Annex 24 - Guidance on workforce reprofiling (England and Wales*1)

Guidance on workforce reprofiling

1. This annex is intended to support organisations undertaking workforce re-profiling by highlighting how the NHS Staff Council agreement can support organisational, service and workforce change, including the development of new roles. It provides advice on how the principles and processes of the NHS Job Evaluation (JE) Scheme can assist organisations in developing and implementing new ways of working and revised job principles locally and how local partnerships can benefit from the Staff Council agreement.

Core principles

2. Re-profiling is a means of examining the content of job roles within a team or a patient pathway to determine the most efficient distribution of bandings needed to deliver the required service. Re-profiling should be undertaken in line with the following principles:

(i) as a joint exercise between the managers and staff working in that function and with the involvement of their Trade Union representative(s);

(ii) all functions across the organisation should be subject to re-profiling on a regular basis to ensure that the potential efficiencies within a system are identified. Explicit and documented consideration may need to be given to Extended Scope Practitioner roles, non-medical Consultant roles, and New Ways of Working;

(iii) the process and time frame for undertaking re-profiling (either across the whole workforce or within particular functions) should normally be agreed with staff and their representative(s) from the beginning of the review process;

(iv) all roles within a function should be subject to re-profiling, not just those in the most populous pay bands and should also include staff outside groups covered by Agenda for Change;

(v) the re-profiling exercise should look first at the skills, tasks and responsibilities needed to carry out roles rather than the bands required;

(vi) it should not be assumed that re-profiling will automatically result in a lower distribution of bands, a re-profiling exercise may well confirm that the current distribution of tasks and roles is the most efficient possible to deliver a clinically safe service to the expected standards of quality;

(vii) the re-profiling exercise should be supported by and comply with the processes and guidance contained in the NHS Job Evaluation Scheme (or the appropriate system for staff outside Agenda for Change groups);

(viii) before the re-profiling starts, agreement should normally be sought with staff and their representatives about the principles for managing the transition to any new structure, in line with the principles in 3 (i) to 3 (ii) below;

(ix) where a workforce re-profiling exercise results in a member of staff being paid at a lower pay band, as established through job evaluation, then the member of staff should see a commensurate change in their role (or the work they undertake).

Practical implications

3. If a re-profiling exercise highlights that a different distribution of roles within a function could deliver a safe service to the expected standard of quality, the proposed new structure should be considered in light of the following:

(i) **Does the proposed re-distribution of roles pose any risk to good practice?** A risk assessment of the new structure should be undertaken at an early stage of the exercise. A check should be made of the relevant professional codes of conduct and ethics (including those for non-clinical job groups) in addition to agreed local policies or protocols, to ensure that removing a task and/or group of tasks from a role does not compromise good practice or pose risks to patient care. There is a requirement on Employers to identify the precise differences between the jobs and make an explicit statement of what will no longer be done or done differently under the new structure.

(ii) **What AfC Bands will the new roles be in?** Revised job documentation for all roles should be put through the established joint job

matching/evaluation process consistent with the Job Evaluation Handbook.

(iii) **Has the proposed structure been subject to consultation with staff?** As well as being actively involved in the re-profiling exercise, staff should be made aware of the timing for, and encouraged to respond to, the relevant formal consultations on the proposed structure and new ways of working.

(iv) **Do the changes have any discriminatory impact?** The potential impact of the re-profiled structure on different groups of staff/patients/service users should be assessed using the agreed local procedure.

(v) **Are staff prepared for an expansion or diminution of their role and/or to undertake new roles with new competencies?** Plans should be put in place to ensure that staff undertaking new asks are fully trained before the commencement of their new duties.

(vi) **Is it obvious what each member of the team is responsible for and who is providing supervisory support?** Clear lines of accountability and governance should be identified within the function and any elements of risk clearly highlighted and appropriate action agreed. Registered staff have a duty to ensure that staff to whom they are delegating tasks are appropriately trained and can deliver the task to the expected standard.

4. Principle 2 (viii) above identifies that local partnerships should seek to agree a process for managing the transition to new structures. In cases where the re-profiling exercise identifies that fewer staff are needed at particular pay bands, local partnerships will need to apply the following principles:

(i) natural wastage should normally be the preferred means by which the number of posts are reduced;

(ii) if it is not anticipated that there will be natural wastage of a level sufficient to move to the new structure within the agreed time frame, agreement should be reached on plans to apply the relevant process for consultation on redundancy (see Section 16 (England) or Section 16 (Scotland, Wales and Northern Ireland) or, in cases where more staff are

required to work at lower bands, to agree the process for redeployment to new roles.

5. Where staff move to a post at a lower level in the revised structure, the local organisational change policy or a local agreement will apply. In the absence of such a policy, local partnerships should seek to agree an appropriate period during which the higher rate of pay will be protected (see paragraph 19.1).

1 In Wales this Section is part of a three year agreement. It applied until 31 December 2017.

Pay circular (AforC) 1/2015: amendment number 35