



Mid Cheshire Hospitals
NHS Foundation Trust

HCA & MIA Band 2-3 Re-Banding Principles & Framework Proposal

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Aims of the Framework



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- To ensure that colleagues in scope of the re-banding claim are subject to a fair and consistent process.
- To determine an implementation framework that can then be locally managed, working jointly with other local trade union representatives.
- To provide a mechanism for reviewing and implementing future workforce requirements.

Scope of the Framework



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- The Framework will apply to all eligible Band 2 Health Care Assistant (HCA) and Medical Imaging Assistant (MIA) employees working in all clinical areas and departments at MCHFT & CCICP (substantive and fixed term employment contracts).
- To be eligible to apply for a re-banding assessment in line with the NHS Terms and Conditions of Service and the NHS Job Evaluation Handbook, colleagues must be employed as a substantive Band 2 HCA/MIA on the date the collective grievance was received (30 March 2023) and must remain employed, as a HCA/MIA at the Trust, on the date this offer is accepted by UNISON. Those employees who have joined the Trust as a Band 2 HCA/MIA since the collective grievance was received, and who remain employed as a Band 2 HCA/MIA, will also be included.
- Colleagues who are within scope and who have held consecutive HCA/MIA roles at MCHFT/CCICP, prior to their current HCA/MIA role (i.e. without a break in HCA/MIA roles/Trust service), can include these roles in their back pay assessment application. A move into a Bank only role would break an individual's service with the Trust.
- Colleagues who have taken a career break from their Band 2 HCA role, in line with the Trust's Career Break, Secondment & Acting Up Policy & Procedure, will be eligible to apply, as long as they have remained employed by the Trust during this period and have no break in service. Evidence provided will need to align with periods of paid employment.
- Colleagues who currently hold a Band 3 HCA/MIA role, but directly prior to this held a Band 2 HCA/MIA role, will have their previous Band 2 HCA/MIA experience assessed for the purposes of their current and future salary. This will not include any entitlement to back pay, with the exception of those individuals who were promoted to a Band 3 post on or after 30 March 2023; the date the collective re-banding claim was received. These colleagues will be eligible to apply for back pay.

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Scope of the Framework

- Bank workers, agency workers and ex-employees, will not be eligible to apply for a re-banding assessment under the framework.
To clarify:
 - Colleagues who are no longer in a HCA/MIA role at the date the offer is accepted by UNISON, but who are still employed at the Trust in a different role, will not be eligible to apply for a re-banding assessment.
 - Colleagues who have retired and returned into a HCA/MIA role, will be eligible to apply for a re-banding assessment, as long as they meet the criteria above, however any entitlement to back pay, will only be considered from the point they returned to the Trust following their break in service and with the earliest date of 1st April 2018.
- For the purposes of responding to UNISON's collective re-banding claim, the national job profiles for Clinical Support Worker and Clinical Support Worker (Higher) (band 2 and band 3) will be used.

The Framework – Step 1



Determining Local Job Descriptions, Person Specifications & Future Workforce Requirements

To provide further clarity, consistency and transparency, the Chief Nursing Officer will provide in draft, for discussion and agreement with union colleagues, the following:-

- a) Trust job descriptions for prospective Band 2 HCA & MIA Band 3 HCA & MIA roles.
 - b) A list of personal care and clinical duties that they believe differentiates the prospective Band 2 and 3 roles. These will be appended to agreed job descriptions for ongoing clarity.
 - c) Qualifications, training and experience that would be considered equivalent to NVQ level 2 & 3 theoretical knowledge and clinical competency assessment, for prospective person specifications.

The banding of agreed Job Descriptions will be subject to local agreement through the Trust's established job matching and job evaluation process.

The Framework – Step 2

Re-banding Assessment Process

- This step applies to colleagues who believe that their current role is aligned to the Band 3 HCSW national profile and who, in accordance with the framework, submit an application to undergo a review and assessment of their underpinning knowledge, skills, competencies, training, qualifications, and experience.
- All eligible colleagues will be written to, by the Trust, to confirm the details of the assessment process. Colleagues who do not wish to be included can opt out of this process. Details will also be provided in the Trust Comms. The Trust will endeavour to ensure a response is received from all eligible HCA/MIA colleagues to ensure all colleagues have had the opportunity to take part.
- Applications will need to be received by an agreed date in order to be considered; any late applications will not be considered unless there are exceptional circumstances.

The Framework – Step 2



Re-banding Assessment Criteria

- Re-banding assessments will follow the principles of the Agenda for Change (AfC) Job Matching Process.
- In order for re-banding to Band 3 and corresponding backpay to be awarded, there will need to be auditable evidence of the Band 2 HCA/MIA both receiving the necessary training/competence to undertake at least one Band 3 clinical duty (from the agreed list on slide 9), throughout each year of the backdating period to date. The staff member will be required to provide this evidence.
- Evidence submitted, (in line with the requirements on slide 10), will undergo a robust validation process by the Trust to assess and approve any re-banding.
- Sign-off of evidence or assessment will not be reliant on any one individual. Evidence would be signed off by the HCA/MIA's ward/department manager using an MCHFT template and submitted to a panel of senior nurses and HR for approval. Trade Union partners will be invited to observe these panels.
- An appeal process will be implemented.

The Framework – Step 2

Re-banding Assessment Criteria

The following criteria will be applied as part of the assessment process:

Assessment Criteria 1

- The employee can demonstrate undertaking one delegated clinical care duty, from an agreed list (slide 9), using a broad body of evidence (slide 10), for retrospective back pay purposes, with an earliest back pay date of 1st April 2018.

OR

Assessment Criteria 2

- Where an employee cannot demonstrate that they undertake one delegated clinical care duty from the agreed list but can evidence other duties which represent a significant step change in the knowledge, skills and experience required for a Band 3 role, an individual job matching process will be undertaken. Evidence provided must align with the Band 3 national profile.

The Framework – Step 2

HCA Band 3 Clinical Duties -updated
Perform 12 lead ECG assessment
Insertion of IV cannulation following ANTT principles
Insertion and removal of urinary female catheter following ANTT principles including post catheter care
Venepuncture following ANTT principles
Perform Bladder Scanning
Apply mould and POP/Fibreglass plasters
Wound care of non-complex wounds (including dressings and skin observation) – Following ANTT principles.
Assess patient condition by undertaking and recording patient observations (i.e., temperature, blood pressure, pulse, pulse oximetry and respirations). This will include identifying and escalating changes to patient clinical conditions to the registered practitioner.
Undertaking the role and responsibilities of a theatre circulator. Activities include Swab and instrument count, Complex setting up for procedures, psychological support for patients undergoing complex procedures
Patient observation for signs of agitation and distress for patients with challenging mental health or dementia health needs. 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 patient's risk assessed by a registrant as high risk. This may include escalation where necessary and associated record keeping.
Wound swabs where Aseptic Non-Touch Technique (ANTT) is required
Undertaking routine maternal and neonatal observations including recording and escalation
Administering eye drops in ophthalmology under the direction of the registrant
Perioperative Care (To include theatres & Interventional diagnostic). Activities include Fluid balance management above ward-based care (level 2), surgical preparation of equipment including ANTT, measurement of blood loss- weighing swabs, responding to urgent changes in surgical procedure, obtaining & understanding specialised equipment / medication required for approval by the registrant for surgical procedures, assisting registrant in procedures requiring ANTT specimen collection, involved in Loccsip and WHO checklist
Blood Glucose
Regularly undertake 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 and additional duties which may be inclusive of, removal of peripheral cannulas, urinalysis / sampling, pregnancy testing.

The Framework – Step 2

Accepted evidence of knowledge, training & experience

- Local Training Records including local competency assessments
- ESR training records
- Reflective appraisal entries which have been signed off by a line manager or other registered professional
- Witness statements from line managers or other registered practitioners - tasks undertaken under delegation of the accountable professional

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.

It is not considered acceptable to access patient records or any patient information system for the purpose of gathering competency data. This is due to Trust policy relating to the requirements for patient confidentiality and adherence to GDPR regulations.

The Framework – Step 2



Re-banding Assessment Process

- If, via step 1 and 2 of the process, it can be demonstrated that an individual has met the requirement of one clinical duty, then the qualifying date for any back pay owing will be determined “The Agreed Date”. This is the date when evidence confirms Band 3 duties commenced. Back pay calculations will apply from the “Agreed Date”. The earliest possible date for back pay to be retrospectively applied will be **1st April 2018**.
- As a result of the re-banding assessment process, colleagues may receive an increase in earnings during the tax year in which the back-pay payment is made, along with an increase in future earnings. Colleagues applying for a re-banding assessment in line with this framework are recommended to seek their own advice to determine whether this increase in earnings will affect any other payments they currently make or receive e.g. CSA payments, Universal credit, increased pension contributions etc.
- The Trust cannot be liable for any prospective or retrospective personal financial detriment incurred as a result of seeking re-banding. The final decision to express an interest in undergoing a review for back pay purposes will be the sole responsibility of the individual.
- Following agreement of the principles document, the Trust will however, work with payroll, where individual circumstances require, to facilitate, (where possible), flexibility within individual payment schedules for the purposes of back pay, to reduce any detriment an individual may encounter by receiving a lump sum payment.

The Framework – Step 3

Determining Future Workforce Requirements

- The process to review and determine future workforce requirements will commence alongside the re-banding assessment process.
- The Trust is committed to working with front line colleagues and local trade union representatives in determining ward and departmental establishments as part of this review. This is in acknowledgement that our colleagues will be fully aware of the requirements and expectations at a ward and departmental level.
- It is however also essential that recognised methodology is used in determining the organisation's nursing workforce requirements. This will include the use of safer nursing care tool assessments which take into consideration the dependency and acuity of patients. It will also include the content of Healthcare Support Worker job profiles to understand the most efficient distribution of bandings required to deliver the service.
- This approach aligns with the Trust's requirement to complete bi-annual acuity reviews which informs ward and department establishment requirements.

The Framework – Step 3



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Determining Future Workforce Requirements

- Having identified the workforce requirements within the Trust, working collaboratively with local Trade Union colleagues, it is proposed that Step 4 will be applied to manage the implementation stage.
- A project group consisting of Nursing, Workforce, appointed HCA Unison Negotiators and Trade Union 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 in line with the Trust's Policy for Managing Organisational Change.

The Framework – Step 3

Determining Future Workforce Requirements

- The Chief Nursing Officer (CNO) has overall professional responsibility in determining the skill mix and staffing requirements within the Trust and therefore any workforce establishment changes would need to be approved by the Trust's CNO.
- The CNO will lead a skills and competencies mapping process to identify the level HCA's are currently being required to work to.
- As part of determining the future workforce requirements, the content of HCA/MIA job roles will be examined to understand the most efficient distribution of bandings required to deliver the service. This will be undertaken in accordance with Annex 24 of the NHS Terms and Conditions of Service Handbook.
- 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)'.

The Framework – Step 4

Implementing Future Workforce Requirements

- **For colleagues who can evidence that they meet the Band 3 criteria as part of Step 2:**
 - Post holders will be placed into Band 3 positions within new ward / department establishments according to role availability.
 - If there are insufficient Band 3 positions in the new establishment or if it is not possible to match and place against preferences, a selection process, agreed with local trade union representatives, will be required and collectively designed that takes account of:
 - Knowledge, training and experience
 - Skills
 - Mandatory training compliance (excluding where completion has been restricted / prevented as a result of operational pressures)
 - Any formal disciplinary warnings / formal capability stages (excluding absence)

The Framework – Step 4



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Implementing Future Workforce Requirements

- If it becomes necessary to have a selection process, appropriate support will be made available to colleagues who are involved, for example coaching/interview practice.
- With the appropriate training and support, colleagues may be asked, as part of the agreed Band 3 Job description within their specialty, to take on additional Band 3 level tasks as required. Achievement of any additional Band 3 competencies will be expected within a 12 month period.

The Framework – Step 4



Implementing Future Workforce Requirements

If there are insufficient numbers of Band 3 HCA / MIA positions in the new structure, those colleagues who do not secure a Band 3 post through the selection process will:

- Be paid appropriate back pay for the period of time during which they can evidence working at a Band 3 level with a backstop of 1st April 2018 under step 1-3 of the Framework.
- Be placed into a suitable alternative Band 2 HCA / MIA position, from which date, they will:
 - Not be required to undertake Band 3 duties
 - Receive pay protection in accordance with the Trust's Managing Organisational Change and Pay Protection Policies which supports a maximum of 12 months of pay protection.
 - Be placed in a talent pool on TRAC and provided with preferential access to Band 3 positions when they become vacant, for the period of their pay protection.

The Framework – Step 4

Implementing Future Workforce Requirements

For post holders who do not wish to continue in a Band 3 role for personal reasons:

- Be paid appropriate back pay for the period of time during which they can evidence working at a Band 3 level with a backstop of 1st April 2018.
- Colleagues will be matched to Band 2 positions based on preferences.
- Pay Protection will not apply.
- If it is not possible to match and place against preferences, a selection process will be required that takes account of:
 - Knowledge and experience
 - Skills
 - Mandatory training compliance (excluding where completion has been restricted / prevented as a result of operational pressures).
 - Any formal disciplinary warnings / formal capability stages (excluding absence)

The Framework – Step 4

Implementing Future Workforce Requirements

For post holders who are assessed as currently working as a Band 2 HCA / MIA:

- Colleagues will be matched to Band 2 positions based on preferences.
- If it is not possible to match and place against preferences, a selection process will be required that takes account of:
 - Knowledge and experience
 - Skills
 - Mandatory training compliance (excluding where completion has been restricted / prevented as a result of operational pressures).
 - Any formal disciplinary warnings / formal capability stages (excluding absence)
- Colleagues will be given the opportunity to apply internally for any Band 3 vacancies. If successful, they will be paid as a Band 3 from the date of commencement in that Band 3 post and supported to achieve their Band 3 competencies within a 12 month period.

The Framework – Step 4

Implementing Future Workforce Requirements

Managing insufficient numbers of Band 2 positions

- In the unlikely situation that there are more individuals either assessed as a band 2 HCA/MIA or who wish to remain in a band 2 HCA/MIA role, compared to the number of band 2 roles in the new structure, a further review of the establishments will need to be undertaken to ensure the required skills and competencies are available on each ward/department.

Supporting Development

- Band 2 HCA/MIA colleagues who would like to progress into a Band 3 position in the future will be supported with a personal development plan which will enable them to apply for a Band 3 vacancies when they arise. This will include the use of the Care Certificate Programme and/or apprenticeship levy to support educational qualifications where applicable and access to job shadowing of Band 3 HCA/MIA colleagues where appropriate. There will be no expectation for colleagues in Band 2 roles to work towards Band 3 level competencies.

The Framework – Step 5



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Retrospective Re-banding Principles & Applying Back Pay

- In line with Job Evaluation principles, individual re-bandings will be effective from the Agreed Date that Band 3 duties commenced. The earliest date of re-banding will be accepted as 1st April 2018.
- From the date re-banding becomes effective, individuals will be placed on the entry level point of the band 3 scale (or the relevant point on the band 3 scale which provides a basic pay increase). Pay will then progress incrementally as per national terms and conditions. Incremental dates will be re-set to the date that the Band 3 duties commenced.
- For the purposes of back pay, enhancements will be calculated using Band 3 percentages. Where the total back pay calculation does not result in an overall increase in pay over the period, Band 2 pay will be maintained until such a time that a pay rise will result from the Band 3 salary. Enhancements will not be protected during the back pay period.
- Any payments will be subject to the appropriate deductions including pension, tax and national insurance contributions.

The Framework – Step 6

Appeals Process

- Appeals against the outcome of the process will be considered by a panel of Senior Nurse Managers with oversight across the organisation.
- Appeals should be received within 7 days of receipt of the outcome letter determining either their entitlement to retrospective back pay or future substantive position; whichever is relevant.
- Grounds of appeal will focus on:
 - Process failings
 - Failure to consider relevant material information
 - Operational issues that have prevented completion of aspects of the selection criteria
- Professional practice and HR input will be provided to the appeal panel.
- Any colleague appealing their re-banding decision will have the right to be represented by a recognised local trade union representative or accompanied by a workplace colleague.

The Framework – Other Principles

Well-being support during framework implementation

- The Trust will work jointly with UNISON to provide wellbeing support to all employees involved in this process.

Timescales for implementation

- The target date for completion of all steps in the process will be agreed in partnership between the Trust and UNISON representatives.

The Framework – Other Principles

Engagement and Communications

- Engagement with affected colleagues and Trade Union Representatives will be maintained through the lifecycle of the project.
- MCHFT will work with UNISON to agree a single point of contact who will be the main representative and responsible for communicating the relevant information to HCA/MIA representatives and relevant UNISON colleagues.
- Communications will, where possible, be agreed jointly between the Trust and Trade Union colleagues to ensure consistency of the messages being delivered.
- JCNC will be kept up to date with the progress of the project to ensure that other Trade Unions, who may have HCA members impacted by this project, are kept informed.