

Warrington & Halton – HCA Campaign Re-banding

Frequently Asked Questions

Who is in scope of the proposal?

The staff group within scope of this agreement includes Band 2 HCAs within the nursing structure on wards, outpatients, and theatres directly employed by Warrington & Halton Teaching Hospitals NHS Foundation Trust. This may include those holding the job titles of Theatre Support Workers and Maternity Support Workers, referred to collectively as HCAs.

The offer applies to all Band 2 HCAs in post when the Framework Agreement is agreed, including those that have given notice of resignation or retirement.

This scope also includes currently employed Band 3 HCAs who have held a Band 2 HCA role during the period from 1 April 2018 to the commencement of the prospective skill mix review consultation, or the date they commenced in a Band 3 HCA role. These HCAs may request retrospective recognition at Band 3 for periods where they held a Band 2 HCA role.

Why are Band 2 Health Care Assistants being re-banded?

Band 2 HCAs are being re-banded following a campaign by UNISON HCAs who have been routinely working above and beyond their pay-band for a number of years.

Why is back pay being offered up to 1 April 2018?

Following the UNISON campaign, strike action and negotiations with the employer, the Trust is offering back-pay and retrospective re-banding to when it's identified that HCAs began undertaking Band 3 duties, up to a maximum (earliest) date of 1 April 2018. This is in line with agreements made with a number of Trusts across the North West.

What duties are considered Band 3?

In order to qualify for re-banding and back-pay, HCAs will need to evidence that they have been undertaking at least **one duty** from the following list:

1. Perform venepuncture.
2. Inserting peripheral venous cannulas.
3. Insertion of female catheter.
4. Removal of catheter and post-catheterisation care.
5. Patient physiological observations to include all the following range of duties: temperature, blood pressure, pulse, respirations, and urinalysis (or pregnancy testing) and recording of the observations and escalation of observations.
6. Patient observation for signs of agitation and distress for patients with challenging mental health or dementia health needs
7. Performance of ECG recording.
8. Bladder scanning and urinalysis.
9. Basic wound dressing, wound observations, and skin assessment with Aseptic Non-Touch Technique (ANTT).
10. Wound swabs where Aseptic Non-Touch Technique (ANTT) is required.
11. Collecting blood (for transfusion) from the blood fridge.
12. Completion of B3 perioperative HCA skills passport.
13. Undertaking routine maternal and neonatal routine observations, including recording of those observations and escalation.
14. Undertaking the role and responsibilities of a theatre circulator.
15. A range of duties consistent with the Band 3 'Higher clinical support worker'

national AfC profile' which may include, but is not limited, to elements of the above duties or additional duties which may be inclusive of blood glucose level testing and removal of peripheral cannulas

What if I'm not doing any of the duties on the list?

Where an HCA is not able to evidence a competency from the list above and undertakes additional duties that would meet the Band 3 national role profile, this can be detailed on a clinical skills sign-off form along with supporting evidence. This will then be reviewed by a Agenda for Change job matching panel. Support for this process can be provided by a trade union representative. HCAs will also have the right to appeal the outcome.

What evidence will I need to provide?

HCAs applying for re-banding and back-pay will need to complete a submission form and provide associated evidence. Evidence will need to be provided for each year, or evidence that covers the duration from 8 October 2023 up to a maximum of 1 April 2018.

Evidence would include training certificates or other evidence of completion of relevant training, appraisal documentation confirming completion of competency or clinical skills sign-off using a WHH template by a WHH Ward Manager or an alternative WHH nominated registered practitioner. Evidence can also include statements of observed competency by a registered practitioner who may be a multidisciplinary colleague (i.e., member of the medical profession or Allied Health Professional).

Whose responsibility is it to provide evidence?

It is an individual HCA's responsibility to obtain the required evidence. Line managers will support HCAs and the individual can have trade union support in completion of this process.

How will the Trust support this process?

The Trust will ensure HCAs and Ward Managers are fully supported during the process including the development of a WHH Template submission form, FAQs, and briefing sessions for both HCAs and Ward Managers to support the process.

What if there is a disagreement between my manager and I about what duties I have undertaken?

If your manager does not authorise your form and you disagree with this decision, you are entitled to appeal. You should collect as much evidence as you can to demonstrate that you have been required to undertake additional clinical duties in your Band 2 role and when this requirement began, so that this can be considered through the appeals process. You may wish to seek advice from your trade union if you are in this position.

I've been undertaking Band 3 duties for the past 10 years, but only paid Band 2. How much back pay will I get?

You would receive back pay to the earliest possible point under the Framework Agreement which is 1 April 2018.

I'm a Band 2 HCA doing Band 3 duties for 3 years. How much back-pay will I get?

Your retrospective re-banding date will be based on when you started undertaking Band 3 duties, to a maximum of 1 April 2018. If you started doing Band 3 duties 3 years ago, then you would get appropriate back-pay from this date.

Will I lose out because the Band 2 and Band 3 enhancements are different?

Those staff who are not moved to the top pay point of Band 3 upon transfer to Band 3, 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 protect pay at the current level until such a time that staff move annually through the increment points to reach the top pay point of Band 3 (which for staff in this group 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).

What about my pension payments?

Because there are differences in the Band 2 and Band 3 pension contributions, any additional contributions will be taken out of your back pay.

Will I need to pay tax on back-pay?

Yes. Tax and national insurance will be paid on back-pay.

I've received a Band 3 HCA role through the recent skill mix review, will I receive back-pay and retrospective re-banding?

HCA's who have secured a Band 3 position in the prospective skill mix review consultation will have their pay increments adjusted where relevant to the retrospective payment date for the individual and where appropriate back pay will be paid.

I decided to remain as a Band 2 HCA following the recent skill mix review, will I be eligible for back-pay and retrospective re-banding?

HCA's who during the prospective skill mix review consultation have chosen to remain at a Band 2, can apply for backdated re-banding. Where individuals elect to remain at Band 2 but are successful in evidencing retrospective Band 3 duties they will be provided with pay protection in accordance with the Trust organisational change policy.

Individuals who had chosen to remain at a Band 2 within the prospective process, and subsequently make the decision that they would like to be considered for a Band 3 post moving forward, will be supported to apply internally for vacancies as they arise.

I have been retrospectively re-banded to Band 3 but there are insufficient Band 3 roles moving forward following the recent skill-mix review. Will I receive pay protection?

Where HCA's who are successful in their retrospective re-banding claim, elected to move into a Band 3 post prospectively, but the Trust have been unable to allocate them a Band 3 post due to lack of available posts, pay protection will apply as per the Trust's policy.

Where will I be appointed on the Band 3 pay scale?

As well as receiving back-pay, eligible staff will be retrospectively re-banded up to 1 April 2018 to reflect the time that staff should have been on Band 3. If you have been employed at the Trust since 1 April 2018 or before, you will be placed at the top of Band 3. If you started working at the Trust after 2018, your appointment on the Band 3 pay scale will depend on your service.

What if I disagree with the outcome of the process?

Individuals can appeal if they are unhappy with the outcome of the process. Appeals will be considered by a panel of senior nurses. Grounds of appeal will consider process failings or failure to consider relevant material information. Professional practice and HR input will be provided to the appeal panel. Post-holders will have the right to be represented by recognised local trade union representatives. Appeals will be as per the Trust policy requiring submission within 14 days of the outcome of re-banding. The appeal of re-banding is limited to the appeal arrangements for re-banding only.

If I get a Band 3 role will I need to do a wider range of delegated clinical duties?

You will be supported to attain the full range of skills appropriate to your role and will be expected to undertake these once suitable training has been given and you have shown the necessary competencies.

Why do I need to vote in the consultation?

UNISON HCA members have led the campaign for fair reward and recognition. The proposed Framework Agreement will have an impact on your banding and pay, so it's only appropriate that UNISON members have the final say on the terms of the agreement.

What if HCAs reject the Framework Agreement and vote no?

If UNISON members reject the Framework Agreement we will not sign up to it as a trade union, and would need to explore other ways of resolving the issue of HCA pay. This may mean every HCA would need to explore an individual job evaluation claim, collating evidence and going through a potentially lengthy internal process. Your union is confident that the Framework Agreement is in line with the national Job Evaluation Scheme, is a reasonable step in resolving this issue and is the best that can be achieved without a considerable escalation in strike action.

What is the timeline for receiving back pay?

If UNISON members vote to accept the Framework Agreement, we will confirm acceptance to the employer. Further discussions with them take place with the Trust to map out an agreed process for implementation.

I work as a Medical Secretary / Administration etc and believe I am working above my band. Will my role be looked at as part of this process?

This process only relates to HCAs. However, if you work in another role and are undertaking duties beyond your job description, and believe this may mean you are working at a higher band than you are being paid for, you may be in a position to challenge this through a re-grading process in line with the NHS Job Evaluation Scheme. Speak to your UNISON branch who can provide further advice and support.

I work for NHSP, will I be paid at Band 3 or Band 2 for future shifts and will I get back pay like my colleagues who work for the NHS?

HCAs who have undertaken work for NHSP will not be eligible for back-pay for these shifts because NHSP is a separate employer to the Trust. Future NHSP shifts will be paid at the appropriate banding.