

Mid Cheshire – HCA Campaign Re-banding

Frequently Asked Questions

Who is in scope of the proposal?

The staff group within scope of this agreement includes 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 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.

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, the threat of strike action and negotiations with the employer, the Trust has agreed to offer 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 back-pay, HCAs will need to evidence that they have been undertaking at least **one duty** from the following list:

1. Perform 12 lead ECG Assessment
2. Insertion of IV cannulation following ANTT principles
3. Insertion and removal of urinary female catheter following ANTT principles including post catheter care
4. Venepuncture following ANTT principles
5. Perform bladder Scanning
6. Apply mould and POP/Fibreglass plasters
7. Wound care of non-complex wounds (including dressings and skin observation) – Following ANTT principles
8. 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
9. 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
 10. 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 patients risk assessed by a registrant as high risk. This may include escalation where necessary and associated record keeping
 11. Wound swabs where Aseptic Non-Touch Technique (ANTT) is required
 12. Undertaking routine maternal and neonatal observations including recording and escalation
 13. 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 swaps, 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
 14. Blood Glucose
 15. 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

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

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.

What evidence will I need to provide?

HCA's 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 up to a maximum of 1 April 2018.

Evidence would include:

- 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

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 work jointly with UNISON to provide wellbeing support to all employees involved in this 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).

I have moved departments between different HCA/MIA roles since 2018 – do I get full back-pay for this time?

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.

I have taken a carer break since 1 April 2018, will I get back-pay for the period before?

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. If your career break has meant you were not employed with the Trust that is considered a break in service and you will not be eligible for back-pay.

I am a band 3 but I used to be a band 2, will I move up the band and receive back-pay?

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 experience assessed for the purposes of their current and future salary. This will not include any entitlement to back pay

This comes 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.

I have retired & returned from my band 2 HCA/MIA post since 2018 – will I receive back-pay?

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.

I used to work as a band 2 HCA/MIA and now work in a different role in the Trust, will I be eligible for back-pay?

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.

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.

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 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.

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 will then 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 on the bank as an HCA, will I be paid at Band 3 or Band 2 for future shifts, and will I get back pay like my colleagues who work on substantive contracts?

Under the Trust's proposals, HCAs who have undertaken work for MCHFT through the bank will not be eligible for back-pay for these shifts because the Trust considers their bank as a separate employer to the Trust. UNISON members on the bank have come together to challenge this position. A grievance hearing has been held regarding bank back-pay grievance and we are awaiting the outcome from the Trust. UNISON is also exploring legal avenues to challenge this decision – please contact Helen or Grace for more information on getting involved in the legal claim. The clarity on the workforce going forward in terms of bank staff will come after the agreement is signed off by members as part of determining the future workforce requirements.

On behalf of all UNISON members who are employed by the trust as bank staff, UNISON wish to make it clear that the concerns we have set out elsewhere regarding the exclusion of bank staff in our grievance stand and UNISON's position is that going forward either the current framework ought to include bank staff or (if the current framework is implemented by MCHFT as it stands) a separate framework should be concluded for bank staff so they are not treated any less favourably than permanent staff when it comes to the re-banding applications