

HCA and MIA Band 2-3 Re-Banding Assessment

FAQ Document

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This process 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).

ELIGIBILITY CRITERIA

1. Who is eligible?

Colleagues who were employed as a substantive Band 2 HCA/MIA on the date the collective grievance was received (30th March 2023) and who remained employed as a Band 2 HCA/MIA on the date the framework was agreed by UNISON (23rd February 2024) are eligible for back pay back to the earliest date of 1st April 2018.

2. Am I eligible if I started after 30th March 2023 and am employed as a Band 2 HCA/MIA?

Yes, 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.

3. I have changed teams/Departments but have always worked as a Band 2 HCA/MIA, does this apply to me?

Yes, 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.

4. I have been on a career break, does this still apply to me?

Yes, 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, providing 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.

5. I am now employed in a Band 3 role, is my previous Band 2 role in scope?

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. These colleagues only will be eligible to apply for back pay.

6. I have retired and returned to my Band 2 HCA/MIA role. Am I eligible?

Colleagues who have retired and returned into a HCA/MIA role, will be eligible to apply for a re-banding assessment, providing they meet the criteria above. 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.

7. I am a Bank worker/Agency worker, does this apply to me?

No, bank and agency workers are not eligible to apply for a re-banding assessment.

8. Does this apply to colleagues who are no longer employed by the Trust?

Colleagues who were still employed on the date that the MCHFT Framework was agreed with UNISON (23rd February 2024) will be entitled to apply for back pay. All leavers prior to this date will not be eligible to apply for retrospective back pay.

9. When do I need to apply by?

The application process will close on **07 July 2024**. All eligible individuals will be written to at the start of the process using their home address details held in ESR. If an application is not received after 2 weeks, you will be contacted by your manager to ensure you have received the information and to check whether you need any support completing the application. One final follow up conversation will be made after the 3rd week. If an application is not received by the deadline, despite this contact and without prior communication, it will be deemed that you do not wish to apply.

10. I have heard and read about national job profiles, what are they?

The NHS job evaluation process allows NHS jobs to be matched to nationally evaluated profiles, based on information from job descriptions, person specifications and additional information. Profiles are summaries of commonly occurring roles and they work on the basis that there are posts in the NHS which have many common features.

For the purposes of this process, the Clinical Support Worker (Band 2) and Clinical Support Worker (Higher) (Band 3) have been used.

11. Will new Job Descriptions/Person Specification be written for this process?

Yes, new Band 2 HCA & MIA Band 3 HCA & MIA Job Descriptions have been written and the Banding of these posts have been confirmed via the job evaluation process.

The Person Specifications include qualifications, training and experience that would be considered equivalent to NVQ level 2 & 3 theoretical knowledge and clinical competency assessment.

A list of personal care and clinical duties that differentiates the Band 2 and 3 roles have been appended to agreed job descriptions for ongoing clarity.

RE-BANDING PROCESS

12. How will I apply for a re-banding?

At the appropriate time all eligible individuals will be written to and the details of the assessment process will be shared. This will also be communicated via the Trust-wide communication channels to ensure the details are known.

The application process will close on **07 July 2024**. Late applications will only be considered in **exceptional** circumstances.

13. Will there be any personal implications of applying for retrospective back pay?

All back pay payments will be subject to normal deductions such as Tax, National Insurance and Pension deductions. Individuals should ensure that they are aware of the implications for them personally should they apply for retrospective back pay e.g. on any benefits they

may claim, CIA payments made etc. Further advice can be sought by individuals from the Citizen's Advice Bureau or HMRC.

14. Can I opt out?

Yes, there is an option to opt out. The process is the same as the application process; please complete the MS Form and confirm that you do not wish to apply for back pay. You are asked to confirm your opt-out decision in this way so the Trust can ensure everyone has provided a response. It is your decision whether or not you apply and the Trust understands that for personal and financial reasons, not everyone will want to apply for retrospective back pay.

15. What evidence is required?

For Band 3 backpay to be awarded, there will need to be **auditable evidence** of you receiving the necessary training/competence to undertake at least one Band 3 clinical duty (**from the agreed list in Annex A on page 11**) throughout **each year** of the backdating period to date. You will be required to provide this evidence.

16. How do I evidence knowledge, training and experience?

Accepted evidence of knowledge, training & experience includes:

- 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 your responsibility to obtain the required evidence. Your line manager will support you with this process and you are, of course, welcome to have Trade Union support in completion of this process.

A template will be provided for evidence submission.

17. Can I use patient records as evidence?

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.

18. What happens after I submit my evidence?

Evidence will undergo a robust validation and assessment process before requests for back pay are approved. The first review process will be undertaken by your line manager / previous line manager and will then receive a final review by a Senior Nursing Panel. Trade Union partners and HR representatives will be invited to observe these panels.

19. What criteria will be used to assess my application?

Assessment criteria 1

You can demonstrate undertaking one delegated clinical care duty, from the agreed list above, using a broad body of evidence (above), for retrospective back pay purposes, with an earliest back pay date of 1st April 2018.

OR

Assessment Criteria 2

Where you cannot demonstrate that you 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.

20. If my request is declined, can I appeal the outcome?

Yes, an appeal will be offered, and the process is detailed later in this document.

BACK PAY

21. How far back will back pay be applied?

The earliest date which back pay will apply will be 1st April 2018.

22. How will back pay be calculated?

If it can be demonstrated that you have met the requirement of one clinical duty, then the qualifying date for any back pay owing will be determined and will be referred to as "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.

23. Where on the Band 3 scale will I be placed?

From the date re-banding becomes effective, you would 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.

24. Will back pay include enhancements?

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.

25. Is back pay liable to normal deductions?

Any payments will be subject to the appropriate deductions including pension, tax and national insurance contributions.

26. What do I need to be aware of in relation to any back pay I'm owed?

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.

27. Will back pay cause me any detriment financially?

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.

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 you may encounter by receiving a lump sum payment.

28. When will I receive my back pay?

The payment of back pay will be dependent on the requirement of a formal management of change (MOC) process (see allocation of roles section below). If an MOC process is not required, we expect to be able to start making back pay payments, in batches, from September 2024 and conclude these before the end of the financial year (March 2025). If an MOC is required, dates for back pay will be communicated as part of the consultation process.

29. I commenced with the Trust after the assessment process was launched. How do I apply for my back pay?

Staff in post lists will be run on a monthly basis to ensure that no new starters are missed from the process.

ALLOCATION OF ROLES

30. Will staffing in wards/departments change?

The process to review and determine future workforce requirements will commence alongside the re-banding assessment process. It will be essential for the Trust to use recognised methodology 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 Trust will ensure that front line colleagues and Trade Union representatives are involved in determining ward and department establishments as part of this review.

31. Will I automatically be a Band 3 moving forwards?

Not necessarily. The process to review and determine future workforce requirements will commence alongside the individual re-banding assessment process. Once the outcome of the future workforce establishment review has been undertaken, a decision will then be made regarding whether a formal Management of Change Process is required to place individuals into Band 2 and 3 roles in the new model.

32. How will this be undertaken?

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)*'. [NHS Terms and Conditions of Service Handbook | NHS Employers](#)

33. Will people need to move ward/departments?

Possibly, this will be determined by the new workforce model and the number of colleagues who, after the re-banding process, are employed as a Band 2 or Band 3.

If this is required, the Trust will work in partnership with Trade Union representatives to create and agree the process for implementation and ensure that a management of change to the new model of working is timely, fair and consistent. This will be in line with the Trust's Policy for Managing Organisational Change.

34. How will people be allocated to posts?

Colleagues who are re-banded into a Band 3 position will be placed into Band 3 positions according to role availability.

35. What happens if there are insufficient Band 3 positions?

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)

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.

36. If I am successfully placed into a Band 3 role, will I be asked to take on additional duties?

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.

37. What happens if there aren't enough Band 3 HCA/MIA position in the new structure and I am not successful placed in a post after the selection process?

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.
- Be placed into a suitable alternative Band 2 HCA / MIA position, from which date, you 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 pay protection.

38. What happens if I choose not to continue in a Band 3 role for personal reasons?

For post holders who do not wish to continue in a Band 3 role;

- You will be paid appropriate back pay for the period of time during which you can evidence working at a Band 3 level with a backstop of 1st April 2018.
- You will be matched to Band 2 positions based on preferences.
- Pay Protection will not apply.

39. What happens if it's 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)

40. If I choose to remain as Band 2 or I am assessed as Band 2, will I remain in the same ward/department?

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)

41. If I choose not to apply for re-banding, will I be placed into a Band 2 in priority of anyone who is not assessed as a Band 3 or who is not allocated a role following a selection process?

Allocation of band 2 roles will be in line with Q37 above.

42. What happens if more people are assessed/remain on Band 2, compared to the number of Band 2 posts available?

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.

43. Can I be considered for a Band 3 post in the future if I am not successful during the management of change process?

Yes. All 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.

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.

APPEALS PROCESS

44. How do I appeal against the decisions as part of this process?

Your request to appeal should be received within 7 days of receipt of the outcome letter determining either your 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

You will be invited to an appeal meeting to discuss your grounds of appeal and this will then be considered by a Senior Nurse Panel (Appeal) with oversight across the organisation.

Professional practice and HR input will be provided to the appeal panel and you will have the right to be represented by a recognised local trade union representative or accompanied by a workplace colleague.

Further information about appeals of future role placement will be include in the formal management of change document, should this process be required.

Additional Queries

Any additional queries, not covered in this document, can be emailed to HCABand23@mcht.nhs.uk

Annex A – List of HCA Band 3 Clinical Duties that can be submitted as evidence

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 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
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.