



UNISON submission for re-grading of Band 2 HCAs at MPH

Introduction

As at 1 February 2022 (date of submission), UNISON is formally seeking to access the Somerset NHS Foundation Trust (SFT) Changed Job Review process, collectively on behalf of Band 2 Health Care Assistant (HCA) members at Musgrove Park Hospital (MPH). This submission is made with a view to working in partnership with the trust and ward/ departmental managers to check current bandings within each team and approve re-bandings to Band 3, where appropriate.

Our request for a comprehensive HCA grading review across the hospital, as provided for by Agenda for Change (AFC) section 47 and Annex 19, and SFT's Job Evaluation (JE) Policy, is driven by several factors:

- There have been significant changes in the responsibilities of most HCA posts over a period of years
- Many of these HCA posts do not appear to be correctly banded, when key duties and competencies are compared, at face value, to the higher-level clinical support worker national role profile
- From our information on turnover of HCA staff and appointments to vacancies, it appears that there has been a relative decline in Band 3 posts as a proportion of the overall HCA workforce skills mix
- There is an urgent need for an updated and revised suite of ward and department level HCA Job Descriptions, giving rise to a requirement to also check for job matching or evaluation outcomes
- Within the evaluation process, there is also a need to obtain improved training records and to develop fit-for-purpose competency frameworks for HCAs, including the type of training undertaken, HCA competency workbook completion, or similar Continuous Professional Development (CPD) activities that may affect JE Factor 2 – Knowledge, Training and Experience (KTE)
- When viewed against other NHS jobs, eg allied healthcare professionals, decisions determining grading for HCA roles (mainly undertaken by

women) which are out of date or inconsistent could expose SFT to equal pay risks

- In accordance with Chapter 3, sections 3 and 4 of the NHS Job Evaluation Handbook, this should be treated as a “changed job” situation, but the scale and long-term nature of the issue clearly transcends conventional practice for addressing individual re-grading claims, and requires a locally agreed, adapted protocol for carrying out the review collectively
- New guidance is available from the national Job Evaluation Group (JEG) to maintain compliant JE processes, and help analyse differences between Band 2 and Band 3 HCA roles (see Appendix 1 AFC National Role Profile Comparison – HCAs), including assessment of the KTE factor and its dynamic link with JE Factor 6 – Patient Client Care

In addition to securing up-banding for HCA members, UNISON is seeking negotiation and agreement on a methodology to objectively establish recognition for dates of job change prior to 1 February 2022, as a basic reference point for carrying out transfers to the equivalent, service-related pay point increment of Band 3, and calculating backdated pay.

A 10-point plan is proposed in the conclusion to this submission, to jointly take forward this HCA grading review in partnership, through a project-managed, task-and-finish group process, involving UNISON HCA representatives from each of the key areas affected.

Recognising that this is a complex exercise with potentially material financial implications, and that the issues raised reflect a long-standing unmet need for a group of staff that has tended to lack a strong representative voice within SFT, we would like the matter to be given strategic priority and dealt with in a timely way, and for specific HR support and management resources to be dedicated to the project.

Background

HCAs play a vital role in the NHS, ensuring that patients get the care they need. It is important that these staff are recognised and valued for the work that they do as part of the wider health team, and that they are paid in line with national Agenda for Change agreements on pay and grading. Clinicians and line managers often tell UNISON that they could not do their job without HCA staff

working alongside them to deliver high quality and safe patient care. This is illustrated by the breadth of support for our Ward manager petition, see below.

Most of the HCAs at MPH (565 out of 827 staff in this occupational group, or 68%) are currently employed on Band 2 of Agenda for Change.

According to the NHS Job Evaluation Handbook and recently updated national role profiles, a Band 2 HCA “undertakes personal care duties for patients”, broadly defined as “daily activities of living” such as toileting, bathing, dressing and feeding. In contrast, a Band 3 HCA “undertakes a range of delegated clinical patient care duties” and “records changes to patient clinical conditions”. Recording patient information, in this latter context, would include “personally generated clinical observations, test results and patient care activities” such as changing a wound dressing, monitoring blood pressure, observing patients for signs of agitation or distress (mental health) etc.

The difference in Full-Time Equivalent base salary, comparing top of bands on AFC 2021/22 pay scales, is £1,859 per year.

Through our survey and representative case studies, UNISON has collected a compelling body of evidence to demonstrate that Band 2 HCAs working across the various wards and departments of MPH are trained in, and regularly and routinely undertake, a range of clinical duties requiring a base level of theoretical knowledge of patient care and the utilisation of intermediate to advanced physical skills.

Depending on the relevant service areas and specialties, these duties include crucial tasks such as recording patient observations, taking bloods, monitoring glucose levels, inserting or removing catheters and peripheral cannula, performing ECGs, venepunctures and other clinical procedures, wound observation and dressings, urinalysis, pregnancy testing, infant feeding support, and delivering 1-to-1 programmes of care, therapy or treatment determined by clinicians.

It is clear from our analysis, that additional responsibilities have been slowly and steadily delegated to HCAs in a range of local acute clinical settings (ie A&E, dementia care, theatres, medical/ surgical wards, oncology, paediatrics etc) over a period of years, in response to the increase in chronic and complex conditions, advancing treatment, new models of care, and continued nursing shortages at the hospital.

During this period of change, SFT historically appears to have relied on a mix of generic and specific job descriptions (JDs) for the HCA role, with considerable variations in how frequently and regularly these JDs are reviewed and updated.

This has had implications for the reliability and accuracy of job matching or evaluation outcomes, which now urgently need to be verified and, if necessary, corrected. See Appendix 2 - List of HCA JDs, for information provided to date by SFT.

The JEG advises that the use of generic JDs simplifies the JE process but risks underplaying the complexity and unique demands of the HCA role. As our UNISON representative case studies highlight, HCA tasks and responsibilities may be very different in geriatric wards as opposed to working in cancer care or ICU. See Case studies below for some illustrative examples. Chapter 10 of the NHS JE handbook is clear that, where generic JDs are in use, they must adequately reflect the complete nature of the role, and be locally amended if necessary, or else trigger a review.

Post-specific JDs capture the necessary level of nuance and detail, but as the role has evolved in different ways over time, new duties and specialisms have not always been accurately recorded and given due weight in the factor analysis. As the UNISON survey demonstrates, these changes have cumulatively become significant and warrant updated job documentation and re-evaluation against the national role profiles.

Training and competency frameworks have also generally changed, with less emphasis by default in recruitment and development on vocational qualifications, and increased training for staff on the job with a combination of informal and formal short courses and checking of competence levels through appraisals and other methods. Our survey indicates that many Band 2 HCAs are practising daily under a clinical risk and governance framework that assumes a level of experience and skills equivalent to NVQ3.

An MPH-wide HCA grading review is timely, given recent NHS employers [guidance](#) issued by the JEG to clarify and pinpoint the key differences between Band 2 and Band 3 HCA roles, and to assist local JE panels in how they assess these against the relevant factors of the NHS scheme, as part of the job matching process. Supplementary JEG [guidance](#) also provides advice on how to establish “equivalency” to NVQ level 3, notably accurately matching factor 2 – KTE.

The JEG has acknowledged that HCAs as an employee group may face some barriers in accessing the changed job review process. It has recommended that NHS organisations should ensure equity of access to reviews, and preserve the ability for HCAs to obtain the information required for them to have their jobs

reviewed. This information would normally initially include a copy of the JD, matched job report and national profile used in the matching exercise.

MPH workplace evidence

Since June 2021, in response to member concerns, UNISON has been systematically gathering information from Band 2 HCAs working at MPH about their tasks and duties in the role, and levels of training and supervision. We have also carried out many 1-to-1 conversations to gauge how deeply HCAs feel about the issue of pay and grading, and how widespread they believe the problem of under-banding to be.

We are conducting further detailed research at ward and departmental level where members have raised the issue of banding as a concern. This research, mainly in the form of a daily shift diary, is at varying levels of completion. However, hundreds of HCAs (over 50% of the workforce in this group) have already completed a standardised UNISON workplace survey which suggests

that, overall, the vast majority are regularly undertaking a range of delegated clinical duties above their pay band.

The survey data we have gathered is a rich source of useful information on the types of duties HCAs have been doing, as well as how often and how long they have been doing them for.

An overview of the key findings for MPH as a whole and each Directorate is presented below, and a more detailed graphic breakdown of data by task for all of the main wards and departments is included in Appendix 3.

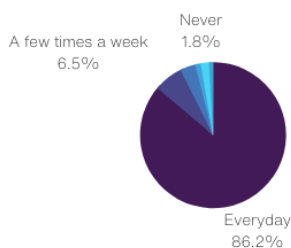
For Band 2 HCAs at **MPH** as a whole:

# Band 2s	% HCA workforce	# surveys	% return
585	68%	325	55%

Total

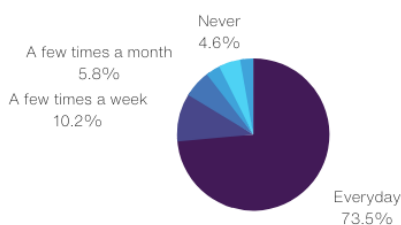
Record Patient Observations

93% are carrying out this task at least once a week



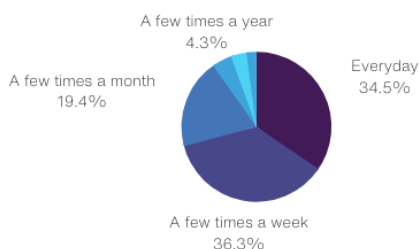
Monitor a patients blood glucose levels

83% are carrying out this task at least once a week



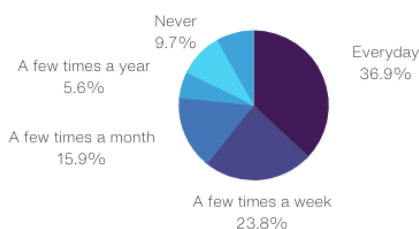
Carry out an ECG

71% are carrying out this task at least once a week



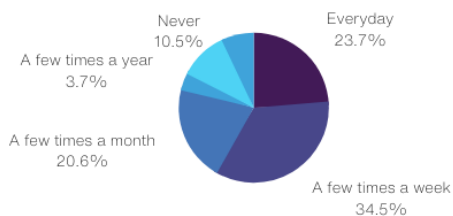
Complete care risk documents

61% are carrying out this task at least once a week



Carry out a bladder scan

58% are carrying out this task at least once a week



NVQ2 only	NVQ3	No formal qualifications but claim equivalent experience and skills
26.9%	34%	39.1%

1. Integrated and Urgent Care (comprising A&E and AMU, and following wards: Barrington, Coleridge, Conservators, Dunkery, Eliot, Exmoor, Fielding, Mendip, Portman, Triscombe and Wordsworth)

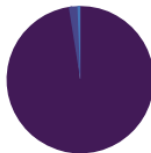
# Band 2s	% Directorate HCA workforce	# surveys	% return
338	89%	159	47%

Integrated and Urgent Care

Record Patient Observations

99% are carrying out this task at least once a week

A few times a week
1.9%



Everyday
97.5%

Monitor a patients blood glucose levels

96% are carrying out this task at least once a week

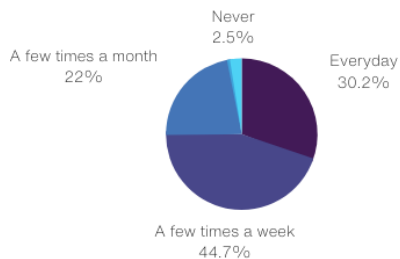
A few times a week
3.8%



Everyday
92.5%

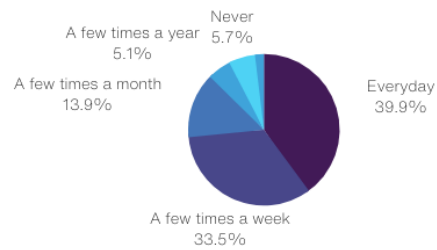
Carry out a bladder scan

75% are carrying out this task at least once a week



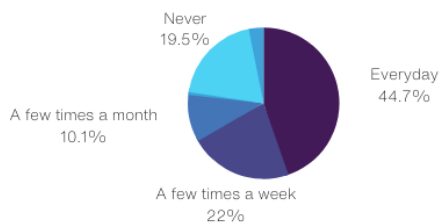
Complete care risk documents

73% are carrying out this task at least once a week



Take bloods

67% are carrying out this task at least once a week



NVQ2 only	NVQ3	No formal qualifications but equivalent experience and skills
31.4%	32.1%	36.5%

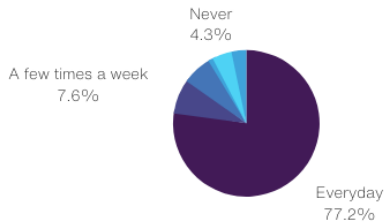
2. Surgical Care (comprising Day Surgery, General/ Orthopaedic/ Head & Neck Theatres*, Outpatients, and following wards: Blake, Gould, Hestercombe, Montacute, Sheppard, and Ward 2)

# Band 2s	% Directorate HCA workforce	# surveys	% return
159	65%	93	58%

Surgical Care

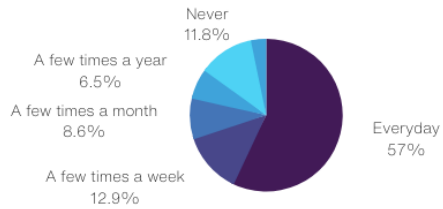
Record Patient Observations

85% are carrying out this task at least once a week



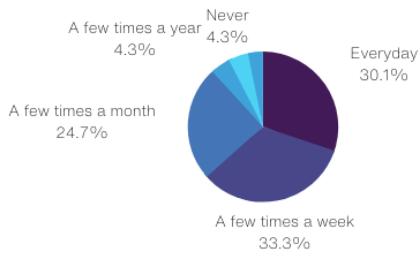
Monitor a patients blood glucose levels

70% are carrying out this task at least once a week



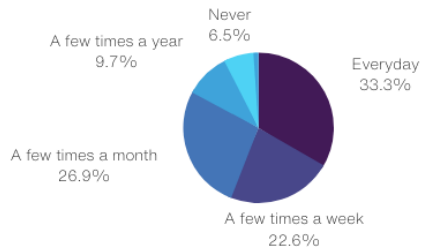
Carry out an ECG

63% are carrying out this task at least once a week



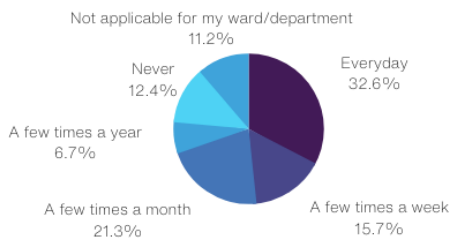
Escort a patient unaccompanied to another ward/theatre

56% are carrying out this task at least once a week



Complete care risk documents

48% are carrying out this task at least once a week



NVQ2 only	NVQ3	No formal qualifications but equivalent experience and skills
26.1%	34.8%	39.1%

* It is worth noting that there was some relative under-completion of the survey from HCAs working in parts of Theatres, possibly because criteria describing clinical tasks may have been too wards-specific, but also due the cooling effect of certain local managers reportedly discouraging staff participation. This is an

area that will merit further investigation. Our workplace contact in Orthopaedic theatres indicated that HCAs in their unit routinely do the following:

1. Movement of heavy equipment.
2. Setting up of electrical equipment Re; Arthroscopy stack, Microscope, Diathermy, Tourniquet, Wi-fi box for power tools and Mini C Arm (x-ray).
3. Monitoring and Air bagging of patients while Anaesthetist and Anaesthetic ODP Assistant are doing Nerve Blocks.
4. Catheterisation of patients if not difficult.
5. Collection and correct labelling of specimens.
6. Receiving and ensuring quick disposal of amputated limbs.
7. Setting up of theatre table for particular cases and surgeon preference. Eg Spines, Trauma, Elective surgery, Gynae , Head ,Neck and Facial Surgery.
8. Work alone or unsupported at night.

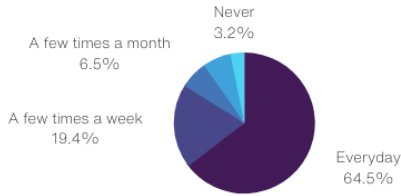
3. Families Care and Clinical Support/ Specialist (comprising Beacon centre, radiology, Ward 9, the Childrens Unit/ OPD, and Parkside):

# Band 2s	% Directorate HCA workforce	# surveys	% return
57	44%	30	53%

Families Care & Clinical Support/ Specialist

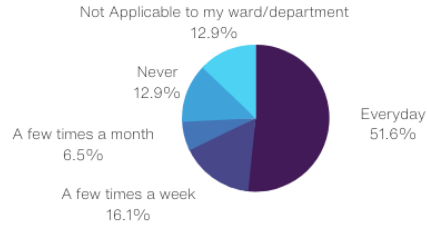
Record Patient Observations

84% are carrying out this task at least once a week



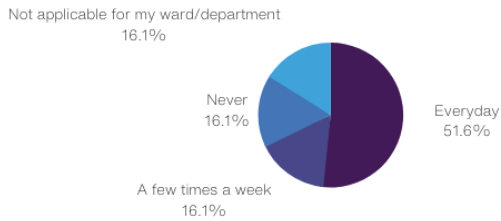
Take bloods

68% are carrying out this task at least once a week



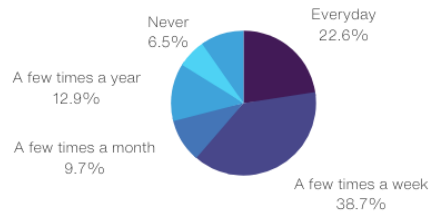
Carry out venepuncture

68% are carrying out this task at least once a week



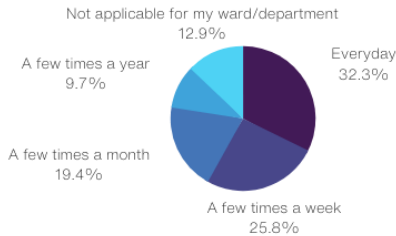
Carry out an ECG

61% are carrying out this task at least once a week



Monitor a patients blood glucose levels

58% are carrying out this task at least once a week



NVQ2 only	NVQ3	No formal qualifications but equivalent experience and skills
20%	36.7%	43.3%

Other evidence

Ward manager petition

UNISON considers that it is important to ensure that the wider workforce is involved in the HCA banding review, in particular clinical leaders and nursing teams that have come to rely heavily on the HCA role and its contribution to

patient care, at a time when staffing pressures have been acute, resulting in the delegation of additional clinical duties that should be banded at Band 3.

We launched a short petition aimed principally at ward sisters and senior nursing staff, to demonstrate the broad-based level of support that HCAs have across MPH for their role to be properly valued and rewarded.

The full text of the UNISON petition, titled "Fair Pay for Patient Care", states:

UNISON's survey of Healthcare Assistants at Somerset NHS Foundation Trust has shown that a large number of staff in band 2 HCA roles are undertaking clinical duties which are normally associated with the band 3 role profile. Not all band 2 HCAs are affected, but the evidence we have collected shows that it is quite widespread. We want to engage the Trust to work in partnership with UNISON to resolve this issue, and would like your support as a clinical lead for your area.

Our message is clear – staff should be paid properly for the job they do, and shouldn't be expected to undertake a higher banded role on lower pay. The purpose of this petition is to show how strongly you and the wider workforce support your healthcare assistant colleagues.

"Healthcare assistants provide vital patient care, and often undertake a wide range of duties crucial to supporting other clinical staff and their patients. We, the undersigned, call on Somerset NHS Foundation Trust to pay band 2 healthcare assistants/clinical support workers who are currently undertaking band 3 roles and duties at band 3 rate. All healthcare assistants deserve pay justice".

The petition has been signed by ward managers and nurses-in-charge at 19 of the 20 general medical and surgical wards (95%), where the vast majority of the HCA workforce is deployed. The exception was one ward sister (Mendip ward) who states that they firmly support the UNISON initiative but do not sign petitions as a personal rule. See Appendix 4 for list of signatories.

HCA shift diaries

UNISON members have recently maintained work diaries to illustrate the typical duties and activities they undertake at work on a regular shift. This exercise was completed in respect of a few shifts over a two-week period in December 2021 and January 2022, using a tally sheet to record the number of times a specific

clinical or patient care task is undertaken, and writing up a reflective summary of the knowledge and skills used.

Members also completed a Training questionnaire to capture any formal and on-the-job learning that has equipped them for the role, which would contribute to the evidence set for NVQ 3 qualifications.

See Appendix 5 – HCA Shift Diary Case Studies and Training Questionnaires for more detail, looking at a selection of departments (AMU, A&E, Exmoor Ward and Blake Ward). Further examples are being produced for General Theatres, Children’s Unit and X-Ray, to provide a representative cross-section at the hospital.

Job descriptions and job match reports

As part of our evidence gathering, UNISON has requested from SFT up-to-date copies of HCA Job Descriptions widely in use at MPH, together with the latest job match report supporting banding decisions for each of these. Owing to only partial information being received, requests have been submitted on several occasions during 2021, including on 25 June, 19 October and 9 November. It has understandably been a challenging period for the trust administration to address our information needs, given the disruptions to normal service caused by the Covid pandemic.

To date we have received a selection of example JDs, including a generic JD for the Band 2 HCA role, however the level of information included in the supporting documentation is variable, and there does not seem to be a sufficiently complete audit trail to demonstrate that the minimum requirements placed on SFT by the JEG, to maintain local implementation of JE processes, have been met. To quote fully from the national guidance, these requirements are that:

“NHS organisations should, working in partnership, satisfy themselves that they have matched or evaluated their clinical support worker (nursing and midwifery) jobs appropriately and taken account of all agreed demands of the roles in their organisation, which should be reflected in the rationales on the matching form”.

“Job descriptions should be reviewed regularly as part of the appraisal process, to ensure these are up to date and accurately reflect the duties of the role,

qualification requirements, knowledge, training and experience required and patient client care duties are fully described”.

“If the jobs do not match the CSW/MSW profiles, a full local evaluation should be undertaken, again with all job demands reflected in the explanatory text”.

See Appendix 2 for a list of the Band 2 HCA JDs provided to UNISON, including dates when these were last reviewed and updated (where disclosed) and associated job match reports/ rationales for factor scoring and banding decisions (where these exist). To date we have been provided with job match reports for only two clinical support worker roles, in Breast Care and Phlebotomy, both small specialist areas with few Band 2 HCAs in post.

Reinforcing our perception that there is a need for a comprehensive grading review, our UNISON HCA workplace representatives report difficulties with obtaining a local Job Description that accurately reflects their own current role and that of their colleagues. They also reflect that their personal individual experience with annual development reviews and appraisals suggest that standards and practices in this critical area of supervision and periodic job re-design are inconsistent, if not quite poor overall. Again, we have no doubt that this situation is partly caused by overriding clinical pressures on the trust to de-prioritise administration tasks.

Adapting the SFT changed job review process

SFT policy on JE and re-banding (dated 27 May 2020) provides for broadly 3 options to progress requests to meet different circumstances of job change. These options are all conditional on agreed service requirements and funding, and must also be consistent with AFC pay and grading policy and related terms and conditions of the employment contract:

1) Creation of a new post where there is no suitable generic JD, or duties need to be adjusted in respect of a vacancy arising out of a restructure:

The commissioning manager produces the JD, person specification and organisational chart, and the job goes to JE panel to match to an existing role profile or evaluate as a unique post.

2) Re-banding request for an existing post initiated or supported by the line manager:

Where it is considered there has been a significant increase in the responsibilities of the post in the last 12 months, due to service changes, the individual employee and manager complete an application form (essentially a

template based on the JE factor plan), and submit this, together with the old JD and new JD and matched job report, for review by the JE panel.

Where a higher banding is awarded, there may be a need to consider knock-on consequences for the duties (and therefore banding) of other posts in the team, and a lack of available budget may also result in the identified additional responsibilities being “stopped or reallocated to another colleague”.

3) Re-banding request submitted by the postholder only, ie without the support of their manager, where the individual believes that their level of responsibility has increased, consistent with service requirements:

An application can be made using the same template form as above, and if it results in a higher band, a discussion is required to take place between the manager and postholder whether to agree to the higher banding or re-look at the contents of the JD with a view to removing additional duties that are “not essential” to the role.

There is separate provision for a “Band Check”, a light-touch approach to noting identified changes to a JD and assessing their potential impact on the pay band. It also appears to covers circumstances where either the postholder or their manager feels that a post is incorrectly banded, enabling them to re-submit a previous matched report for checking by the panel outside of the normal cycle of 12 months, though this is not clear from a reading of the policy.

The policy also provides for a “Review Process”, which must be triggered within 3 months of the panel outcome, where it is felt that an incorrect determination has been made, or insufficient information was put before the panel. This review process effectively functions as a right of appeal, and represents the final stage of the procedure, subject to dispute resolution.

There are several difficulties with straightforwardly applying the policy as it stands to the situation that UNISON is bringing forward on behalf of our HCA members:

- 1. Job change has not occurred recently or as a result of a specific organisational change process / formal reorganisation of work**

For a variety of reasons, changes in job duties have evolved and become established over the past decade, and not just in the last 12 months. The process of change has been gradual, cumulative and inadequately tracked by

the trust's JE disciplines. It calls for a bespoke approach to recognising job change and to backdating this correctly.

2. There is a need to effect a fundamental shift in the design and deployment of this key support role across the hospital

Many of our members have been working beyond outdated job descriptions, under conscious management direction, for several years. This custom and practice cannot simply be unwound by removing and reallocating duties to other colleagues in order to try and keep within budget constraints. Given high workloads and nursing staff shortages, this will just shift the problem around without an overall resolution, and potentially lead to wasteful de-skilling.

Achieving a sustainable and fair outcome will require financial planning and negotiation, with a view to maximising the retention of skills and experience, as well as building real career pathways for HCAs into difficult-to-recruit registered nursing roles.

3. A coordinated approach offers a more streamlined solution to a complex problem and will improve management and staff engagement

Processing hundreds of individual re-banding requests would be administratively impractical and overwhelm both management and union capacity, as well as raise the potential for inconsistent and unfair outcomes.

A collective approach based on partnership-working and problem-solving is more efficient, and creates opportunity for a strategic overview of how the HCA role has changed in a wider clinical context. This in turn will lend trust and confidence to any agreed changes to roles and banding that are introduced.

4. Traditional cost controls to contain JE outcomes and stay within existing budgets will not work

There cannot be a cost-neutral solution, with limits imposed by the existing funding envelope. The extent to which many HCAs have formally or informally adopted additional clinical duties and responsibilities above their pay grade is now deeply and irreversibly embedded in the existing model of nursing/practitioner care at every level of the hospital's services. Arguably, systemic underpayment of the HCA workforce has operated as a long-term, hidden

financial subsidy to the hospital's staffing budget. This subsidy needs to be quantified and reimbursed as soon as possible.

Conclusions and recommendations

Based on the rationale and analysis set out in this paper, UNISON is formally alerting the employer that we seek to access the changed job review process on behalf of Band 2 HCAs at MPH.

There is no explicit provision for a collective grading review within the SFT JE and re-banding policy, so we propose distilling its key principles to develop an adapted process and deliver a fair and robust solution in the interests of MPH, managers and HCAs.

We note that a management-led review has recently been completed in respect of the HCA role in Community hospital outpatient departments, in response to individual re-grading requests, and that this has been run effectively as an organisational change process but without trade union consultation, let alone involvement.

The context provided by new JEG guidance on clinical support workers and job matching underpins a basis for dealing with this issue collectively and in partnership. In summary, this guidance:

- Outlines the importance of ensuring that staff in HCA roles have timely access to the changed job review process
- Provides a clear definition of what is meant by personal care duties, patient observations and clinical care duties
- Encourages SFT to work in partnership with UNISON to:
 - ensure that local Job Descriptions are up to date
 - reduce the inherent risk of relying on generic JDs
 - satisfy the objective that local matching outcomes are accurate
- Provides clarificatory advice to JE panels on ensuring that they have enough evidence to match accurately, including specific questions to help match Factor 2 KTE and consider the dynamic link with Factor 6 Patient Client Care

UNISON would like to develop a partnership approach to the issue with SFT, which sets out a 10-point plan on how we will work together with managers and HCAs to:

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- 1** Gather evidence to improve the existing information base and establish a complete audit trail re the most up to date JDs, job matching reports and HCA informal/ formal training records

 - 2** Agree the specialties or areas where updated JDs are needed, based on an analysis of service requirements and current workforce profile eg, urgent care, dementia, maternity etc. (the UNISON survey provides a good indication of this)

 - 3** Develop and agree new model JDs for relevant specialties or areas

 - 4** Create new competency frameworks and organisational charts for HCA roles in these specialties or areas

 - 5** Identify clear lists/ cohorts of which HCA staff the new JDs relate to

 - 6** Engage and consult on draft documentation with HCAs affected

 - 7** Submit agreed JDs to the matching panel, assisted as necessary by a representative focus group of HCAs to supplement or clarify any information requirements/ complete job family questionnaires

 - 8** Devise a jointly-run resolution procedure to address group or individual outcomes where there is dispute or disagreement

 - 9** Implement a structured re-banding process in each specialty or area

 - 10** Resolve other related issues such as backpay, development reviewing and career progression on a collective basis
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We believe this proposal for addressing our collective re-banding request lends itself to a small task-and-finish group run along project management lines, involving UNISON-nominated HCA representatives from key departments to inform the process. A reasonable timescale should be set to achieve identified milestones in the 10-point plan, and the trust should commit real resources to deliver this project and review in-year financial plans to meet the investment required to up-band this vital group of staff.

UNISON submission made on behalf of HCA members by:

MPH HCA Steward Team

Jenny Chambers
Abigail Gladstone
Amy Heaton
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