

# GMMH – HCSW / HCA Banding Principles Framework

## Context and purpose

UNISON colleagues raised concerns that in the Greater Manchester Mental Health NHS Foundation Trust (GMMH), Health Care Support Workers (HCSW) are working at a higher level than their current band. There are two national Agenda for Change profiles in a hospital setting for Nursing – Clinical Support Workers at Band 2 and Clinical Support Workers (Higher Level) at Band 3. There is currently only one National Role Profile within a mental health setting for a Clinical Support Worker Higher Level (Mental Health) at Band 3.

Other Trusts in the region are at different stages of considering and addressing similar disparities between what is being worked against current banding and what is required. At GMMH, disparities affecting Band 2 staff - the majority of whom are Health Care Support Workers are being managed through pro-active partnership working. In addition, a Collective Grievance was submitted by UNISON on behalf of its members who are Band 2 HCSWs.

The purpose of this paper is to set out some standardised implementation arrangements to ensure all staff affected across GMMH receive equal and fair treatment, comparable to the arrangements already implemented in other Trusts in the region. The aim is to negotiate and agree an implementation framework that can then be locally managed, working jointly with local UNISON representatives. The resulting Framework will apply to all eligible Band 2 staff working in inpatient areas, who are either HCSW/HCAs. Eligibility will include anyone who was a Band 2 HCSW (or equivalent job title) during the reference period of April 2018 - Present who has since moved to another role or left the organisation.

## National profiles

The two national profiles for Clinical Support Workers/HCAs (Band 2 and Band 3) and Clinical Support Worker (Mental Health) at Band 3 can be found at the following link: <https://www.nhsemployers.org/system/files/2021-11/Combined-nursing-profiles-Jul-21.pdf>

The main differences between the band 2 and band 3 profiles are:

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<b>Factor</b>		
Job Statement	<ol style="list-style-type: none"><li>1. Undertakes personal care duties for patients in the community, in hospital or other settings</li><li>2. Records patient information</li></ol>	<ol style="list-style-type: none"><li>1. Undertakes a range of delegated clinical health duties in hospital, community or other settings</li><li>2. Records patient/client information</li></ol>
Knowledge training & experience	NVQ level 2 or equivalent	NVQ level 3 or equivalent, base level of theoretical knowledge, clinical observations, relevant legislation
Physical Skills	Hand eye co-ordination for manoeuvring wheelchairs, bathing patients/clients, using hoists; standard driving	Developed physical skills; manipulation of objects, people; narrow margins for errors; Highly develop physical skills, accuracy important; manipulation of fine tools, materials. Hand eye coordination required when using test equipment, e.g. blood glucose monitors, psychometric testing,

manipulating wheelchairs, driving/Restraint of patients/clients; venepuncture

Patient care	Provides personal care	Completes delegated clinical care duties and records patient observations
Mental effort	Frequent concentration; work pattern predictable Concentration for personal care procedures, standard driving. Follows routine	Frequent concentration; work pattern predictable/unpredictable. Concentration required for clinical and personal care procedures, predictable/ Unpredictable when responding to emergency situations, e.g. patient/client restraint
Responsibility for Human Resources	Demonstrates own duties to new starters	Demonstrate own activities to new or less experienced employees/ Day to day supervision

The fact that there is currently only one National Role Profile within a mental health setting for a Clinical Support Worker (Higher Level) at Band 3 reflects the requirement for post-holders to be competent in patient restraint, usually via PMVA training.

GMMH recognises that the HCSW Band 2 role that staff have been undertaking is aligned to the Band 3 Clinical Support Worker Higher level profile.

To provide further clarity and consistency, an agreed Trust job description has been developed in partnership for the HCSW / HCA Band 3 role. The status of particular duties in the context of NHS national job profiles is a question determined by the NHS Job Evaluation Scheme and subject to agreement between employers and trades unions through the established job matching and job evaluation process.

### **Implementation arrangements**

The Trust will work collaboratively with local staff side colleagues to work through the following implementation stage.

Current Band 2 HCSWs (or equivalent job title) will be offered retrospective re-banding to Band 3 to 1<sup>st</sup> April 2018 (or the date started in post if after this date). Post-holders will remain in their current ward / department establishments as far as is possible. Should there be the need for any realignment of staff across wards based on the numbers of staff choosing to remain on Band 2 the Trust's Organisational Change Policy will be followed, including consulting with staff/Trade Unions.

Although a new Band 3 job description has been developed in partnership, current Band 2 post-holders should not notice a significant change to their duties and responsibilities. Any necessary training and support will be provided, and anyone with concerns about progressing to a Band 3 role will be offered the opportunity to discuss in detail with their line manager. Further advice and support can be provided by local trade union representatives.

### **Back pay and point on scale (retrospective re-grading)**

Re-grade will be effective from 1<sup>st</sup> April 2018 or the date started in post if after this date.

Re-grading would be to the point on the scale which would provide a pay increase (normal regrading transition) and enhancements calculated using Band 2 percentages to ensure no detriment. To allow for full implementation, Band 2 enhancement percentages will be used until the move to Band 3 is processed on ESR. Those staff who are not moved to the top pay point of Band 3 upon transfer to Band 3 (due to the point of Band 2 they were on previously), may potentially see a reduction in their new overall earnings dependent upon the enhancement pattern worked. This is due to the Band 3 enhancement rate being lower than the Band 2 enhancement rate. To avoid the earnings of staff reducing in this scenario, the Trust will apply pay protection, based on the average earnings of the previous 13 weeks (prior to the move to Band 3 being enacted on the ESR system). Overtime worked will not be included in the calculation of average earnings (with the exception of contractual overtime). The pay protection will remain in place until staff move annually through the increment points to reach the top pay point of Band 3 (which for staff in this group this will be a maximum of 2 years. Some staff may reach the top of Band 3 prior to the 2-year period, at which point protection would cease).

Protection will not be required once a member of staff reaches the top of Band 3 as the hourly pay rate for enhancements is higher than Band 2. Should staff change their working pattern e.g. reduce the number of enhanced hours worked, the average pay calculation for protection will be re-calculated. No-one should be at a financial detriment for choosing to be retrospectively re-graded to Band 3. This principle is underpinned by Section 2.13 of the NHS Terms and Conditions of Service Handbook which states:

*2.13 if on promotion, the working pattern remains substantially the same, staff will move to the first incremental point producing an increase when basic pay, any long-term recruitment and retention premium and the unsocial hours payment, are combined. If the working pattern changes on promotion paragraph 6.35 will apply.*

## **Bank Work**

Staff who have a Band 2 HCSW bank post for GMMH via NHSP, who choose to move to Band 3 in their substantive post, will have a Band 3 HCSW assignment code added to their bank profile. NHSP will pay backpay for Band 2 work undertaken in a MH Inpatient setting since February 2019, or since joining the bank, if after this date. As GMMH operated the bank in the period 1<sup>st</sup> April 2018 – 24 February 2019, back pay on this element would come from the Trust,

## **Well-being support during implementation process**

Wellbeing support is available for staff, details can be found on the Wellbeing Hub on the Trust intranet.

## **Timescales for implementation**

Implementation will be a phased approach across the Trust. There is a target completion date of 30<sup>th</sup> November 2023.

## **Engagement and communications**

1. HR Director to work collaboratively with UNISON colleagues to agree a point of contact for the process.
2. Any necessary workforce re-profiling will be done in accordance with Annex 24/GMMH Organisational Change Policy (as appropriate) and will be undertaken with the engagement of staff and involvement of Trade Union Representatives. Re-profiling is defined by [NHS Employers] the Agenda for Change Handbook as 'a means of examining the content of job roles... to determine the most efficient distribution of bandings needed to delivered the required service' including any resultant consideration of the 'skills, tasks and responsibilities needed to carry out roles'. The national agreement outlines that reprofiling should be undertaken 'as a joint exercise between the managers and staff working in that function and with the involvement of their Trade Union representative(s).

3. Engagement with staff and Trade Union Representatives will be maintained through the lifecycle of the project. A project group consisting of management, staff and UNISON representatives will work in partnership to create and agree the process for implementation and ensure that the management of change to a new model of working is enacted in a timely, fair and consistent manner.

### **Appeal Process**

If staff are dissatisfied with the application of this framework to their individual situation, it is encouraged to raise this informally in the first instance with their line manager or HR representative. If their concern remains unresolved, the Trust Grievance Procedure may be used.