



**Warrington and Halton
Teaching Hospitals**
NHS Foundation Trust

Health Care Assistant

Re-banding Resolution Framework

1st December 2023



Background

Unison have raised concerns that some Healthcare Support Workers (HCAs) have been working at a higher level than their current band.

There are two national Agenda for Change profiles for Nursing – Clinical Support Workers at Band 2 and Clinical Support Workers (Higher Level) at Band 3.

In May 2023 Unison submitted a re-banding request for consideration by the Trust; this was presented on behalf of, and signed by, a group of Band 2 HCAs in post within the Trust.

The purpose of this paper is to set out the points agreed as a collective re-banding resolution between the Trust and Unison in talks facilitated by Acas.

Resolution Terms

Back payment Date

1. Retrospective payment date to a maximum of 1 April 2018 where evidence is provided for each year, or evidence that covers the duration, up to 8 October 2023 (the prospective skill mix review consultation being implemented on 9 October 2023). For the avoidance of doubt, to obtain this backstop date staff must have been in post and undertaking a Band 2 Health Care Assistant role.

Competencies

2. Alongside HCA Band 2 duties, to receive recognition at Band 3 the individual will be asked to evidence at least one additional competency from the list below that is over and above personal care and simply recording patient information for each of the relevant years back to 1 April 2018. The principle is that if the skill set enables the criteria to achieve a Band 3 in alignment with the national profile at band 3 prospectively it will also be considered to have been met that banding retrospectively.

The list of competencies below will enable the Band 3 job evaluation profile to be adhered to and factors 2 (knowledge, training, and experience) and 6 (responsibilities for patient care) and where applicable factor 15 (freedom to act) are met at Band 3:

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 needs¹.
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.

Where an HCA is not able to evidence a competency from the list above and undertakes an additional competency that would meet the Band 3 national job evaluation profile, in particular factors 2 and 6, and where applicable factor 15, this will be detailed by the HCA on a clinical skills sign-off form (WHH template) including providing supporting evidence.

This will be reviewed by an Agenda for Change Job Matching panel to be inclusive of 2 management side and 2 staff side representatives independent of the banding application, to include a clinician, who will consider whether it meets the requirements of the Band 3 job evaluation profile. This will be with support from HR if required by the panel. The individual is of course welcome to have Trade Union support in completion of this process.

Competency Evidence

3. Acceptable auditable 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 include statements of observed competency by a registered practitioner who may be a multi-disciplinary colleague (i.e., member of the medical profession or Allied Health Professional).

For the avoidance of doubt, it is not considered acceptable to access patient records or any patient information system for the purpose of gathering competency data. This is

¹ Clarified to include the observation, recognition of, and acting upon, triggers that may contribute to a change in the patient's cognitive status or behaviour and proactively contributing to the prescription of care for the patient. This may include escalation where necessary and associated record keeping.

due to Trust policy relating to the requirements for patient confidentiality and adherence to GDPR regulations.

4. 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.
5. It is an individual's responsibility to obtain the required evidence; line managers will support HCAs and the individual is of course welcome to have Trade Union support in completion of this process.
6. Sign off of evidence will not be reliant on any one individual. Evidence would be signed off by the HCA's line manager and a member of the Clinical Education Team using a WHH template and submitted to a panel of senior nurses and HR for approval.

Backpay and Payroll Processes

7. Any back pay will be calculated starting at entry level Band 3 and progress incrementally as per Agenda for Change (AfC) terms and conditions, with enhancements calculated at Band 3, as per AfC.
8. Payroll will make mandatory deductions in accordance with regulatory requirements which includes but is not limited to tax, national insurance and pensions.

Recognition in Band 3 HCA Role

9. The HCA will be recognised from the start date at Band 3 as holding a Band 3 health care assistant post and terms.

The HCA will be paid at band 3 where there is an increase in pay; where there would not be a pay increase, payments at the current pay will be retained until such time that a pay rise will result from the band 3 salary.

This is in accordance with, section 1.18 of AfC (January 2023) '*pay on promotion*' for further reference.

10. Commencing from the start date in post at Band 3 the HCA will progress in accordance with the Band 3 incremental progression which is currently 2 years from the individual's start date in the Band 3 grade to the top of the AfC Band 3 Payscale.

The Health Care Assistant will be provided with a contract amendment letter confirming the start date for Band 3 service.

Band 3 Health Care Assistant roles will be provided with the job title "Senior Health Care Assistant" to distinguish this role from that of a Band 2 Health Care Assistant role and will hold this position title on Trust identification badges.

Agreement Scope

11. The staff group within scope of this agreement includes Band 2 HCAs as we have previously defined within the nursing structure on wards, outpatients, and theatres. This may include those holding the job titles of Theatre Support Workers and Maternity Support Workers, referred to collectively as HCAs.
12. The offer applies to all Band 2 HCAs as outlined in section 11, in post as at the signed date of agreement of this offer 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 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.

13. This offer applies to those holding a Warrington and Halton Teaching Hospitals NHSFT substantive or fixed term employment contract and excludes bank and agency workers. The latter are excluded as we are not their employer.
14. For any HCA that has left and returned to the organisation, the effective date of back pay would be the date of commencement of their new contract of employment.

Appeals

15. Appeals against the outcome of the process 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 or accompanied by a work colleague. Appeals will be as per the Trust policy requiring submission within 14 days of the outcome of rebanding.
16. The appeal of rebanding is limited to the appeal arrangements for rebanding only.

Prospective Arrangements

17. HCAs 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, as outlined in Section 10 above, and where appropriate back pay will be paid.
18. These individuals will maintain the Band 3 role and associated pay at and after 9 October 2023. The individuals will continue to be supported to complete their ward or clinical area's full range of required Band 3 health care competencies as a learning plan. The learning plan will be required for completion by 9 October 2024.
19. HCAs, who during the prospective skill mix review consultation have chosen to remain at a Band 2, can apply for backdated rebanding. 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.

The Trust-wide prospective process is otherwise closed with the exception of taking into account the adjustments to pay for retrospective banding pay related to service, as outlined within sections 10 and 17.

20. Where HCAs 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.

Well-being Support

Wellbeing support is available for staff throughout this process via Occupational Health & Wellbeing Service within the Trust and the Mental Health & Wellbeing hub.

Timescales for implementation

Timescales for implementation will be established when an agreement is reached, and the effective date of that agreement is confirmed.

Engagement and Communications Arrangements

1. The Deputy Chief People Officer will work collaboratively with Trade Union colleagues to maintain communication via the Trust partnership meetings.
2. Engagement with staff and Trade Union Representatives will be maintained through the lifecycle of the project and implementation of the agreement will be overseen by the JNCC.

Signed on behalf of Warrington & Halton Teaching Hospitals NHS Foundation Trust:

Name: Simon Constable
Job Title: Chief Executive
Date:

Signed on behalf of UNISON:

Name:
Job Title:
Date: