

PAY BANDING AND JOB EVALUATION AN RCM GUIDE FOR MATERNITY SUPPORT WORKERS



The Royal College of
Midwives

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What this publication aims to do.

In this guide we will:

- **Provide an understanding of what job evaluation is and how it works.**
- **Describe the tasks that maternity support workers (MSWs) may undertake and what should be included in job descriptions and person specifications.**
- **Provide an understanding of the NHS grading and career structure and how it applies to MSWs.**
- **Describe the NHS Job Evaluation scheme and provide advice on how MSWs can judge whether their posts are appropriately banded or not.**
- **Describe the steps that MSWs should take if they think that their job may be incorrectly banded.**

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This Guide was written by Richard Griffin, Buckingham New University Faculty of Society and Health. Thanks are due to Denise Linay and Pat Gould of the RCM for their comments and suggestions.

This guide provides an excellent explanation of the process by which MSWs are banded, including the importance of robust job descriptions and person specifications. The banding of these posts should be determined by the requirements of the service and the needs of women and their families. The NHS JE scheme provides a means to recognise the demands of the range of jobs required, in order to develop and implement a career pathway for this important group of staff. If followed, these principles will result in a fairer process and better motivated MSW workforce, which can only have a positive impact on all involved in maternity services.

Pat Gould

Staff Side Chair of the NHS Job Evaluation Group.

Foreword

It is clear from the work that The Royal College of Midwives (RCM) does in supporting its maternity support worker (MSW) members that some MSWs do not feel that they are properly banded for the work that they do, whilst others are unsure why they are banded at a particular level and other support staff at a different one.

Across the United Kingdom (UK) MSWs can be employed in either Agenda for Change bands 2, 3 or 4. Not getting banding right can cause disharmony, which may impact on service delivery. It is in everyone's interest to ensure that all employees are banded at the right level for the work they do and the knowledge and skills that they have and are rewarded accordingly.

This Guide has been produced to help MSWs understand the NHS job evaluation and grading system, how it applies to them and the processes involved in a job evaluation review.

All jobs and situations are different and this Guide can only provide general information. If you think that you may be wrongly banded the next step is to contact your local RCM workplace representative. The RCM is here to support you.

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Further information

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¹ The term 'MSW' is used throughout this Guide to describe all those non-registered staff employed within maternity services. It is recognised that a wide range of titles are used to describe this roles across the UK including Maternity Care Support Worker in Scotland.

A Beginners' Guide to Job Evaluation

This section provides information about what job evaluation is (and is not). The examples and discussion below are designed to help you understand the overall principles of job evaluation in general. They are not specifically about the NHS scheme (which is covered in the next sections). Having a general awareness of job evaluation will help you understand how the NHS scheme works and the why posts are banded as they are.

What is job evaluation?

Job evaluation is a way of comparing different jobs. It does this by breaking them down into their individual demands, skills and requirements. Two examples might be firstly the knowledge (qualifications) required for the job and secondly whether managing staff is part of the responsibilities of the post.

Each demand, called a **factor**, can be further broken down.

Think about the knowledge required for MSW jobs in your service. An obvious way to measure knowledge is by qualifications. Some MSW posts may require passes at GCSE, others A Levels, while to be a registered midwife will require a university degree or equivalent². Each of these (GCSEs, A Levels and degree) represents a different **level** of demand within the knowledge factor.

Now think about staff management. A job that is not required to manage other staff is less demanding (as far as staff management goes) than a job that manages ten staff. That job in turn is less demanding than one that has to manage a whole Department.

| FACTOR | LEVEL | FACTOR | LEVEL |
|-----------|----------|------------------|-------------------------|
| Education | GCSEs | Staff Management | No staff |
| | A Levels | | Up to ten staff |
| | Degree | | Manage whole Department |

Factors and levels are at the centre of job evaluation and the comparison of jobs.

How are jobs compared?

A point **score** is attached to each factor and the levels within it. Using the examples of the factors above, (knowledge and staff management) each might be given a total of 60 points. For the knowledge factor, those jobs requiring GCSEs would get 20 points, A Levels 40 points and a degree 60 points. The same would apply to staff management. Jobs with no management responsibility would get 20 points³, those with up to 10 staff to manage 40 points and those managing a whole Department 60 points.

In this example, then, a job that requires the post holder to have passed their GCSEs but has no staff management responsibility would score a total of 40 points (i.e. 20 for the GCSEs and 20 for staff management). In contrast a job requiring a degree and managing a whole Department will score 120 points (60 for the degree and 60 for the Departmental management).

| FACTOR | LEVEL | POINTS | FACTOR | LEVEL | POINTS |
|-----------|--------------|--------|------------------|-------------------------|--------|
| Education | GCSEs | 20 | Staff Management | No staff | 20 |
| | A Levels | 40 | | Up to ten staff | 40 |
| | Degree | 60 | | Manage whole Department | 60 |
| | TOTAL POINTS | 60 | | TOTAL POINTS | 60 |

In this example one job receives 40 points in total and the other 120 points. Job evaluation provides a more accurate (although not perfect) way of comparing jobs than simply trying to make a judgement about the relative importance of one job compared to another.

This sounds quite straightforward – is it?

Not quite, unfortunately. While the examples above are hopefully clear, some requirements of a job, such as problem solving, are less clear-cut to describe. Also not all factors are equal. Most job evaluation schemes recognise that certain factors are more (or less) important than others. As a result they **weight** factors. This simply means that different factors are given different total point scores. In the example above it might be decided that knowledge is twice

² In 2008 midwifery became a graduate profession.

³ Job evaluation schemes, including the NHS one, rarely give 0 points even when a post does not have the responsibility being evaluated.

as important as managing staff. As a result the knowledge factor is given not 60 but rather 120 points in total, while management remains at 60 points. Previously the most you could score on the scheme was 120 points, with each of the two factors contributing half each (60 points). Now the maximum score is 180 but with knowledge contributing not half but three quarters of that total (120 points).

Remember! Job evaluation is concerned with posts not people.

The job you do may require a NVQ (or in Scotland - a SVQ) level 2. If you possess a level 3 qualification as far as job evaluation is concerned this does not count⁴. What matters is what *your* job requires. This is why **job descriptions** and **person specifications** are so important. Job descriptions set out what is required of a job. They must be accurate and up to date and reflect what is actually required to do your job.

Remember! Job evaluation is concerned with posts not people. The job you do may require a NVQ (or in Scotland - a SVQ) level 2. If you possess a level 3 qualification as far as job evaluation is concerned this does not count. What matters is what your job requires. This is why job descriptions and person specifications are so important. Job descriptions set out what is required of a job. They must be accurate and up to date and reflect what is actually required to do your job.

Is job evaluation scientific?

The short answer is 'no' although it can appear so sometimes. Lots of *judgements* have to be made about factors, levels, points and weights. It is important that the schemes are not constructed in ways that discriminate against women by, for example, giving undue weight to factors that are more typical of male dominated work. The NHS Job Evaluation scheme was developed over a long period of time (work started in the mid 1990s!) and professional bodies and trade unions, including the RCM, played a major part in making sure that it was as fair and relevant as possible.

⁴This applies to registered staff as well. If a midwives' job requires an undergraduate degree but the midwife happens to have a Masters degree, the Masters will not count because it is not needed for the job.

Remember!

Not all jobs will have to carry out every single factor. Many for example will not need to manage staff or budgets or carry out research.

How does job evaluation link to pay?

As the examples above illustrate, comparing jobs using a job evaluation scheme means you can attach points to posts. One job may score 85 points, another 40, a third 120 and a final one 100 in total. Following this the jobs can be **ranked** in order of the points they score, in this case: 40, 85, 100 and 120. A salary scale can then be attached. Jobs scoring between 40-79 points may be paid £14,000, 80-109 points £16,000 and 110-129 £18,000. Note that the jobs that scored 85 and 100 points ended with the same salary (£16,000). This is a common feature of job evaluation schemes. Different salary levels are rarely attached to individual job evaluation scores.

Remember!

Jobs often have a mixture of higher and lower level demands and responsibilities. A higher-level requirement (perhaps like taking bloods) will score more points on the relevant factor (such as *Physical Skills*) but in itself may not result in enough extra points to grade staff in a different band to a post that does not take bloods. In the example above a job scoring 100 points will be in the same band as one scoring 80 points.

The Role and Responsibilities of MSWs

The RCM has defined MSWs as

“Any unregistered employee providing support to a maternity team, mothers and their families who work specifically for a maternity service. MSWs do not assess mothers or babies or make clinical judgements or decisions or initiate interventions. They are, however, with appropriate training and supervision able to provide information, guidance, reassurance, assistance and support that improve the quality of care that midwives are able to provide to mothers and families”- ‘The Role and Responsibilities of Maternity Support Workers’, page 3-4⁵.

Support workers have always been a key part of maternity services. Traditionally such posts have undertaken housekeeping and administrative duties, however in recent years an increasing number of services across the UK have also developed higher-level roles that more directly complement and support the role of midwives. In Wales, Northern Ireland and Scotland these higher-level roles have been supported by national and, in London, regional education programmes. Some of these have also been linked completing the programme to banding.

The RCM’s 2011 Guide - ‘The Role and Responsibilities of Maternity Support Workers’ sets out the tasks that MSWs can undertake (following appropriate training, delegation and support) such as re-stocking and ordering equipment, identifying faulty equipment, contributing to midwife-led ante and postnatal classes, obtaining urine samples, cannulation, breast feeding support and vital signs monitoring. The Guide also contains a list of tasks MSWs should not perform.

In all cases MSWs must-

- **Have the necessary knowledge, skills and behaviours to perform their tasks supported by education, training and experience.**
- **Have tasks appropriately delegated to them based on the professional judgement of the midwife (Nursing and Midwifery Council, 2008)⁶.**
- **Be appropriately supported and supervised.**

⁵ A list of further information and resources is at the back of this Guide.

⁶ ‘(Nursing and Midwifery Council, 2008)’ means that the Nursing and Midwifery Council in a publication produce this point in 2008 – full details are in the Further Information section.

Job descriptions

Job evaluation, which must be agreed by employers, is based on the demands required for your job. Many of these are set out in your **job descriptions** and **person specification**. Job descriptions are not always up to date. Get a copy of the RCM’s ‘The Role and Responsibilities of Maternity Support Workers Guide’ and use this as a checklist to see whether what roles you undertake and whether your job description fairly reflects this. If not it needs to be updated. Although there is no recommended format for job descriptions in the NHS they should include the following:

- **Job title**
- **Department details**
- **A summary of the purpose of the job**
- **The qualifications and experience required**
- **Equipment, machinery and administrative systems used**
- **Delegation**
- **Decisions and judgements required**
- **Communication skills**
- **Relationships with other staff within and outside of maternity**

Remember!

While job descriptions are important for job evaluation they should not follow the format of the NHS Job Evaluation scheme (e.g. include all the factors).

Evidence shows some groups generally undersell what they do (i.e. they think that the tasks they perform are less demanding than they actually are). This is partly because we tend to just do our job and do not think about the skills and knowledge required, for example to solve a problem or what would happen if we did not work well⁷.

⁷ It is worth noting that job evaluation assumes that jobholders carry out their tasks appropriately. It makes no judgments about individual performance.

EXAMPLES

(1) A maternity service in England introduced a training programme to up skill their MSWs from NVQ level 2 to level 3. However once staff had completed their qualification, they were not given new job descriptions and although staff had taken on extra responsibilities to match their NVQ level 3 they were not upgraded. The RCM, on behalf of the MSWs, lodged a grievance against the trust (through the workplace representative) to have the support workers upgraded.

(2) In another trust, MSWs completed a foundation degree. Following this they took on higher-level responsibilities including supporting mothers to breast-feed. This trust agreed new job descriptions and staff were upgraded to band 3 and in one case band 4 to reflect their higher responsibilities.

NHS Agenda for Change and Grading

All non-medical NHS staff employed in the UK are employed in one of nine pay bands. These were introduced as part of the Agenda for Change pay modernisation negotiations. MSWs are employed in either band 2, 3 or 4. Registered midwives are employed in bands 5 and above. The bands were constructed following the testing of the NHS Job Evaluation scheme. Each band represents a distinct level of demand and has a range of job evaluation points attached to it (see below).

| BAND | POINT SCORE |
|------|-------------|
| 1 | 0-160 |
| 2 | 161-215 |
| 3 | 216-270 |
| 4 | 271-325 |
| 5 | 326-395 |
| 6 | 396-465 |
| 7 | 466-539 |
| 8a | 340-584 |
| 8b | 585-629 |
| 8c | 639-674 |
| 8d | 675-720 |
| 9 | 721-765 |

MSW BANDS

Latest pay scales for each band are available from the RCM website (www.rcm.org.uk).

The box overleaf briefing describes the main differences between the bands most MSWs are employed in. The NHS in Scotland have reshaped the NHS career structure, linked to the Scottish qualification framework, and agreed national titles for each level of support worker: Healthcare Support Worker, Senior Healthcare Support Worker and Assistant Practitioner⁸. For further information see: ‘A Guide to Healthcare Support Worker Education and Role Development’ published by NHS Education for Scotland in 2010.

⁸ While the RCM supports the appropriate grading of MSWs at band 4, it does not believe that Assistant Practitioner is an appropriate term for this higher-level support worker – as it is not possible to for anyone to act as a substitute for a midwife (NMC Midwives Rules and Standards 2004).

NHS CAREER FRAMEWORK

Support worker (band 2): aware of and able to address the basic needs of patients/clients under the direction of a professional member of staff. Has factual knowledge (eg., GCSE or Scottish Credit and Qualification Framework (SCQF) level 6).

Senior support worker (band 3): Has knowledge of facts, principles & general concepts. Ability to deliver delegated care under the direction and supervision of a midwife. Educated to A Level or equivalent.

Higher-level support worker (band 4): Has a depth of understanding including theoretical knowledge. Ability to carry out holistic care making judgements and planning activities (may be educated to a Foundation Degree level or SCQF level 8).

The NHS Job Evaluation Scheme

The NHS Job Evaluation scheme has sixteen factors in total. The title of each is shown below along with the number of levels within them and their total point scores. Overall 1,000 points are available. As can be seen the factors have been weighted, with knowledge, training and education receiving 240 points – nearly a quarter of all the available points. Full details of the scheme including the background to its development can be found in the 'NHS Job Evaluation Handbook' published by NHS Employers (latest edition: February 2010).

| FACTOR | NUMBER OF LEVELS | TOTAL POINTS |
|--|------------------|--------------|
| Communication and relationship skills | 6 | 60 |
| Knowledge, training and experience | 8 | 240 |
| Analytical and judgement skills | 5 | 60 |
| Planning and organisational skills | 5 | 60 |
| Physical skills | 5 | 60 |
| Responsibility for patient/client care | 8 | 60 |
| Responsibility for policy and service development implementation | 6 | 60 |
| Responsibility for financial and physical resources | 6 | 60 |
| Responsibility for human resources | 6 | 60 |
| Responsibility for information resources | 7 | 60 |
| Responsibility for research & development | 6 | 60 |
| Freedom to act | 6 | 60 |
| Physical effort | 5 | 25 |
| Mental Effort | 5 | 25 |
| Emotional effort | 4 | 25 |
| Working conditions | 5 | 25 |

Job Profiles

When Agenda for Change was first introduced into the NHS staff were assigned to bands by having their posts compared to a series of national **job profiles**. This was done to make the introduction of the new pay system as straightforward as possible. If all NHS staff covered by Agenda for Change had individually evaluated their jobs, the service would have had to undertake a million individual evaluations. Profiles recognise that jobs – whether support workers or registered staff - have common characteristics. The *NHS Job Evaluation Handbook* describes how profiles were developed. Copies of individual profiles are available from the NHS Employers' website (see the Further Information section).

"Profiles contain the post title, a brief summary of the purpose of the job and then for each factor level at which the post was evaluated, along with a brief explanation of the reasons why. For the Maternity Care Assistant (band 4) profile for example under the *Physical Skills* factor heading (in bold) is the following: **Highly developed physical skills, accuracy important, and manipulation of fine tools**. This describes the level of demand such posts are judged to be at for this factor. Below this is a brief example of the sort of physical tasks undertaken: *Dexterity, co-ordination for taking blood*'. Finally there is a column ('*JE Level*') showing the exact level of demand, in this case '3(b)'⁹.

MSW posts were evaluated using three national profiles:

Maternity Care Assistant (band 4)
Clinical Support Worker Higher Level (band 3)
Clinical Support Worker (band 2)

⁹ In some factors there are more than one way to achieve a particular level.

MSWs and job evaluation

HOW TO USE THIS SECTION

This section describes and provides general examples of typical job evaluation responsibilities for band 2, 3 and 4 MSWs. It is impossible to provide examples of every task that MSW *may* perform. The aim of this section is to provide you with information to consider whether your post may be correctly banded or not. For example, if you are currently at band 2, but after reading this section you think your post seems to be carrying out a mainly band 3 role, then your post could be under-graded. Remember, though that job evaluation is about your post as a whole. Band 2 jobs might correctly have some band 3 responsibilities in them (and some at band 1 for that matter). Remember also that some factors are more important than others, particularly knowledge.

If you think that your post may be under graded, the next step would be to compare your job with the national profile for the higher band and talk to your local RCM Workplace Representative.

Communications and relationship skills

Communication can be verbal or in writing. This factor considers with whom a post holder communicates and the purpose of the communication, which can vary from very straightforward factual information to highly sensitive or complicated information. The factor has six levels - 3 and 4 apply most to MSWs.

- Both **Band 2 and 3 MSWs** tend to have the same level of communication and relationship skills. In both cases **they provide and receive routine information requiring tact or persuasive skills [and overcome] barriers to understanding.**
- **Band 4 posts** in contrast communicate more complex or sensitive information.

The examples below will hopefully help illustrate the difference between band 2/3 and 4 communication skills. These are based on tasks that MSWs actually carry out:

- **Providing information to parents about procedures following the death of their baby (typical of a band 4 post).**
- **Providing one-to-one antenatal education to vulnerable mothers and families (band 4).**
- **Providing mothers with information (including writing guides and leading parenting class sessions) to promote and help them breast feed their baby (band 4).**
- **Persuading mothers to stop smoking (band 4).**
- **Re-ordering equipment (band 2/3).**
- **Reporting faulty equipment (band 2/3).**
- **Making phone calls to book rooms for antenatal classes (band 2/3).**
- **Reporting signs of ill health in mothers to a midwife (band 2/3).**
- **Demonstrating to a mother how to make up a bottle with artificial feed (band 2/3).**

The Knowledge, training and experience factor

This is the most important factor in the scheme (i.e. it has the most points attached to it) and has eight levels of demand - 2,3 and 4 apply to MSWs.

Remember!

Don't forget that the scheme measures the actual knowledge and experience required to perform the job. If a post holder has a higher-level qualification than required this is not taken into account.

This should be one of the more straightforward factors to interpret. However, in practice training for MSWs can be poor and in some cases non-existent. There are also a lot of different types of qualifications MSWs might have including: diplomas, foundation degrees, GCSEs, BTECs, City and Guilds, apprenticeships and NVQs (SVQs). The RCM's 2010 'Maternity Support Workers: Learning and Development Guide' provides details of the various qualifications your post might require. While you may not have a NVQ level 2, for example, the scheme does recognise 'equivalent experience'.

EDUCATION LEVELS

An educational 'level' simply refers to the type and relative difficulty of an education qualification. In England there are eight levels and Scotland twelve. In both cases the highest possible level is a Doctorate (PhD). Levels mean that different types of qualification like City and Guilds or Diplomas or A Levels that are equal in terms of their demands on the learner can be grouped together. Below are the relevant levels for MSW education:

Level 1 – equivalent to GCSE Grade D-G (Scotland SCQF level 4)

Level 2 – equivalent to GCSE Grade A*-C (Scotland SCQF level 5/6)

Level 3 – equivalent to A Level (Scotland SCQF level 6/7)

Level 4 – equivalent to Certificate of Higher Education (Scotland SCQF level 7)

Level 5 – equivalent to a Foundation Degree (Scotland SCQF level 8)

- **Posts requiring a level 2 qualification or equivalent (see box above) are likely to be at **Band 2**.** These posts will have knowledge of a range of routine work procedures such as cleaning, setting up parenting classes, administration procedures and stock control.
- **Posts requiring a level 3 qualification or equivalent are likely to be at **Band 3**.** These posts will have knowledge of a range of processes and procedures that are some times non-routine such as answering queries and assisting in parenting education.
- ****Band 4** posts require a level 3 qualification or equivalent but in addition require extra training to carry out their job. This may be completion of a foundation degree or access to individual training courses at level 4 or above. These posts deal with procedures and practices the majority of which are not routine. Band 4 MSW roles will have knowledge of maternity care procedures and directly answer queries, for example, from mothers about breastfeeding.**

Analytical and judgement skills

This factor looks at the type of judgements posts are required to make. It has five levels in total - levels 2 and 3 apply to MSWs.

- **Band 2 and 3 MSWs** tend to have to make judgements, which are generally straightforward (for example when to reorder stock or make a bed) but may sometimes require higher level of decision-making. For instance Band 3 MSWs can, after training, monitor the vital signs of low-risk women and babies. In doing this they may observe potential signs of ill health and report this to a midwife.
- **Band 4 posts** will make judgements that require a range of facts and situations to be considered along with comparing different options before making a decision. An example might be of a MSW who provides postnatal support. She will need to decide how best to implement a care programme. If on a visit she observes that the infant may be jaundiced she will need to consider what information to give the mother and when she reports to the midwife.

Planning and organisational skills

This factor measures the extent to which post holders are required to plan and organise their work and, if appropriate, the work of others. It takes account of how complex organising these might be – for example the extent to which post holders might have to deal with uncertainty.

- Typically **Band 2 and 3 MSW roles** organise their own day-to-day tasks and activities. These will be clear and straightforward.
- **Band 4 posts** are likely to be required to not only organise their own day-to-day tasks but also adjust their plans in response to service need (for example attending clinics).

Physical skills

This factor is different to *Physical Effort*, which comes later. It is about skills such as hand-eye coordination, dexterity, requirements for speed and accuracy and driving skills *required* for a job.

- MSWs who use physical skills developed through practice, for example standard keyboard skills, use of cleaning equipment, applying a TENS machine or TED stockings or helping mothers with personal hygiene are likely to be **Band 2** roles.
- **Band 3 and 4** roles are likely to include the duties above but also require more developed skills such as obtaining capillary samples of maternal blood for glucose analysis or cannulation or placing women in the lithotomy position or removing indwelling urethral catheters.

Responsibility for patient/client care

This factor assesses the extent to which posts are responsible for developing or planning patient/client care. It has eight levels (with levels 3 and 4 most applying to MSWs).

- **Band 2 MSWs** will generally have straightforward responsibilities, principally providing personal care such as supporting women with personal hygiene, bathing, calculating BMI, weighing babies, nappy changing and toileting.
- **Band 3 and 4 posts** will undertake a range of delegated care tasks (under supervision) such as arranging and collecting specimens, providing information and advice to mothers and families, assisting women to use a breast pump or to cup feed and describing, undertaking and where appropriate reporting maternal and healthy baby observations both in the hospital and community and undertaking new born hearing screening.

Responsibility for financial and physical resources

On the whole, regardless of grade, MSWs are likely to have either a responsibility to safely use the equipment they require to carry out their job such as a TENS machine or cleaning equipment (this is a level 1 demand in this factor) or have some responsibility to maintain stock and other supplies level 2(c)). An example of a level 2 responsibility would be setting up theatre equipment.

Freedom to Act

All tasks performed by MSWs should be appropriately delegated and based on the professional judgement of midwives (Nursing and Midwifery Council, 2008). The *Freedom to Act* factor measures the extent to which posts are supervised and work to procedures and policies. The first two of its six levels apply to MSWs.

- **Band 2 posts** perform routine duties generally with supervision close by. Most tasks are based on well-established procedures and policies such as cleaning standards, preparing ultrasound equipment or filling and maintaining birthing pools to the correct temperature.
- **Band 3 and 4 posts** may work alone (for example MSWs in the community carrying out postnatal visits). They are guided by procedures, protocols, care plans and good practice. Supervision is available. For example a community MSW may have to act on non-routine situations but is able to contact, perhaps by phone, a midwife for assistance.

Physical effort

Physical effort is defined by the Job Evaluation scheme as: “sustained effort at a similar level or sudden explosive effort, required for the job” (page 60 of the Handbook). Most typical **band 2** and **3** jobs may require greater level, frequency and duration of physical effort than **band 4** jobs. This is unusual. Indeed a band 2 post may score higher in respect of physical effort than a management post at band 8.

- **Band 2 and 3 MSW jobs are likely to have to undertake frequent and moderate physical effort for a variety of time. For example, cleaning and making beds, gathering and disposing of equipment and setting out a parent class.**
- **Band 4 will still be required to undertake similar physical tasks such as lifting equipment but the main difference is the frequency with which they do them. Exerting physical effort at band 4 is likely to be more occasional.**

Mental Effort

This factor measures the level, duration and frequency of mental effort (e.g. the degree of concentration a job requires, responding to unpredictable work patterns, interruptions and the need to meet deadlines). MSWs are likely frequently to need to concentrate (for example with data entry or preparing a clinical area) and will experience some unpredictable changes to their work patterns (perhaps the need to manage blood spillage). Whether posts are level 2 or 3 will depend on the frequency and nature of the mental effort. Level 2 requires frequent concentration where work requirements are predictable, while level 3 also require frequent mental effort but work patterns are less predictable (for example MSWs who support home births).

Like Physical Effort there is less of a direct link between bands and this factor. A band 2 MSW post may require more demanding mental effort than a band 4 role.

Emotional Effort

This factor measures the extent to which posts are required to undertake tasks that are regarded as distressing or emotionally demanding such as child protection issues or baby death. The difference between each of the four levels is determined by the nature, frequency, level and duration of the emotional effort. It is quite possible for a MSW to score at the highest level of demand (occasional exposure to a highly distressing or highly emotional circumstance or frequent exposure to highly distressing or highly emotional circumstances).

Working conditions

This factor measures the nature, level, frequency and duration of unavoidable adverse working conditions such as inclement weather, noise, fumes, harmful chemicals or aggressive clients. Posts do not have to deal directly with unpleasant conditions but could be in the vicinity of, for example, body fluids. As with the previous two factors there is no direct link between bands and Working Conditions level of demand. A band 4 role may experience less adverse working conditions than a band 3 or 2 post. There are five levels in this factor, with levels 3 and 4 most likely to apply to MSWs.

MSWs that have level 3 working conditions will have either frequent exposure to unpleasant working conditions or occasional exposure to highly unpleasant conditions. Examples will include smells or noise or body fluids such as urine or foul linen. Exposure to verbal aggression would also be an example of an unpleasant working condition.

A level 4 MSW will have frequent exposure to highly unpleasant working conditions.

Responsibility for policy/service development

It is likely that MSWs will score at level 1

Responsibility for human resources¹⁰

It is likely that MSWs will score at level 1

Responsibility for information resources¹¹

It is likely that MSWs will score at level 1

Responsibility for research and development

It is likely that MSWs will score at level 1

¹⁰ It may, however, be the case in the future that band 4 MSWs, like some nursing Assistant Practitioners, manage other support workers. They may also become education mentors. If this were the case then the role would score above level 1 for human resources.

¹¹ In some services MSWs have been trained to be take responsibility for the transfer and discharge systems including data entry. Such jobs are likely to score at level 2 on this factor.

Steps to take in considering whether your job is correctly banded

1. Look at your post’s job description and person specification and a copy of the RCM’s ‘The Role and Responsibilities of Maternity Support Workers’ Guide. Is the job description up to date and accurate? What is missing? What is your pay band?
2. Once you are clear of the tasks, skills and responsibilities that you perform (this must be agreed with your employer), use this Guide to see which job evaluation levels you think your post is at. You may also want to look at the national job profiles and the *NHS Job Evaluation Handbook*. Start with the *Knowledge, Training and Experience* factor. You might want to use the template below to record the level at which you think your job scores and why.

| FACTOR | LEVEL | INFORMATION |
|--|-------|-------------|
| Communication and relationship skills | | |
| Knowledge, training and experience | | |
| Analytical and judgement skills | | |
| Planning and organisational skills | | |
| Physical skills | | |
| Responsibility for patient/client care | | |
| Responsibility for policy and service development implementation | | |
| Responsibility for financial and physical resources | | |
| Responsibility for human resources | | |
| Responsibility for information resources | | |
| Responsibility for research & development | | |
| Freedom to act | | |
| Physical effort | | |
| Mental Effort | | |
| Emotional effort | | |
| Working conditions | | |

3. If you think that your job may be incorrectly banded the next step is to discuss this with your RCM Workplace Representative.

Case Study

Puneet and June are both employed as band 2 MSWs. Both feel that they should be employed at band 3. Their employer has agreed their job descriptions.

Puneet’s job

Puneet reports to a band 6 midwife although she is required to work without close supervision particularly when supporting mothers with infant feeding. Her post requires a level 3 qualification (Puneet has a NVQ level 3 which she gained at work) along with good numeracy, literacy and ICT skills. Her job also requires her to have previous experience working in a maternity service. She has to prioritise and organise her own work and have good interpersonal and communication skills. She sometimes works with parents whose babies are in the Neonatal Unit. Her specific duties include providing support to women with infant feeding including supporting her trust’s Peer Breast Feeding Support Group, promoting the basic health of mothers and babies, and carrying out venepuncture, urinalysis, weighing and newborn blood spots. Puneet prepares, organises and participates in parenting classes. She prepares and cleans equipment along with other administration tasks.

June’s role

June’s role requires the post holder to have GCSEs at grade C or equivalent. She has to be computer literate and have experience of working in a customer or client-focused environment. Like Puneet she is required to organise and prioritise her own workload. She reports to a band 7 midwife. She has to communicate clearly. Her duties include cleaning beds, cubicles and rooms. She checks, cleans and restocks clinical trolleys and community bags. June has to meet and greet women on the labour ward, fetch equipment for midwives, prepare rooms and couches, escort women and babies to other departments. June also weighs and measures babies (calculating BMI) and collects and dispatches specimens. She fills and maintains birthing pools, helps women with personal hygiene and can assist women with infant feeding. Finally, she answers queries face-to-face and over the telephone as well as organising and preparing paperwork.

Evaluating the roles

While there are similarities between both roles (for example both have to organise and prioritise their own workload, both have responsibility for maintaining stock and other supplies and communicate and receive routine information) there are also differences. These mean that Puneet's post should be at band 3 but June's remain at band 2:

- **Knowledge, training and experience:** Puneet's role requires the post holder to have a level 3 qualification and previous experience of working in a maternity unit, June's require level 2 qualifications (GCSEs) and experience of working in a general customer/client focused setting. The knowledge that Puneet has is used to support women with infant feeding and undertaking observations and maternal and baby care tasks including taking part in parenting education, while June's is largely used to carry out more routine tasks such as housekeeping and clerical tasks.
- **Physical skills:** June's role requires her to have keyboard skills, help mothers with personal hygiene and use cleaning equipment. Puneet carries out these tasks but also others that require coordination, dexterity and accuracy such as following training and assessment, venepuncture.
- **Responsibility for patient/client care:** June meets and greets mothers and assists in the moving and handling of individuals including transferring between wards. She provides basic support and information to mothers and families. Puneet undertakes delegated tasks directly with mothers particularly providing baby feeding advice, support, and information and demonstrates to support their choice of feeding.
- **Freedom to act:** while June reports to a band 7 and Puneet a band 6 midwife, Puneet's role has more autonomy than June's for example working with mothers in the community to support breast feeding.

Further Information

The *NHS Job Evaluation Handbook* can be downloaded from NHS Employers' website www.nhsemployers.org The Handbook contains full details of all the schemes factors, band ranges and matching processes. Copies of the national job profiles are also available from this site.

The RCM has produced a number of guides for MSWs including *The Roles and Responsibilities of Maternity Support Workers* and *Maternity Support Workers: Learning and Development Standards*. These are available on the RCM's website, as are up to date pay scales www.rcm.org.uk

The two Nursing and Midwifery Council publications referred to in this Guide are: *The Code, Standards for Performance, Conduct and Ethics* and *Advice on delegation for registered nurses and midwives*. www.nmc-uk.org

NHS Education for Scotland's guide to health care support workers is available on their website www.nes.scot.nhs.uk

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