

Appendix 2: NHS England Assessment of Job Evaluation Practices

No.	Assessment Area	Criteria	Red	Amber	Green	LTHT Position / Evidence	RAG Status	Further Action / Mitigation	Target Date	Lead
1	Board Reporting	Our Board receives a regular report on job evaluation (application and outcomes) and issues are raised on the corporate risk register as appropriate, including but not limited to, equal pay risk	No	Yes, but not routinely	Yes, a report is made at least annually including an assessment of performance/risk	Plan for an annual Report to Trust Board from April 2026 onwards as standard.	Green	Annual Board updates to be added as part of the revised annual plan. New locally developed app implemented. Key information now collected. Developing and testing functionality through Power BI to report on key information, performance and risks.	In place	RMc
2	JE Lead	There is an identifiable lead for JE in our people/HR team and designated resources* for JE activity (*could be a separate funding line)	There is no identifiable HR lead nor designated resources	There is an identifiable HR lead but no designated resources OR There is no identifiable HR lead, but we do have designated resources	There is an identifiable HR lead and designated resources	Management Lead - Rachel McMahon, Senior HR Manager	Green	Continue to maintain our partnership approach	In place	RMc
3	JE Lead	There is a staff side lead for JE	There is no staff side lead for JE		There is a staff side lead for JE	Staff Side Lead - Denise Carr, Staff Side Chair	Green	Continue to maintain our partnership approach	In place	RMC
4	Partnership Forum Reporting	The partnership forum/joint negotiating consultative committee receives regular reports on JE activity and performance including training and resources	No	Only when requested	Yes regularly (at least quarterly)	Reports provided as required; process being formalised	Green	Formalise quarterly reporting from April 2026, utilising the new reporting functionality through PowerBI	In place	RMc
5	JE Policy	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.	No – or the policy is over 5 years old	Yes, but needs reviewing	Yes, and is reviewed at least every 3 years	Policy in place with a 3 year review cycle	Green	Maintain current practice	In place	

6	Timeliness (12-week target)	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.)	We do not have any JE activity targets or less than 50% is turned around within 12 weeks.	Over 50% of our JE activity is completed within 12 weeks and we have a plan to improve	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)	High demand; process can take up to 4 months; improvement plan in place	Amber	Plan to review key metrics on a monthly basis and monitor trajectory throughout the year, with a quarterly report to TCNC on performance. Progress towards maintaining 90% compliance.	Mar-27	RMc
7	Panel Feedback & Training	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.	No – there's no feedback from panels other than their reports	We review panel reports on an ad hoc basis or when there is a complaint/grievance	Yes and there is evidence to prove this	Feedback via consistency panels; panel forums; panel newsletters	Green	Develop regular thematic analysis of feedback and communicate through a newsletter to JE panellists. Use the thematic analysis to enhance guidance and training.	In place	RMc
8	Service Reconfiguration or Redesign	JE leads are involved in service reconfiguration/redesign at an early stage	No or only after the org change has happened	Our JE teams are made aware when this is happening so they can plan panels	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 & expertise is available to advise managers – e.g. if changes to roles have banding implications	Working group established for Nursing & Midwifery review; early involvement. Operational HR colleagues liaise with Terms & conditions team when a large restructure is likely to impact on JE capacity.	Amber	Maintain current practice to continue early and consistent engagement. Strengthen Organisational Change Policy to include reference to job evaluation process when impact on roles. This amendment will be made prior to the main review of the policy which isn't due until December 2028.	Dec-26	RMc
9	Practitioner Training & Representation	JE Leads and JE practitioners keep up to date with relevant matters for example, any changes in national profiles or the JE handbook.	No idea – no mechanism	JE leads subscribe to the Workforce Bulletin	JE leads are active members of the national JE CoP and there is a formal/regular mechanism to update all local practitioners	JE Management rep is active in the JE CoP. Formal mechanisms to update practitioners through the panel forum or JE newsletter. All panellists trained; recent cohort trained	Green	Maintain current practice. Review & update mailing distribution list to incorporate all active panellists.	In place	RMc

10	Panel Capacity	Our agreed JE policy specifies how to identify and determine how the organisation will assess and deal with any temporary capacity issues or backlogs.	No – there is no plan	We occasionally assess capacity and put on more panels if we can	We regularly assess our capacity and have a range of options to deal with temporary issues/backlogs	Monitoring mechanism in place to increase capacity to deal with temporary issues/backlogs	Green	Maintain and develop system. Seek to support 2 further staff side representatives through training.	In place	RMc
11	Use of External Providers	Do you ever outsource your JE work to a private, third-party consultancy (i.e. not another NHS organisation)?	Yes – most or all of our JE work is done by a private company	Only occasionally in line with requirements of the JE Handbook	Never	No current use of external providers	Green	Maintain internal provision	In place	RMc
12	Panel Partnership	All JE panels including consistency checking are conducted in partnership?	No		Yes	All panels are undertaken in partnership	Green	Maintain current consistency practice	In place	RMc
13	Sufficient practitioners	We have sufficient practitioners to ensure that every matching or evaluation panel is made up of between 3 and 5 trained practitioners.	no – some panels sit as 2 or sometimes without staff side member present	All panels sit with at least 3 practitioners with at least one staff side and one management member	All panels sit with at least 4 members – with at least 2 staff side and 2 management side panellists	All panels sit with at least 3 practitioners with at least one staff side and one management.	Amber	Maintain practice as 4 on each panel is over engineered.	In place	RMc
14	Sufficient practitioners	How many panel practitioners do you have that are active and available to sit on JE panels?			27	Calculated by using those who have participated in at least one JE panel in the past 12 months and remains available to continue doing so		Maintain regular dialogue with panel practitioners.	In place	RMc
15	Sufficient practitioners	Of those, how many are staff side panellists (i.e. staff side job evaluation panellists should be nominated by, and be accountable to, a local union or staff side)?			6	6 of the above 27		TU time is a challenge; not part of facilities time Support 2 further representatives through training. Monitor and address release time	In place	RMc
16	Representation	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.	We don't currently have panellists from across the organisation/occupational groups	We don't currently have panellists from across the organisation/occupational groups, but we are developing an action plan to address this	Yes, we ensure that we have panellists from across the organisation/occupational groups	Diverse panellists from across the organisation, occupational and professional groups	Green	Maintain current practice. Continue to review occupational groups in staff side representation for the 2 remaining training place.	In place	RMc

17	Practitioner Release Time	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.)	We don't monitor this	We expect managers to release staff, but we don't enforce it	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	LIM to ensure a streamlined process that makes best use of panelist time to reduce the capacity requirement. Practitioners are able to fully book themselves on to provide panels.	Green	Maintain current practice of ensuring panelists maintain commitment to panels. Support staff side representatives with the ability to be released to undertake training and then continuation of support for undertaking panels.	In place	RMc
18	Refresher Training	Refresher training is offered regularly for trained practitioners (Every 3 to 5 years).	We do not provide any refresher training	We provide refresher training but do not mandate attendance or monitor take up	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)	There is always at least 3 panel members on each panel which enables peer review and collaboration on practitioners practice. There is also the consistency panel stage, which feedback on a 1-1 basis to panellists where anomalies in interpretation are identified. We request panellists to undertake at least 6 panels a year to be able to maintain their skills and competence.	Amber	Monitor capabilities and quality through the consistency process. See thematic analysis plan along with enhancing training, guidance and communications. Please note there are 3 new staff side reps along with new management reps who have all been trained in 2024 or 2025.	In place (with agreed tolerance)	RMc

19	Review of Job Descriptions	All staff have the opportunity to review their job descriptions at least every 3 years.	Some do but we have no mechanism to monitor this	Some do but we have an action plan in place to address those that don't	Yes, they do, and we have a process to ensure this happens; including re-banding when required	Service driven changes, organisational change, management/colleague job evaluation requests are all in place. Multiple bespoke JDs; move towards generic JDs encouraged.	Amber	In 26/27 we have added a reminder into the appraisal process to ensure the objectives and PDP are aligned to the requirements of the job description, ensuring that colleagues are not being required to work outside their job description, and if they are, to refer to the job evaluation process. Plan to reduce from more than 5,000 job descriptions using the Nursing and Midwifery national profile review project to develop this process and enable more effective maintenance of JDs.	Apr-26	RMc
20	JE Recording activity and outcomes	There is a robust system in place for recording all JE activity and outcomes.	We have paper-based system / JE outcomes are not stored	We use a spreadsheet to record information ☒	Yes, we have secure system that records all job information and outcomes/panel activity and keep records indefinitely e.g. CAJE or IJES	Locally developed system which has enhanced the national offering improving the efficiency, effectiveness along with increased capability to capture and report activity, performance and outcomes.	Green	Maintain current practice	In place	RMc
21	JE Reports	If a member of staff asked for the job evaluation report for their job, we would be able to provide it	No	We could do this for some roles, but not all	Yes	JE Reports stored centrally in terms and conditions team, as well as in departments.	Green	Maintain current practice. May be some limited historical roles that may not have a matched report.	In place	RMc

Notes:

Red = Significant gap or risk; urgent action required.

Amber = Partial assurance; improvement actions identified.

Green = Full assurance; maintain current practice.