NHS Staff Council
WORKING IN PARTNERSHIP

Action needed on job evaluation outcomes for nursing and midwifery staff

Working in partnership

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Chapter 1 - Introduction

1.1 Following the written ministerial statement issued by the Secretary of State for Health and Social Care in April 2025, more attention is being paid to job evaluation at all levels of the NHS than at any time since the implementation of Agenda for Change (AfC) in 2004.

1.2 This guidance document has been developed in response to concerns raised about job evaluation practices during work to update the national job matching profiles for nursing and midwifery roles. The Job Evaluation Group (JEG) received significant evidence from across the service which indicated that, in many cases, the job documentation for nursing and midwifery roles had not been updated as job requirements had changed and that there was no current job evaluation record for many roles. The NHS Staff Council is therefore concerned that the pay banding outcomes of these roles could be unreliable and is setting out its expectations of local partnerships to address this concern.

1.3 This guidance document aims to inform and support the local activity needed to build the necessary organisational capacity to undertake job evaluation robustly and to ensure job documentation[1] for nursing and midwifery staff, is accurate and up to date.

1.4 Whilst the principles and approach outlined below apply to all occupational groups and roles, the NHS Staff Council expects organisations[2] to prioritise nursing and midwifery, as per the 2023 pay deal recommendations referred to in section 1.1 above.

[1] Throughout this document the term “job documentation” is used and refers to documents required for job matching purposes such as job descriptions and person specifications
[2] The term “organisations” in this document refers to those bodies listed in Annex 1 of the NHS Terms and Conditions of Service Handbook.

What is the NHS Job Evaluation Scheme and why is it important?

1.5 When the Agenda of Change (AfC) pay structure was introduced in 2004 its main aim was to harmonise pay, terms and conditions of service and ensure equal pay for work of equal value across all staff groups. This aim is as important today as it was then.

1.6 However, in the 20 plus years since the introduction of AFC many organisations have not always been able to continue to prioritise the resource, investment and commitment needed for robust and consistent application of the Job Evaluation Scheme (JES) that underpins the main AfC pay structure.

1.7 The NHS Staff Council's position remains that proper, consistent application of the NHS JES as set out in the NHS Job Evaluation Handbook is essential for supporting recruitment, retention and staff morale as well as good workforce and operational planning. In addition, in Spring 2025 HM Government, in accepting the recommendations on job evaluation made as a part of the 2023 pay deal for England, reaffirmed the need for staff to be paid correctly for the work they are asked to deliver, and noted that robust and consistent local job evaluation practices are integral to achieving this.

1.8 In recent years, the NHS Staff Council partners have been concerned to see dispute and industrial action as a result of pay banding escalate. The review of matching profiles for nursing and midwifery crystalised these concerns such that the NHS Staff Council is now publishing this guidance to:

- recommit to the principles of equal pay for work of equal value and good job evaluation practice as outlined in the NHS Job evaluation handbook and associated guidance, and
- set out its expectations of NHS organisations, managers and staff on JE in general and in anticipation of the publication of updated profiles for nursing and midwifery
- provide information on how to deliver on those expectations based on best practice.

Background to the review of national job matching profiles for nursing and midwifery

1.9 The NHS Staff Council delegates work to maintain and update the NHS Job Evaluation Scheme to a technical sub-group known as JEG (Job Evaluation Group). This is a partnership group of employer and trade union representatives.

1.10 In 2021, as a result of requests from the Royal College of Nursing (RCN) and the Royal College of Midwives (RCM), the NHS Staff Council asked JEG to undertake a full review of the national job matching profiles for nursing and midwifery. The review was to address concerns that the existing profiles were out of date and did not adequately reflect changes in the professions that had been seen over recent years for example, changes to the Nursing and Midwifery Council (NMC) standards, clinical practices and the wider delivery of health and care as well the increasing use of technology.

1.11 In the course of their review work JEG was presented with significant evidence from across the service that indicated that, in many cases, the job documentation for nursing and midwifery roles had not been updated as job requirements changed and that there was no current job evaluation record for many roles. JEG reported concerns to the NHS Staff Council that the pay banding outcomes of these roles could therefore be unreliable.

1.12 JEG also reported concern that, in many places, there was a significantly lower level of job evaluation activity for roles in bands 2-6, indicating that pay banding outcomes were often historic and may no longer be reliable.

What is the NHS Staff Council asking employers staff and trade unions to do?

1.13 As updated national job matching profile for nursing and midwifery have been published, the NHS Staff Council is urging organisations to ensure they are taking, or have recently taken, action to ensure that the job documentation for these groups of staff describes jobs appropriately and that they have the required capacity, processes and practices in place to ensure robust application of the NHS Job Evaluation Scheme.

1.14 Given the seriousness of this issue and the potential risks organisations may be exposed to, the Staff Council expects that this work will be prioritised, undertaken in partnership and overseen by Boards, and should entail:

- an assessment in partnership of the local position in relation to job documentation, the accuracy of job evaluation outcomes and job evaluation capacity – to inform an organisational risk assessment
- agreement in partnership of a local action plan to address any issues discovered and on the resources necessary for the work.

1.15 The Staff Council appreciates the complexity of the work this may entail and expects employers, staff members and their trade unions to work together in good faith and in the spirit of true partnership. Staff are encouraged to work collaboratively with their line manager and representatives to articulate, document and provide evidence on their job requirements.

1.16 This activity may be necessary for other/all occupational groups, however the 2023 pay deal recommendations (now accepted by government) stated that nursing and midwifery will need to be prioritised.

Chapter 2 - Principles

2.1 The NHS Staff Council has agreed the following principles to underpin all and any activity in relation to the NHS Job Evaluation Scheme at national, regional, and local levels. These principles should inform local partnership discussions and planning of the work to deliver the expectations described below.

a) Equal pay for work of equal value - Equal pay liabilities sit with each individual employer.

b) Adherence to the NHS Job Evaluation Scheme and its local application as outlined in the NHS JE Handbook. Including but not limited to:

- acknowledgement of the JES as a contractual entitlement with the same legal status as the other terms and conditions of service
- the right of staff to have access to a changed job process where it is agreed the requirements of their role have changed
- appreciation that the scheme measures job demand not competency or performance of staff doing the job
- that all JE processes are undertaken in partnership by those trained in job evaluation
- the importance of consideration of all 16 factors and a holistic assessment of roles
- that banding outcomes achieved by proper JE process must be upheld
- where banding outcome changes as a result of rebanding, that change should be backdated to when the postholder and manager agreed the job has changed as per the NHS Job Evaluation Handbook (chapter 3).

c) Partnership working and joint ownership of all local activity (especially that drawn up in anticipation of publication of updated profiles for nursing and midwifery). To include a commitment to:

- establish mechanisms to monitor, review and document all activity on a regular basis via local Joint Negotiating Consultative Committees (JNCCs)
- work together to resolve any challenges including an agreed dispute resolution process e.g. an agreed process when staff and their line manager can't agree job documentation.

d) Transparency of approach and communications. To include:

- locally agreed process / project plan developed in partnership and supported by relevant line managers and professional leaders. This should include a clear timeline with identified, realistic milestones
- local risk assessment to be undertaken in partnership. This will be informed by information on the age of job descriptions (JDs) and feedback from managers, staff and their trade unions
- meaningful engagement, regular communications and progress updates with staff at all stages**.**

e) Commitment to ensure sufficient resource for local JE work. This will involve an assessment of the project management resource required to deliver this essential programme of work, including but not limited to:

- agreed time off for relevant trade union representatives
- ensuring panel availability/release, capacity and scheduling.

Chapter 3 - Risks of doing nothing

3.1 The NHS Job Evaluation Scheme is a contractual entitlement for staff and a necessary action for employers to mitigate the legal and financial risks of equal pay challenges.

3.2 The NHS Staff Council partners fully understand and appreciate the current context the NHS is operating in, and the challenges organisations are facing. Whatever the scale of these challenges, however, they should not detract from upholding the long-standing and key principle around maintaining equal pay for work of equal value.

3.3 The NHS Staff Council also understands the financial considerations organisations will need to take into account in undertaking this work but is clear that financial challenge is **not** a reason to ignore this issue.

3.4 Poor local job evaluation practice risks the robustness of outcomes and undermines the confidence staff and managers need to have in the scheme. It can also lead to disputes which impact employment and industrial relations.

3.5 Where staff do not feel they are being appropriately paid for the work they are required to do, engagement, morale and retention are likely to be negatively impacted.

Chapter 4 - NHS Staff Council expectations of NHS employing organisations

4.1 The NHS Staff Council expects organisations to ensure they are taking, or have recently taken, action to ensure the accuracy of job documentation for their nursing and/or midwifery staff, and that they have the required capacity, processes and practices in place to ensure robust application of the NHS Job Evaluation Scheme. (This activity may be necessary for other/all occupational groups, but the NHS Staff Council expects organisations to prioritise nursing and midwifery.)

4.2 HM Government, in accepting the recommendations on job evaluation made as a part of the 2023 pay deal for England, reiterated the need for staff to be paid correctly for the work they are asked to deliver, and noted that robust and consistent local job evaluation practices are integral to achieving this. This was confirmed in the written ministerial statement issued by the Secretary of State for Health and Social Care.

4.3 Therefore, given the significance of this work, and the consequences of not addressing it, the NHS Staff Council expectation is that organisations' boards will hold accountability, a board member will be nominated to be senior responsible officer (SRO) or sponsor for the action plan and will ensure regular reporting into boards to allow them to manage the issues under local risk assurance processes e.g. risk registers or assurance frameworks.

4.4 Boards are therefore asked to commission the following actions:

1. An assessment of the local position in relation to the accuracy of job documentation, the currency of job evaluation outcomes and adequacy of job evaluation capacity – to inform an organisational risk assessment.

2. Agreement in partnership of a local action plan to address any issues discovered and, on the resources necessary for the work. This will require a commitment to work collaboratively in partnership with staff side.

4.5 Further detail on these expectations is provided in section 4.6. Organisations are reminded of the principles described in chapter 2 that must inform the approach taken to delivery of these actions.

4.6 An assessment of the local position in relation to job documentation, the currency of job evaluation outcomes and job evaluation capacity – to inform an organisational risk assessment.

a) Aim - To report to board level on local position in relation to these areas –

- The accuracy or otherwise of job documentation and the anticipated impact on job evaluation outcomes and requirements.
- Job evaluation activity and performance – to include whether there is sufficient resource and capacity to apply the NHS JE Scheme appropriately.
- An assessment of the legal and financial risks the organisation needs to manage as a result of the above findings.

b) Who should be involved?

i. Organisations should assemble a working group able to undertake this work. This group will report to the board sponsor/SRO, supported by the executive leads for workforce/people and nursing and should include (but not necessary be limited to):

- human resource /people departments/workforce analysts (e.g. to gather information from ESR)
- staff-side representatives
- staff side and employer side job evaluation leads
- nursing and midwifery operational/professional leaders

- finance departments – to model potential impact on pay bill and to help define financial risk.

c) Key actions/activities

i. **Audit of job documentation from staff in scope:**

ii. Initial mapping/scoping:

- Identification of how many nursing/midwifery staff there are employed across all work areas and bands.
- How many job descriptions are being used for these roles; identify job descriptions that cover multiple and single staff numbers in all work areas; clearly identify where multiple staff are covered by a single job description.

iii) For each job description being considered as part of the roles in scope for the review:

- When were the job descriptions last reviewed?
- When were the job descriptions last put through a job evaluation process that determined the pay banding? (this may not be the same as the last review).
- Are job matching/evaluation reports available for each job description as staff are entitled to have sight of the report that relates to their role?

iv) **Additional information and evidence sources to consider:**

- Triangulate JD information with data on the length of service of staff in posts where JDs are the oldest as this may indicate their role has changed over time.
- Consider how close to the pay band boundary the JE score for roles is as this may indicate that the banding outcome could change more easily with less significant job demand change.

d) Assessment of JE activity, resource and capacity:

i. It is essential that organisations ensure their processes align with those outlined in the NHS Job Evaluation Handbook.

ii. The Staff Council recommends that, in the first instance, organisations undertake an assessment of their current JE activity and practice by using the checklist developed by the Staff Council partners in their work developing the JE recommendations now accepted by government (see Appendix 1).

iii) There should also be an analysis of current panel activity, volume of requests and trained panellists and an assessment of the impact of an increase in rebanding requests that may be indicated by the assessment of job description currency as detailed above.

iv) A training needs analysis for leads and panellists is also recommended (to note - the Staff Council recommends refresher training for all JE leads and panellists every 3-5 years. Organisations should also consider the wider training needs of recruiting line managers and workforce planners/leaders to help them understand the interaction of their role in job design and operational planning with job evaluation.

e) Risk assessment/board assurance:

i. Organisations will have an established risk management/assurance process. This should be used to ensure that Boards understand their local position in relation to JE and the accuracy of job documentation, and are able to assess and articulate risk in the following areas –

- financial
- legal
- industrial/staff engagement and morale.

ii. The SRO/sponsor at board level will be responsible for updating the board on the progress of the local action plan (see section 4.7) which should outline the risk mitigations, and boards should regularly review these risks to determine whether any further activity is required to manage/mitigate those risks.

4.7 Agreement in partnership of a local action plan to address any issues discovered and on the resources necessary for the work.

a) Aim

i. Action plan to be agreed locally in partnership with staff side representatives and communicated to employees through all available channels. Organisations will ensure that boards have oversight the plan that will address issues identified in risk assessment (see section 4.5.5).

b) Who should be involved?

i. It is recommended that the working group that has conducted the assessment/analysis help construct the action plan. However, other expertise may also be required e.g. project management. The board sponsor/SRO will oversee this work.

ii. The work must be done in partnership with staff side, staff and professional leaders.

c) Key issues include -

- how and which job documentation will be updated?
- how job evaluation capacity/resource will be ensured?
- how the organisation will monitor and report on progress?
- how staff will be informed and engaged?
- what evaluation of the plan will take place and when?

d) Updating job documentation -

i. The assessment exercise detailed above will have identified posts in scope. For each post it will be important to ensure that its job documentation is up to date and accurately reflects the tasks and responsibilities currently required of staff (as distinct from reorganisation processes that might be used to seek changes to job roles and responsibilities).

ii. Staff Council expects employers to prioritise the job documentation for band 5 posts first and then those deemed at higher risk of being out of date according to the assessment above.

iii. Organisations should anticipate an increased interest in this work. The action plan will therefore need to consider how requests for job documentation updating (the "changed job process" referred to in many local JE policies and described in this infographic) outside of the agreed project plan can be accommodated. This links to the principles listed above and the right of staff to have access to a changed job process where the requirements of their role have changed.

iv. There are a number of ways to review job documentation for roles agreed to be in scope - the risk assessment (as above) will help to inform the approach that you take.

v. This could be approached as follows:

- **Individual JD**: requiring an individual member of staff to work with their line manager to agree their job description and any other relevant supporting documentation.
- **Team/ward-based JD**: working with a representative sample of staff from individual teams or work locations (e.g., coronary care) discuss and agree the job information that would apply within that specific location. Trade unions should be asked to nominate staff to be involved in this exercise.
- **Collective JD**: this could be across the whole organisation or in a particular division covering many staff working to a core generic job description. As above, this work should be done with a representative sample of staff (nominated by trade unions) and line managers.

vi. Where a team/ward or collective approach is taken, asking staff to complete job diaries or participate in focus groups can be very helpful.

vii. Where generic job documentation is used, it is especially important that all staff covered have the opportunity to consider its accuracy in relation to their role and the requirements made of them individually. It may be necessary to agree supplementary information for some roles.

viii. Whichever approach you use, the review must be undertaken in partnership with staff themselves (or representatives of the staffing group) and involve professional leaders and trade union representatives. Any review will also need to identify the effective date that the role changed,

as this agreed date will be needed should the banding of the role change. (See Supplementary Information for more details on establishing the effective date of change.)

ix. Where there is clear evidence that the job description is up to date **and** both line manager and post holder agree it is an accurate reflection of the role **and** there is a job evaluation report the job will still need to go through consistency checking against the updated profiles.

x. However, evidence received by JEG was that job documentation was, for the most part, outdated and as such the Staff Council expects that the majority of jobs will be reviewed and revised. All job descriptions that are revised should go through the usual JE process as defined in the NHS JE Handbook.

xi. The NHS JE Handbook says the following –

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.

xii. It goes on to say that "knowledgeable Job evaluation practitioners" should decide whether changes to job documentation are significant and warrant a re-evaluation."

xiii. Therefore the NHS Staff Council expects organisations to ensure there is a robust and transparent mechanism, developed and agreed locally with JE leads, to check the significance of any changes made when documentation is being collated for JE panels. (Insignificant changes would be, for example, change in contracted hours or work base, or the addition of details not related to responsibilities, skills, duties etc). It is not for line managers to make this assessment. There should also be a transparent dispute resolution process for instances where staff disagree with the decision made about the significance of changes.

xiv. **Important** – if there is no job matching or job evaluation report for a job it MUST go through a full panel process whether the job documentation is revised or not.

xv. See Appendix 2 for a flowchart illustrating this process.

e) Building job evaluation capacity and resource

i. JEG has issued guidance on building and maintaining capacity which can be found along with all its other advice guides on the NHS Employers website.

ii. The NHS Staff Council is aware that expertise in job evaluation may have been lost since the implementation of Agenda for Change in the early 2000s. It encourages organisations to recognise the importance of restoring that expertise and experience by ensuring the following -

- That JE is **not** just considered to be an issue for HR/people teams. Other corporate functions and professional workforce leaders should be aware of their role in ensuring good employment and JE practice.
- That there is adequate strategic and operational support for JE – including named JE management and staff side leads with responsibility for and time to oversee job evaluation across the organisation.
- That there are sufficient JE panellists to meet projected JE activity demand and that they are all able to be released from their substantive roles to undertake training and panel work. This is especially important for patient facing staff whether staff side or not.
- That all JE panellists are adequately trained and supported to undertake panel work, and that refresher training is available.
- That JE outcome and panel records are kept indefinitely, as rebanding requests can be made at any time.
- That operational managers appreciate the benefits of their active involvement in JE and of enabling staff to undertake training and panel work.

iii. The NHS Staff Council is clear that time off for staff side JE leads and panellists to undertake JE work/sit on panels should **not** be considered nor reported under facilities agreements.

iv. The NHS Staff Council has been pleased to support the development of NHS Employers' Community of Practice for JE and encourages all

organisations to ensure that they are involved in its work.

f) Monitoring and reporting on progress

i. The NHS Staff Council expects that reports on this work will be made regularly to both Boards and partnership Forums/JNCs.

ii. In addition, NHS England's regional directors of workforce, training and education will oversee JE assurance, evaluating progress and identifying material risk and outlier organisations.

g) Staff engagement

i. The NHS Staff Council is clear that this is work that needs to be done **with** staff not "to" them. Effective staff engagement will include –

- commitment to partnership working with trade unions
- good communications from and at all levels that stresses the importance of JE
- an agreed process should there be dispute over job description content in addition to the usual process to ask for a review of a panel outcome.

h) Evaluation

i. The action plan should identify KPIs and measures of success. As with any improvement programme, building in time to review, reflect and evaluate at regular intervals as well as at the end of the project will help address any challenges or barriers in a timely way and ensure momentum is kept.

Chapter 5 - Summary

5.1 The NHS Staff Council has taken the unusual step of issuing guidance in addition to that provided by its Job Evaluation Group. It does so to address the specific concerns within the nursing and midwifery workforce that have been highlighted in the course of the review of job matching profiles and other workstreams such as the 2023 “non-pay” recommendations.

5.2 By committing to the principles and taking the steps described in this document, NHS organisations will be assuring its nursing and midwifery staff that they are being paid for the work they are required to do. By investing in job evaluation capacity and resource, boards will have confidence in their ability to manage the risks associated with pay inequality.

Further information

Job evaluation hub on NHS Employers website

If you have any questions, please email the job evaluation team at NHS Employers.

Chapter 6 - Supplementary information

6.1 The Job Evaluation Handbook contains information on interpreting and applying the AfC JE scheme and profiles. The handbook has been developed nationally and approved by the executive on behalf of Staff Council.

6.2 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.

Establishing an effective date of change

6.3 When reviewing and revising job documentation it is essential that the role holder and line manager agree the date any revisions are effective from. This is the date that will be used should the changes result in a change of banding after the revised documentation has been considered by a JE panel. The NHS JE Handbook says –

> "If the banding outcome changes as a result of re-evaluation, that change should be backdated to when the postholder and manager agree the job has changed." (Chapter 3, section 4.5)

6.4 The date of change is therefore NOT the date a role is re-evaluated nor is it determined by any changes made to the national job matching profiles and may be different for different groups of, or individual members of, staff.

6.5 In agreeing the date it will be important to look at the evidence of when additional responsibilities were taken on or additional skills required. This date may be different for different roles. Analysis of training

records, competency frameworks, appraisal or PDR documentation may be helpful.

6.6 The NHS JE Handbook also says that disputes about backdating should be resolved through local procedures, so it will be important that there is an agreement made in partnership about the escalation process that will be made available.

6.7 This date will also inform the pay point on the band that a staff member will be put on if the banding of the role is increased by the job evaluation process. For example, if the date of change is agreed to be 3 years ago. If the pay band increases as a result of the re-evaluation, the postholder will be put on the intermediate pay point of the new band to reflect 3 years' experience at the higher band and arrangements made for back pay.

Example:
Jo had been working as a band 5 nurse for the last 15 years. When the job documentation for their role was updated a JE panel determined it was a band 6 role. Jo and their manager agreed that Jo has been working at this level for the last three years as they have been undertaking a higher level of clinical responsibility. Jo was moved to the intermediate pay point of band 6, and received three years back pay. As they already have three years credited at band 6, they will move to the top of the band after two more years (assuming they meet the pay progression standards).

Good panel practice

6.8 JEG will publish guidance for panels alongside the updated profile suites. However, panels – and organisations should note that, whilst it is tempting to look for the one thing that makes a role one band or another, it is not usually that clear cut. This is emphasised in the NHS JE Handbook

> "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."

Panel composition

6.9 The NHS JE Handbook confirms the importance of avoiding bias and states the following about the way in which panels work –

> "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.

6.10 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." (chapter 11, para 2.1)

6.11 JEG has always been of the view that panel members should not be employed in the same post as the one the panel are considering. For example, if a panel is looking at a ward manager role, it would not be advisable for another ward manager to be on this panel. Of course, representatives from the job group and the line manager for the role should be available to the panel should they have any question they need answering to ensure their understanding of the job documentation.

The role of job evaluation leads

6.12 Job evaluation leads in NHS employing organisations play a vital role in ensuring the fair and consistent application of the NHS Job Evaluation Scheme.

- They are appointed in partnership, that is staff side JE lead and management side JE lead, ensuring a collaborative approach to job evaluation.
- They stay informed on latest developments in the NHS JES and share this knowledge with others within the trust.
- They oversee JE processes, ensuring compliance with good practice guidelines.
- They advise employees, managers and staff side representatives on the correct procedures and best practices for job evaluation.
- They offer support to managers and employees who need guidance on job evaluation.
- They are essential to maintaining the integrity, fairness and transparency of the JES within their trust for all NHS staff.
- They are often the people who undertake consistency checking and who ensure the quality of panel reporting.

Job evaluation records

6.13 Keeping accurate records for job evaluation outcomes and consistency checking is essential. Organisations should already have a system in place for recording and storing their job evaluation outcomes that will support this work. One of the recommendations being taken forward following the 2023 pay deal is the procurement of a new digital platform for JE across England. Organisations are therefore encouraged to ensure that their current systems are up to date and that all data/information is held in a format that will allow for csv data transfer.

Job descriptions

6.14 The advice from the NHS Staff Council on job descriptions is, and always has been, that:

- Having up to date, agreed job descriptions is good HR practice and a requirement in the NHS Terms and Conditions of Service (Section 31.6), their main purpose being 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.
- Having person specifications available for all posts is good HR practice, as it facilitates the recruitment process.
- Up to date, agreed job descriptions and person specifications facilitate job evaluation and make it more accurate and efficient.
- Job descriptions should not follow the national JE matching profile format, as profiles are not job descriptions and do not fulfil the main purpose of a job description.
- 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) can be collected by other means, for instance, by short questionnaire.
- Job evaluation measures the demands of the job, not the competency of the person in the job. Therefore a job description which is exclusively competence based is not helpful for matching purposes.
- 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.

6.15 In addition to the above – the use of generic job descriptions can also create problems for job evaluation panels if they are written in such a way that the actual requirements of the job – the tasks and responsibilities and the knowledge and skills required to undertake them - is not sufficiently specific. Where generic job descriptions are in use there should also be a means by which any particular features of jobs can also be recorded.

6.16 NHS Employers has also published guidance on writing job descriptions which can be found on this web page.

Person specifications

6.17 Whilst person specifications can be useful for job evaluation panels, they are often written for recruitment purposes indicating the criteria candidates will be assessed against rather than the criteria for the full proficiency in role that is measured by job evaluation. Where job descriptions are updated it would make sense to update person specifications accordingly. In its guidance for panels, JEG reminds panellists that they need to understand the skills and attributes relevant to the duties required for the job.

Ensuring job evaluation capacity

6.18 JEG has previously issued guidance that has covered capacity issues. See also managing equal pay risk by ensuring good job evaluation practice and chapter 3 of the NHS JE Handbook.

Appendix 1 – Assessment of job evaluation practices

Organisations should undertake this assessment in partnership with trade unions to measure their JE performance against good practice as defined in NHS Job Evaluation Handbook.

1. Responsibility for JE activity sits within a designated and resourced part of the HR/people function and there is an identifiable lead for JE with a reporting line to board level.

Red	There is no identifiable lead for JE and its admin is shared between HR staff.
Amber	There is an identifiable lead for JE with a reporting line to board level but no designated administrative support.
Green	There is a designated and resourced HR function responsible for all JE administration and activity e.g. admin of panels, support to JE leads, quality assurance of panel paperwork and there is an identifiable lead for JE with a reporting line to board level.

2. An equal pay audit and an assessment of equal pay risk is conducted regularly.

Red	This does not happen – we only report on gender and/or ethnicity pay gaps
Amber	We have undertaken some activity in this area but not regularly
Green	This activity is undertaken regularly

3. Our Board receives a regular report on job evaluation (application and outcomes) and issues are raised on the corporate risk register as appropriate.

Red	No.
Amber	Yes, but not routinely.
Green	Yes, a report is made at least annually including an assessment of performance/risk.

4. There is a management side and a staff side lead for JE.

Amber	One or another and a plan to get both.
Green	Yes for both.

5. The partnership forum/joint negotiating consultative committee receives regular reports from JE leads about JE processes, outcomes etc.

Red	No.
Amber	Only when requested.
Green	Yes regularly (at least quarterly).

6. There is an up-to-date JE policy that has been agreed in partnership that outlines all local processes and practices and is in line with the national JE handbook.

Red	No – or the policy is over 5 years old.
Amber	Yes, but needs reviewing.
Green	Yes, and is reviewed at least every 3 years.

7. The NHS Staff Council recommends that the end-to-end process for determining pay banding is no longer than 12 weeks (not including time taken for role holders and line managers to agree job information.)

Red	We do not have any JE activity targets or less than 50% is turned around within 12 weeks.
Amber	Over 50% of our JE activity is completed within 12 weeks and we have a plan to improve.
Green	90% of our JE activity is completed within 12 weeks (from date agreed information is submitted for JE to delivering outcome to role holder/manager).

8. Systems are in place that allow JE leads to monitor the interaction between panels – for example if there are frequent misunderstandings over the same issue/factor or regular over/under-evaluation by panels, so that remedial action made, or further training arranged.

Red	No – there's no feedback from panels other than their reports.

Green	Yes and there is evidence to prove this.

9. JE leads are involved in service reconfiguration/redesign at an early stage.

Red	No or only after the org change has happened.
Amber	Our JE teams are made aware when this is happening so they can plan panels.
Green	Our org change policy recognises the need to assess the JE implications of service reconfiguration/redesign at an early stage and we can evidence that JE advice and expertise is available to advise managers – e.g. if changes to roles have banding implications.

10. JE Leads and JE practitioners keep up to date with relevant matters.

Red	No idea – no mechanism
Amber	JE leads subscribe to the NHS Workforce Bulletin.
Green	JE leads are active members of the national Job Evaluation Community of Practice and there is a formal/regular mechanism to update all local practitioners.

11. Systems are in place to forecast the demand for job evaluation panels. (For example, by considering planned restructures against previous year's activity.)

Red	No we do not do any forward planning.
Amber	Yes we do and it is in our policies.
Green	Yes – it is addressed in our policies, and we report this to Social Partnership Forum/Joint Negotiating Committee (JNC).

12. Our agreed JE policy specifies how to identify and determine how the organisation will assess and deal with any temporary capacity issues or backlogs.

Red	No – there is no plan.
Amber	We occasionally assess capacity and put on more panels if we can.
Green	We regularly assess our capacity and have a range of options to deal with temporary issues/backlogs.

13. Do you ever outsource your JE work to a private, third-party consultancy (i.e. not another NHS organisation)?

Red	Yes – most or all of our JE work is done by a private company.
Amber	Only occasionally in line with requirements of the NHS JE Handbook.
Green	Never.

14. All JE panels including consistency checking are conducted in partnership?

Red	No.
Green	Yes.

15. We have sufficient practitioners to ensure that every panel is made up of between 3 and 5 trained practitioners.

Red	No – some panels sit as 2 or sometimes without staff side.
Amber	All panels sit with at least 3 practitioners with at least one staff side/management.
Green	All panels have at least 4 members – equal numbers of staff side and management.

16. We ensure that we have panellists from across all parts of the organisation and all occupational groups to ensure panels are representative of the workforce.

Red	We do not consider this issue and have no plan to address it.
Amber	We don't currently have panellists from across the organisation/occupational groups, but we are developing an action plan to address this.
Green	Yes we ensure that we have panellists from across the organisation/occupational groups.

17. We make sure that trained practitioners get sufficient paid time off to undertake JE work. (This should be separate from any facilities time agreed for TU representatives.)

Red	We don't know or monitor this.
Amber	We expect managers to release staff, but we don't monitor or enforce it.
Green	Our policies require managers to release practitioners, and we monitor and enforce

	this to ensure that all practitioners of any staff group can be released.

18. Refresher training is offered regularly for trained practitioners (every 3 to 5 years).

Red	We do not provide any refresher training.
Amber	We provide refresher training but do not mandate attendance or monitor take up.
Green	Yes we have a programme of refresher training that ensures all active panellists receive refresher training at least every 5 years (and records to prove it).

19. All staff have the opportunity to review their job descriptions at least every three years.

Red	Some are but we have no mechanism to monitor this.
Amber	Some are but we have an action plan in place to address this.
Green	Yes, and we have a process to ensure this happens including re-banding when role holders and their managers agree it is required.

20. There is a robust system in place for recording all JE activity and outcomes.

Red	We have a paper system / JE outcomes are not stored.
Amber	We use a spreadsheet to record information.
Green	Yes we have secure system that records all job information and outcomes/panel activity and keep records indefinitely e.g. CAJE or IJES.

Appendix 2 - Full panel process flowchart