential that any additional information provided is recorded and forms part of the audit trail. Panels may wish to recommend that job descriptions are amended to reflect it.

3. Documentation

3.1 The matching process is based primarily on agreed and up-to-date job descriptions for the jobs to be considered. The post-holder/job advisers/representatives may add local information where appropriate, this must be agreed between the post-holder and their manager, and signed and dated by both parties. It is important to ensure that all relevant documentation is before the matching panel. This includes the job descriptions, person specifications and organisation charts for jobs to be matched and, where relevant, other reference documents and any short-form questionnaires used to collect supplementary information, for example in relation to the effort and environment factors.

4. Step-by-step procedure

4.2 For each job, the matching panel should:

- **Read the job description**, person specification and any other job information in order to select appropriate national profiles.
- **Identify possible profile matches** using the (computerised or paper-based) profile index and profile titles (there are unlikely to be more than three possible matches). Appropriate profiles will usually be from the same occupational grouping, for example nursing, speech and language therapy or finance.
- **Compare the profile job statements** with the job description, person specification and any other available information for the job to be matched. The available information about the job duties must be consistent with the profile job statement and, in the majority of cases will be from the same occupational

grouping*. If this is not the case, the match may need to be aborted, another profile sought or, if no suitable profile is available, the job sent for local evaluation. If the job duties do broadly match, complete the job statement box on the (computerised or paper-based) matching form.

- **On a factor by factor basis**, complete the matching form boxes with information about the job to be matched from the job description or other sources, which may include verbal information from the job advisers/representatives. Refer to the profiles for the types of information required.
- **For each factor, compare the information** on the form with that in the selected profile and determine whether they match. The information does not have to be exactly the same as that from the profile, but should be equivalent to it (for example 'supervises trainees' is equivalent to 'supervises students').
- **It is important to consider all factors and not just prioritise a few.** All job information is relevant and, must be taken into account to ensure robust outcomes that are justifiable and guard against panels shoe-horning jobs into profiles which may lead to an inappropriate band outcome.

NB – with regard to factor 2 – Knowledge, Training and Experience

It is not advisable to match or evaluate this factor using a personal specification and qualification levels alone. Knowledge must be assessed in the context of demands and responsibilities of the whole job. Panels should always check that, where a qualification is specified in the person specification, that this is actually required for the job.

It is crucial that panels are satisfied they have taken into account all information set out in the job description, person specification and any additional information, for example, organisational chart. The knowledge required for the job may be partly made up from on-the-job learning, short courses and significant experience which leads to a "step up", as well as the level of qualification expected.

Record the panel findings and decisions in the appropriate forms – either paper based or computerised. These records should indicate where factors match or vary or if it was not possible to match the factor on the profile.

- **M=Match** – where the agreed factor level is found to be the same as the profile factor level or is within the profile factor range
- **V=Variation** – where the agreed factor level is found to be either one level higher or lower than the profile factor level or range.
- **NM= No match** - where the agreed factor level is found to be more than one level higher or lower than the profile factor level or range.

5. Determine the matching outcome

5.1 Possible outcomes are:

- If all factor levels are within the range specified on the profile, this is a (perfect) profile match.
- If most factor levels match, but there are a small number of variations, there may still be a band match, if all the following conditions apply:
    - the variations are of not more than one level above or below the profile level or range, *and*
    - the variations do not relate to the knowledge or freedom to act factors. Variations in these factors are indicative of a different profile and/or band, *and*
    - the variations do not apply to more than five factors. Multiple variations are indicative of a different profile or the need for a local evaluation, *and*
    - the score variations do not take the job over a grade boundary.

If any factor is recorded as a no match this must be recorded and

the process repeated with another profile. If there is no other possible profile, refer the job for local evaluation (see chapter 12).

5.2 **When a profile or band match has been achieved**, complete the score column and remaining sections of the matching form. All documentation should be submitted for consistency review (see chapter 14).

6. Consistency checking and confirming matching outcomes

6.1 All job evaluation outcomes must be subject to consistency checking (see Chapter 14). Consistency checking should only be undertaken by experienced JE practitioners who have received relevant training. It must be conducted in partnership with at least one two people, one from management side, one from staff side.

6.2 Only when consistency checking is complete and any apparent inconsistencies resolved should the matching form be issued to jobholders covered by the match, together with the relevant national profiles and a personal letter explaining the proposed pay banding and what to do in case of disagreement (see chapter 13 for the review procedure).

Note:
*Examples of job families are: nursing and midwifery, allied health professions (AHP), administrative and clerical jobs, support services.

Examples of occupational groups within these job families are: nursing, speech and language therapists, finance jobs, portering jobs.

Chapter 12

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Local evaluation

12. Local evaluation

1.	When to evaluate?
1.1	Most NHS jobs will match to a national profile (Chapter 11) so will not need to be evaluated locally. Job that may require evaluating are:
	a.Jobs for which there is no national profile because they are unique or significantly different wherever they occur. This is most likely to apply to senior managerial or administrative posts and jobs in specialist areas such as IT or public relations.

	b. Jobs where an attempt has been made to match them to one or more national profiles, but this has not proved possible. This is most likely to apply to unusual and/or very specialist healthcare and non-healthcare roles.
1.2	Local evaluation is much more time-consuming than matching so it is important to be certain that a local evaluation is necessary before embarking on this route. For those jobs which do need to be evaluated locally the nationally agreed steps are set out below. Detailed procedures on how to implement these steps are to be agreed locally in partnership.
2.	Step by step procedure
2.1	**Step 1: Job Analysis Questionnaire completion** - the jobholder completes the JAQ as far as possible (in either paper-based or computerised form), seeking assistance from their line manager, supervisor or colleagues. This draft document is supplied in advance of interview to the job analysts.
	The outcome of this step is a draft JAQ.
2.2	**Step 2: Job analysis interview -** the jobholder is interviewed by two trained job analysts, one representing management and one representing staff side. The aim of the interview is to check, complete, improve on and verify the draft JAQ by, for example:
	• Checking that the JAQ instructions have been correctly followed.
	• Filling in information and examples where required questions have not been answered or have been inadequately answered.
	• Checking closed question answers against the examples given and the statement of job duties.

The outcome of this step is an analysed and amended draft JAQ.

2.3	**Step 3: Signing off -** the amended draft JAQ is checked by the line manager or supervisor and then signed off by the jobholder, line manager or supervisor and both job analysts. If there are any differences of view between the jobholder and line manager over the information on the JAQ, this should be resolved, with the assistance of the job analysts and, if necessary, by reference to factual records, diaries or equivalent. Any more fundamental disagreements e.g. over the job duties or responsibilities, should be very rare and should be dealt with under existing local procedures including, if necessary, the grievance procedure.

The outcome of this stage is an agreed and signed-off JAQ.

2.4	**Step 4: Evaluation of JAQ** - the agreed and signed-off JAQ is considered by a joint evaluation panel (typically three to five members) and either an evaluation template or computerised evaluation form* completed. The panel must consider all of the job information to determine factor levels as described in Chapter 5. This will involve:
	• Validating the closed question answers against the examples and statement of job duties. This should normally be a straightforward, virtually automatic process.
	• Analysing and evaluating the closed and open-ended information on those factors where 'automatic' evaluation is not possible.
	• Only where necessary, seeking further information from the job analysts and/or jobholder, where the information is inadequate. At the extreme, this could involve sending a badly completed and/or analysed JAQ back to the jobholder and job analysts to repeat steps two and three above. More commonly, it might involve asking the jobholder or line manager for a specific piece of information to resolve a query at the border between question categories or factor levels.
	• Checking the provisional evaluation for consistency on both a factor by factor and total score basis, against both national profiles and other local evaluations.
2.5	For panels using a computerised evaluation form*, the validated factor analyses/evaluations are input factor by factor into the computerised system for evaluation, scoring and weighting. Any 'alert' messages on potentially inconsistent factor assessments thrown up by the computer system need to be checked by the panel.
2.6	The evaluation panel must complete the required paperwork or forms thoroughly, bearing in mind that the evaluation report will be made available to the jobholder in case of a query.
2.7	The outcome of this stage is a factor by factor evaluation of the job, together with a total weighted score and an explanatory rationale.
2.8	**Step 5**: Local evaluations must be subject to consistency checking (as outlined in Chapter 14) before any outcome is released to the job holder or their line manager. Should the Consistency checking panel find any apparent anomalies or have any concerns about the evaluation, these should be referred back to the original panel for reconsideration. Only once the outcome has been agreed by the Consistency checking panel can it be released.
	The Job holder can be given the full evaluation report including an explanatory rationale.

2.9	**Step 6**: If the jobholder is dissatisfied about the outcome of the local evaluation, they may request a **review** (see Chapter 13).
3.	Job Analysis Questionnaires – further guidance
3.1	Where the job is unique within the employing organisation, then the single jobholder must complete the JAQ. Where a number of jobholders carry out the same job being locally evaluated, then there are a number of options for completion:
	a. Jobholders can select one of their number to complete the JAQ and be interviewed by job analysts. The resulting JAQ is circulated to other jobholders for comment both before the interview and, if there are changes as a result of the job analysis interview, before being signed off.
	b. Jobholders can work together to complete the JAQ and then select one of their number to represent them at interview with the job analysts. This option works best where jobholders work together in an office or other work location. It is effective but it can be time consuming.
	c. Where jobholders work in different locations, one jobholder from each location can complete the JAQ before all jobholders meet together to produce a single JAQ and select a representative for interview.
3.2	Jobholders know more about the demands of their jobs than anyone else. The role of the jobholder in a local evaluation is as a source of comprehensive and accurate information about the demands of their job.
3.3	The emphasis is on the job, not the employee, so it is appropriate, and indeed recommended, that the selected jobholder consults others who have knowledge of the job when completing the questionnaire, for example:
	• Supervisor and/or line manager -this should be done during the course of completion, as well as after the analysis, so that any differences of view can be resolved as early as possible.
	• Colleagues who do the same or a very similar job.
	• Colleagues who do a different job but work closely with the jobholder.
	• Staff representative(s) for the jobholder's area of work.
3.4	It may be helpful to also refer to any job documentation, especially if it is agreed as up to date and accurate, for example:
	• Job description - jobholder's or that of a colleague doing the same job, if prepared

	more recently.
	• Job specification, usually prepared for recruitment purposes.
	• Organisation chart.
	• Induction materials if they include any description of the work.
	• Departmental reports if they include any description of the jobs.
3.5	For evaluation purposes, the job to be described consists of:
	• Those duties actually carried out by individual jobholder(s). The last year is generally a good guide on what should be taken into account as part of the job. The job is not an amalgam of what the jobholder might be required to do in other circumstances, nor of what the jobholder's colleagues do. The jobholder is treated for evaluation purposes as being typical of the group of jobholders they represent.
	• Those duties acknowledged by the jobholder and their line manager, either explicitly (through you having been asked to undertake the duties) or implicitly (through not being told not to undertake particular duties), to be part of the job. These may be more, or less, than the duties listed on a formal job description.
3.6	The role of the job analysts in the evaluation process is:
	• To ensure that the JAQ is produced to agreed standards, equality requirements and time scale.
	• To ensure all parties are satisfied with the job analysis process.
	• To check and test the information provided by the jobholder to ensure accuracy and clarity.
	• To check that the JAQ instructions have been followed correctly.

If the JAQ is inaccurate or incomplete, the evaluation will be too.

3.7	The purpose of the job analysis interview is to:
	• Ensure that full and accurate information is available for the evaluation panel.
	• Provide an opportunity for the jobholder to explain their job and be asked face to face questions.
	• Increase understanding between those involved i.e.. jobholder, line manager, staff representative, job analysts and evaluators.
	• Allow information to be clarified and checked.

Chapter 13

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

The review process

1.1 In the event that groups of staff or individuals are dissatisfied with the result of matching or evaluating they may request a review. This review should be conducted by a new panel with the majority of its members different from the original panel.

1.2 Such a request must be made within three months of notification of the original panel's decision. In order to trigger a review, the

jobholder(s) must provide details in writing of where they disagree with the match or evaluation and evidence to support their case.

1.3 Experience among health service organisations which have completed reviews and from outside the service is that an informal review stage before the panel stage is useful. It can resolve many review requests without the need for a panel to be convened and clarify issues where the request does go to the formal panel stage, thus expediting the whole process.

1.4 The aim of such an informal stage, which might be termed the initial or preliminary stage, is to exchange information in an informal manner to help clarify issues and provide an opportunity for discussion and resolution.

1.5 The informal stage normally consists of a meeting between the employee requesting a review and a nominated person from each side, for example, an HR adviser and a staff side representative, both of whom are trained matching or evaluation panel members and able to explain the job evaluation scheme and local procedures for matching or evaluation.

1.6 If requested by an employee, the employee's own staff side organisation representative and/or the line manager can be present.

1.7 Possible outcomes from an informal stage are:

a. The employee withdraws their review request because they now understand and accept the original outcome. There must however be no pressure on employees to withdraw review requests, even if they appear to other attendees to be unfounded.

b. The employee better understands what information will be required by the panel in order to consider the review request.

c. The employee is better able to focus on those JES factors which are relevant to a review in their particular circumstances.

1.8 Where a formal review is necessary, the review panel operates in the same way as the original one and follows the procedure outlined above for matching (chapter 11) or evaluating (chapter 12), including having available/contactable job advisers or representatives.

1.9 The review panel can:

- **confirm the same match / evaluation outcome**
- **confirm a match to a different profile or make a different evaluation,**
- **or in the case of matching reviews only, refer the job for local evaluation.**

1.10 Since the NHS JE Scheme places paramount importance on the issue of accurate and up-to-date information, the review panel must only consider the facts before them. The jobholder will have provided evidence relating to the factor levels they disagree with. However, if the panel wishes to revisit other factors, they need to provide justification for doing this for example because the new evidence provided is thought to alter other scores. They will then need to refer to the evidence they have been presented with, submit supplementary questions to the job advisors or representatives (two people representing management and staff in the area of work under review) where necessary and allow the jobholder to provide additional information. Panels should only complete the review once they are satisfied that all relevant evidence has been examined.

1.11 All panel members will have been trained on the importance of matching or evaluating jobs using accurate information rather than making assumptions which are not evidenced. It is important that this process should equally apply to the review procedure; the risk in making assumptions about somebody's job could lead to pay inequality and the scheme being brought into disrepute.

1.12 The review panel's decision, whether it changes the banding outcome or not, must be subject to quality and consistency checking as outlined in chapter 14.

1.13 The jobholder has no right of appeal beyond the review panel if their complaint is about the banding outcome.

1.14 In the event that the jobholder can demonstrate that the process was misapplied they may pursue a local grievance about the process, but not against the matching or pay banding decision. Where a grievance is upheld, a potential remedy may be a reference to a new matching panel.

1.15 It will be necessary to determine locally some of the detailed aspects of the formal review procedure, for example:

- Whether locally determined features such as administration and chairing will be the same as for the organisation's original matching or evaluation exercise.
- Whether a job holder or their representatives can make their case in person.
- Record keeping: it is important in case of subsequent internal or external investigation that good records are kept of the review outcomes and any amendments made to the original match or evaluation to provide an audit trail for the future.
- The jobholder should be provided with a detailed job report of the review of the match or evaluation.

2. Advice on the release of information relating to the panel.

2.1 It may be that in pursuing a grievance that information about the make-up of a panel is called into question. Organisations appreciate that a degree of confidentiality is essential in carrying out evaluations of people's jobs. Personal details of jobholders, such as name, gender, pay rate are not disclosed to panel members who are matching or evaluating the jobs. Similarly, names of panel members

are not normally disclosed to jobholders when they receive the outcome of the exercise, in order to protect panel members from any attempts to introduce factors into the process that could lead to bias.

2.2 The law is not straightforward in relation to disclosing panel members' names and a jobholder is entitled to request this information under the Freedom of Information Act. However, it can be argued that the names constitute personal data and consent would need to be sought from the individual panel members as to whether they would object to disclosure of their names to the jobholder. If panel members did object, there could be a defence under the Data Protection Act that, on balance, it is in the public interest not to disclose the names.

2.3 The reason for requesting disclosure of panel names should be ascertained. If this stems from genuine concern that the panel's constitution could have led to bias, the joint JE leads should be able to reassure the jobholder that the panel was properly constituted and acted correctly. If there were an allegation of personal bias on the part of one or more of the panel members, this would have led to a defective outcome which would have been dealt with through either consistency checking or a review request.

2.4 Organisations should ensure that they agree in partnership the appropriate procedures that need to be in place to deal with queries of this sort, should they arise. This should include procedures for:

- How to deal with allegations of bias and to give robust reassurance to jobholders.
- How to deal with circumstances where some, but not all, of the panel members agree that their names can be disclosed and face pressure to release names of panel members who do not wish their names to be published.

3. Good practice in relation to review requests

3.1 Emphasis on partnership in the process for arriving at matching or evaluation outcomes should increase confidence and mean that review requests are not seen as challenges to management authority. The detailed review procedure should also be agreed in partnership.

3.2 The local procedure should be transparent, that is, the jointly agreed procedure should be published and disseminated to all employees affected by the exercise, with information about who they should consult for assistance, if required, and on relevant timescales or deadlines.

3.3 Briefing line managers to be able to answer immediate queries can also be helpful, from the perspective of both line managers and those they manage. All these measures can help to reduce the number of review requests, where these arise from lack of information or understanding.

3.4 Review requests should be monitored for equality reasons. Monitoring should cover the number of review requests and the outcomes at each stage of the procedure (see below) by gender, ethnicity and any other agreed characteristics e.g. age, disability. There is some evidence that review processes can be a source of discrimination, for example, because men are disproportionately likely to dispute banding outcomes and to be successful in their reviews. This can be checked through monitoring.

3.5 Jobholders should have sufficient information to allow them to decide whether or not to ask for a review and should be provided with a matching/evaluation job report at the time they are notified of their pay banding. All original matching or evaluation documentation, including interview notes, should be available to the review panel.

NB– all review outcomes must be subject to consistency checking before the outcome is released to job holders.

THE NHS STAFF COUNCIL

WORKING IN PARTNERSHIP

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Chapter 14

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Achieving quality and consistent outcomes

1. Why are quality and consistency important?

1.1 In order to comply with equal pay legislation, it is important that organisations are assured of the quality and consistency of their job evaluation work. Consistency is vital to ensure equal pay for work of equal value and to reassure staff that their outcomes have been

achieved fairly.

This chapter outlines good practice in ensuring quality and in undertaking checking to ensure consistency of outcomes both internally, against other local matching and evaluations in order to avoid local grading anomalies and consequent review requests, and also where possible externally, with outcomes from other organisations, in order to avoid locally matched or evaluated jobs getting 'out of line' with similar jobs elsewhere.

1.2 The first measure to ensure quality and consistency of matching and evaluation is to follow the agreed procedures outlined above and to take such additional steps to help ensure that panels are able to work effectively. This includes ensuring that:

- All panel members have been fully trained and updated in using the NHS JE scheme; in matching or local evaluation, as appropriate, and in the avoidance of bias.
- Panels are conducted in partnership and constituted so as to reflect the diversity of the workforce as far as is possible (e.g. differing occupational backgrounds, gender, ethnicity etc).
- Obvious sources of bias and inconsistency have been eliminated e.g. exclusion by agreement of panel members known to have strong views for or against jobs to be evaluated and those from the job group being matched or evaluated.
- Where possible, there is a mix of experienced and newer panel practitioners.

1.3 The most common source of poor quality and inconsistency in local matching and evaluation is inadequate or inaccurate job information, whether in the form of a job description and any additional input for matching, or a completed and analysed JAQ for local evaluation. Possible steps to minimise problems arising from such job information include:

- In advance of the post going to panel, joint quality assurance (by job evaluation leads or their nominees) of the written job

information to identify obvious omissions or inaccuracies.

- When the panel meets to consider the post, ensuring that panel members can seek additional information from jobholders and/or line managers, where it is agreed that this is necessary.

1.4 Quality and consistency of matching/evaluation panel outcomes are improved by:

a. Matching or evaluating jobs in family or equivalent groups (e.g. all finance jobs, all unique specialist jobs from an occupational group) as this allows for ongoing comparisons and provides some immediate internal consistency checks.

b. Prior to matching or evaluation, panel members should read the most relevant national profiles (e.g. finance profiles for finance jobs, specialist and highly specialist healthcare professional jobs for unique specialist healthcare jobs), noting features which are similar to those of jobs to be matched or evaluated locally.

c. Avoiding being influenced by anticipated pay levels. Job information should not state salary information; if the outcome is out of line with current or anticipated salary levels, this will be dealt with later.

d. Cross-checking individual factor level outcome against national profiles with similar features during the process (not necessarily similar jobs e.g. the physical skills demands of an IT job requiring keyboard skills could be checked against clerical and secretarial jobs on this factor) to ensure the appropriate national profile has been selected.

1.5 Once a matching or evaluating panel have agreed an outcome, the panel members should carry out a preliminary check to ensure they have followed the correct procedure, considered all available job information and made accurate, comprehensive and coherent notes to record their findings.

2 Consistency checking

2.1 The quality and consistency of all panel decisions is confirmed by a process of consistency checking, which also undertakes monitoring of outcomes across the organisation.

2.2 A full consistency check should be undertaken by a designated partnership pair. (e.g. comprised of management and staff side job evaluation leads who are experienced job evaluation practitioners and trained in consistency checking).

2.3 The consistency checking process is as follows:

- Completed matching forms and evaluation reports should be checked for quality to ensure that all boxes have been filled in and reasons given in relation to the job in question for all the factor levels awarded.
- The outcomes (for each factor as well as the job as a whole) should be checked for consistency against:
    - Other matches completed by the same and other matching panels.
    - Other local matches within the same occupational group* and job family*.
    - Other local matches within the same pay band.
    - National profiles for the same occupational group* and pay band.
    - Check total weighted score and rank order of jobs for the organisation.

2.4 Any apparent inconsistencies in matching should be referred back to the matching panel with any queries and/or comments. The consistency checkers should NOT substitute their own decision. The original panel should then review the match or evaluation in question and answer any queries or make amendments to the original match, as appropriate.

2.5 It is recommend that, especially in the case of evaluations, outcomes are compared with **all** relevant national profiles e.g. all those which are in the same job group and pay band. An evaluation may have been required as the post requirements do not conform to the normal tasks and responsibilities for a role. Consistency checking should confirm these differences are justified with the evidence when compared against the national profile.

3 Further advice on consistency checking

3.1 Consistency checking is largely a matter of taking an overview of a batch of results and applying common-sense, but there are some useful questions to ask, for example:

a. Do manager and supervisor jobs match or evaluate higher than the jobs they manage or supervise on those factors where this is to be expected for example responsibility for policy and service development, responsibility for human resources, freedom to act? If not, is there a good reason for this?

b. Do specialist jobs match or evaluate higher than the relevant practitioner jobs on those factors where this is to be expected for example, knowledge, analytical and judgemental skills, responsibility for human resources (if teaching others in the specialism is relevant)? If not, is there a good reason for this?

c. Do practical manual jobs match or evaluate higher than managerial or other jobs where hands-on activity is limited on those factors where this is to be expected e.g. physical skills, physical effort, working conditions? If not, is there a good reason for this?

3.2 Consistency checking is made easier when records are stored on a computerised system. Such a system can flag up inconsistencies, missing data or where correlations between certain factors are not as expected, for example, KTE level 7 with FtA level 1.

4. Advice on avoiding bias in relation to perceived job status

4.1 NHS Staff Council is aware that there are sometimes problems with over-evaluation and under-evaluation of jobs at the upper and lower ranges of the salary scale.

4.2 Organisations are strongly advised to use their partnership arrangements on an ongoing basis to check particularly carefully their outcomes for bands 1 - 3 and bands 8 - 9 to ensure that these are safe and that there is sufficient robust evidence to justify the outcome. If it is discovered that an outcome is unsafe, then this should be rectified in order to maintain the integrity of the JE scheme in your organisation, either through referral back to a panel in order to obtain a robust outcome or under a joint quality locally agreed assurance/governance process. Any disagreement with the outcome should be dealt with through the process detailed in Chapter 15.

Over-evaluation of jobs

JEG has encountered examples of inflation of various factors in respect of band 8c/d/9 outcomes, for example, jobs with titles such as deputy director of finance or head of capital investment, where panels may have made assumptions about factor levels based on little evidence. This may be because there is a belief that a job deserves high factor levels on the basis of perceived status, job title, level of job in the organisation and perceived previous salary levels. The danger in this approach is that it may lead to some jobs being banded higher than the evidence suggests, in other words an unsafe outcome (the 'halo' effect).

Under-evaluation of jobs

There is evidence of this happening particularly with jobs deemed to be in band 1. Lower factor levels appear to have been awarded on the basis of assumptions being made about the processes undertaken or the level of knowledge or skill needed to carry out those processes. Job rationales, particularly in the case of band 1 jobs, had been frequently underscored and had little differentiation

from the rationales in band 2 jobs.

4.3 All parties will need to satisfy themselves that the chosen process is consistent with the NHS JE Scheme matching/local evaluation and review process. It is important that all ground rules should be jointly agreed in advance of embarking on the exercise, for example ensuring up-to-date/accurate and jointly agreed job descriptions/person specifications; whether or not matching to national profiles is possible; what the outcome possibilities are and, once these are identified, what rules on protection etc will be put into place. This will all need to be done in partnership and the responsibility for any misapplication should also be shouldered in partnership

4.4 Normally, any anomalies should have been discovered during the consistency checking stage. During this process, a careful assessment should be made across the individual bands to ensure that the outcomes are similar in terms of demand. This will help to avoid the risk of challenge under equal pay legislation

5 Concerns about local consistency

5.1 Staff or managers who have any outstanding concerns about local consistency should first raise them with the Job Evaluation leads so that they can be investigated. JE Leads may wish to check their outcomes with a neighbouring trust or organisation for a bench marking comparison.

5.2 If concerns cannot be resolved locally they can be referred, by either party to the Country JE leads or the JEG secretariat (JEG chairs and NHS Employers job evaluation lead) for advice. See Chapter 15 for details of how concerns and disputes can be addressed.

WORKING IN PARTNERSHIP

Seventh edition, September 2018

Chapter 15

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Support from the Job Evaluation Group

(NB: where there are partnership agreements in place in devolved administrations to provide local support, the following chapter will not apply.)

1. Support offered

JEG offers two levels of support to local organisations with job evaluation problems or disputes:

- advice
- independent panels.

2. Expert advice

2.1 Local job evaluation leads, either management or staff side, can ask JEG for advice to assist them in their job evaluation work.

2.2 Leads are asked to ensure that they have consulted the relevant sections of this handbook and any related information on the NHS Employers website before seeking advice.

2.3 Requests for advice should be sent to JEG via NHS Employers – JEG@nhsemployers.org

2.4 JEG will aim to respond within 4 weeks but may require further information before being able to consider the matter fully.

2.5 In exceptional circumstances, the JEG secretariat* can be asked to mediate on a local issue. Both parties to the dispute must be in agreement to such a request. The JEG secretariat will meet with the parties, individually and jointly to attempt to find a way forward and resolve the matter in hand.

2.6 Expert advice received in this way is not binding and is available only once on a particular issue, except in exceptional circumstances.

2.7 JEG will log and monitor all requests for advice and will develop guidance for the service as appropriate.

3. Independent panels

3.1 Where the parties within an employing organisation

(management and staff side) have been unable to conclude the matching and/or evaluation, or consistency checking process locally for any post or group of posts, the JEG secretariat* may be approached in writing, in partnership, (to JEG@nhsemployers.org) to convene a panel of job evaluation independent expert practitioners to consider the matter in hand.

If agreement in partnership to request an independent panel cannot be reached, either party may approach the JEG secretariat* for advice in line with section 2 of this chapter.

3.2 Independent panels can be set up where, locally, either

a. A matching, evaluation or review panel has been unable to reach a consensus, despite best attempts to resolve the situation, or

b. A consistency checking panel has been unable to reach agreement with the original panel, despite best attempts to resolve the situation

c. Exceptional circumstances have led to a serious breakdown in process.

3.3 An initial discussion will take place with the JEG secretariat* and if the situation is agreed by all parties to be genuinely intractable, the JEG secretariat*will establish an independent panel to undertake matching or evaluation or consistency checking of the job or group of jobs. Terms of reference will be drawn up by the JEG secretariat*, using a standard template and agreed by the employing organisation in partnership, setting out clearly what is expected from the panel and what happens once an agreed outcome is reached. This will be signed and dated by management and staff sides locally, prior to the panel being convened. The parties will need to submit all relevant documentation (e.g. job descriptions, JAQs, matching/evaluation outcomes, consistency checking records) to the JEG secretariat*, and will need to agree that date from which any change of outcome will be effective from (see also 3.13).

3.4 The JEG secretariat will be responsible for selecting the members of the independent panel, keeping the parties informed on progress in order to maintain confidence and confidentiality.

3.5 The panel of four will be drawn from a pool of matching and/or evaluation panellists drawn in equal numbers from management and staff side and may include JEG members. Panel members will not include panellists from the organisations within the same area or anyone connected with the same job group, directorate or organisational department type, including the trade unions that represent them.

3.6 All panellists will be qualified and experienced in both matching and evaluation processes; in the case of a consistency checking panel, they will additionally have been trained in consistency checking. The JEG secretariat* will provide a pro forma for recording the panel outcome.

3.7 Job advisors (representatives of the post(s) being considered and of their line management) must be available to the panel to answer any questions or points of clarification felt necessary on the day. This could be in person or by telephone. Panels may already have sufficient information and may not need to ask any further questions of job advisors.

3.8 The panel may be assisted by the JEG Chairs, who themselves may be supported by an independent job evaluation expert. Exceptionally, if matters emerge from the process that would benefit from national advice, the secretariat may refer to the NHS Staff Council Executive for their view.

3.9 The organisation making the request will bear the costs of the panel meeting and may be asked to host the meeting.

3.10 All outcomes shall be subject to consistency checking in accordance with the process described in the chapter 14. This may

include reference to other outcomes, locally and/or nationally, and organisations may be requested to provide additional JE information at this stage or provide access to their JE records.

3.11 The JEG secretariat will be responsible for the notification of the banding outcome to the named parties within the organisation once all JE procedures, including consistency checking, have been completed.

3.12 Once the relevant parties have been informed of the outcome of the independent panel, the post holder(s) may request a review within three months of notification. In order to trigger the review process, evidence setting out the reasons for the review and to support the areas of difference must be submitted in writing to the JEG secretariat*. Subsequent changes to the role that occur after the original submission will not be considered. The JEG secretariat* reserves the right to decline the review request if it is clear, after careful consideration and consultation with the previous external panel, that no new evidence has been presented.

Where this procedure is set up for an independent panel to conduct a review, there is no further right of review and the independent panel's outcome (confirmed by consistency checking) would be final.

3.13 The organisation is expected to implement the final outcome of the independent panel backdated to date agreed in 3.3. This is the end of the process.

* 'JEG secretariat' means the joint chairs of JEG plus the NHS Employers JE Lead when the procedure is used in England. Where it is used in Scotland, Wales and Northern Ireland, any reference to 'JEG secretariat' should be substituted by 'Country JE leads'.

Glossary

THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

Glossary of terms

• AfC	Agenda for Change
• CPD	Continuing Personal Development

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• HR	Human Resources
• JAQ	Job Analysis Questionnaire
• JE	Job Evaluation
• JEG	Job Evaluation Group
• JEH	Job Evaluation Handbook
• JES	Job Evaluation Scheme
• JEWP	Job Evaluation Working Party (generic term)
• JEWP1	The first Job Evaluation Working Party
• JEWP2	The second Job Evaluation Working Party
• JSG	Joint Secretariat Group
• KSF	Knowledge and Skills Framework
• ODP	Operation Department Practitioners