



# Pay fair for patient care

Getting it right for healthcare support staff

Branch guidance

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### 1. Introduction

UNISON launched our NHS Earnings Max campaign in September 2018 and since then we have seen notable victories across the union. The aim of the Earnings Max campaign is to ensure that members are getting every penny of what is owed to them and this includes making sure that our members are on the right band for the job.

The Health Group are launching an Earnings Max 'Pay Fair for Patient Care' campaign particularly aimed at healthcare support workers in the NHS to ensure that they are on the right band and are valued and recognised for the important role they play. Sometimes known as healthcare assistants (HCAs), clinical support workers (CSWs), nursing assistants or maternity support workers (MSWs), these workers make up the largest group of support workers in the NHS and we know that they play a crucial role in the safe delivery of compassionate and high quality care across the NHS.

The fundamentals of the healthcare support worker role, such as personal care and patient monitoring, remain the same. But the increase in chronic and complex conditions, advancing treatment and continued nursing shortages has led to NHS healthcare support staff taking on more complex additional care duties. This has resulted in significant changes to these roles over time.

#### **We are campaigning to ensure that healthcare support staff are:**

- **Rewarded** – Healthcare support workers should be paid at the right band for the job and compensated for the work they've already been doing at band 3
- **Recognised** – The increased contribution of healthcare support staff should be acknowledged. Without them performing these essential clinical duties, the workload would fall on other overworked colleagues and patient care would suffer.
- **Respected** – Healthcare support workers should be offered high quality training and career development opportunities to help build their skills and progress within the NHS

This guide will help your branch to plan an Earnings Max organising and recruitment campaign aimed at band 2 healthcare support staff to ensure that they are being paid at the right rate for the essential job they do. You can find campaign resources in the [Earnings Max section of the Organising Space](#), on the [UNISON Shop](#) and on our website. The information page for members will go live at [www.unison.org.uk/HCApay](http://www.unison.org.uk/HCApay).

We won't stop there though. If you believe that there are other roles in your NHS organisation where our members' job demands and responsibilities have changed and developed over time, you can [access resources on the Organising Space](#) to develop an Earnings Max campaign for them too.

## 2. Getting it right

### Why is it important that we get it right for healthcare support staff working at band 2 and doing band 3 duties?

Healthcare support workers play a vital role in the NHS, ensuring that patients get the care they need. Health care assistants are often at the forefront of delivering vital care to patients with compassion and commitment. It is important that these staff are recognised and valued for the work that they do as part of the wider health team. Clinicians and line managers often say that they could not do their job without the healthcare support staff working alongside them to deliver high quality and safe patient care.

Many factors have impacted the way that the healthcare support staff role has changed over the years.

Several career frameworks and apprenticeships have been introduced to ensure that there are opportunities for healthcare support staff to develop and progress. These include the career pathways for Clinical Support Workers (CSWs) and Midwifery Support Workers (MSWs) in Wales, a learning framework for CSWs and MSWs in Scotland and the Talent for Care programme in England. In Northern Ireland a partnership project with the Chief Nursing Officer ensured there was proper clarity and accountability between roles.

For some employers, vocational qualifications are no longer the automatic choice for recruitment of healthcare assistants.

Often healthcare assistants are now trained on the job with a combination of short courses and an increased emphasis on checking competency levels and on the job training.

Healthcare support staff are likely to work as part of a team and nursing shortages and different models of working have resulted in these workers carrying out delegated clinical care duties whilst still being paid at a band 2.

We know that in some NHS organisations job descriptions haven't been reviewed and updated on a regular basis. As the role has slowly evolved over time, new duties haven't necessarily been added to job descriptions. As a result, these changes have become significant and will warrant a re-evaluation.

### How are jobs banded?

Jobs are banded through the NHS Staff Council job evaluation scheme which is jointly agreed, monitored and maintained. The scheme is guided by the [NHS Job Evaluation Handbook](#) which outlines how the scheme should be implemented locally. The JE scheme is designed to ensure equal pay in the NHS and to provide a transparent framework for fair pay.

All jobs are matched by trained job matching practitioners who represent staff side trade unions or the employers. Job descriptions and accompanying information are matched to one of the 450 national role profiles. The role profiles contain 16 factors which measure the full demands of a job. You can access the role profiles [here](#).

If a role cannot be matched against a national role profile a local job evaluation process will take place. Job holders will fill in a job analysis questionnaire with the help of trained job evaluators and then this will go to an evaluation panel which is run in partnership with trained staff side and employer side evaluators.

Chapter 10 of the NHS Job Evaluation Handbook recommends that job descriptions are updated on a regular basis and that they contain the full range of skills, knowledge and requirements of the role. If this is not done on a regular basis, employers open themselves up to equal pay risk.

If a role has changed significantly over time, then a member of staff has the right to ask for their job to be reviewed. This is done through the changed job review process as outlined in chapter 3 of the [JE handbook](#).

If job evaluation has slipped down the agenda in your NHS organisation, this [UNISON guidance](#) provides some ideas on how to recover JE capacity. The guidance contains some arguments about why employers should

invest in JE, outlines how to tackle poor JE practice and gives some ideas on how to approach an employer to bring JE back in house.

### What are the major differences between the band 2 and band 3 CSW role profiles?

Healthcare support staff (healthcare assistants, maternity support workers and mental health support workers) are matched to the nursing family role profiles and are referred to as Clinical Support Workers in the national role profiles.

#### Band 2

##### Clinical Support Worker National Role Profile

- Undertakes personal care duties for patients in the community, in hospital or other settings
- Supports patients / clients with toileting, bathing, dressing and meals
- Records patient information

#### Band 3

##### Clinical Support Worker Higher Level National Role Profile

- Undertakes a range of delegated clinical care duties
- Records patient observations and changes to patient clinical conditions
- Carries out limited clinical care duties

### Changes to the CSW role profiles

The Job Evaluation Group (JEG) has recently made some small changes to the role profiles to clarify the differences between the profiles and to ensure there is proper understanding of what is meant by personal care (band 2) and clinical care and patient observations (band 3). [They can be found here.](#)

### Summary and description of the changes to the profiles

#### Assessing patient care and knowledge, training and experience factors in CSW/MSW roles

Some changes to the CSW/MSW band 2 and band 3 profiles have been made to ensure that the differences between these are clear.

The non-bold elements of the profiles have been updated to assist panels when they are assessing the patient care aspects of the role and related knowledge, training and experience requirements.

#### What type of activities are defined as personal care?

Personal care broadly means daily activities of living. This can include toileting, bathing, dressing, feeding and assisting patients with their appearance including for example brushing hair.

#### What does recording patient information mean?

Recording patient information means activities such as fluid balance (intake and output), nutrition – eating meals and making notes of these on a patient information system. It also includes personally generated clinical observations, test results and patient care activities for example, changing a wound dressing, taking blood pressure.

#### What type of activities are defined as patient observations?

CSW/MSWs operate across a wide spectrum of healthcare environments in hospitals, community settings, mental health facilities, maternity services and clinics. Patient observations will therefore vary depending on the setting and activities carried out. These can include the following:  
Taking blood pressure, blood glucose levels, pregnancy testing, routine maternal and neonatal observations, observing patients for signs of agitation or distress (mental health).

#### What are clinical care duties and clinical observations?

These include venepuncture, removal of catheters, removal of peripheral cannula, wound observation and dressings, urinalysis, pregnancy testing, infant feeding support, one-to-one observations in mental health settings and programmes of care, therapy or treatment determined by others.

## New JEG guidance for employers and matching panels

UNISON has been raising at JEG our concerns about the issues around band 2 healthcare support staff delivering clinical care and patient observations. Our experience showed that job descriptions hadn't been updated for many years and matching outcomes were out of date or historical matching records weren't available. We had experienced some employer resistance in areas where branches were running Earnings Max re-banding campaigns.

UNISON participated in a JEG partnership group established to examine how the healthcare support role had changed over time, the knowledge, training and experience needed to do the role and how these were implemented locally. JEG agreed a comprehensive set of guidance aimed at employers and matching panels and some small changes to the profiles. This was then agreed by the NHS Staff Council Executive.

**This guidance** outlines the employers' responsibilities to mitigate equal pay risk and the importance of implementing the job evaluation scheme as outlined in the NHS Staff Council JE Handbook, changes to the CSW landscape, how healthcare support workers are trained and developed and a reminder about the importance of updating job descriptions. The guidance emphasises the importance of ensuring that workers have access to the changed job review process as outlined in chapter 3 of the JE handbook.

The guidance recommends 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."

## Updating job descriptions

Many employers have moved to using generic job descriptions for healthcare support staff. This simplifies the process but risks underplaying the complexity and unique demands of the healthcare support worker role. The unique demands of a role may be very different in geriatric wards as opposed to working in cancer care or in an accident and emergency department. If the demands of a role aren't reflected accurately in a job description, this can make a difference to job matching or evaluation outcomes.

## JEG guidance for panels

**This guidance**, which supplements the clinical support worker employer guidance referenced above, aims to help panels to accurately match to the band 2 and band 3 CSW profiles and helps to clarify issues around proving equivalency to vocational qualifications. JEG recommends matching panels ask a number of questions to ensure that they are accurately matching factor 2 – knowledge, training and experience.

In our experience, some employers add the requirement to hold an NVQ level 3 qualification for the band 3 role on a person specification. We have found that some members at band 2 are actually working at band 3 and have been trained on the job through informal and formal short courses and competency-based assessment programmes. Therefore whilst our members may not have an NVQ level 3, they are trained up to the equivalent base level of theoretical knowledge on the job.

This extract from the JEG guidance recommends that panels are thorough in their matching practice when it comes to matching factor 2 and gives some examples of the kind of questions that panels can ask:

### **Job description content and panel questions and seeking clarification**

*To assist NHS organisations when updating job descriptions and matching panels to complete job evaluation exercises, the following questions may be helpful. These questions can also be used more generally to help assess knowledge, training and experience requirements particularly when there are no commonly accepted equivalent qualifications.*

- *What prior knowledge, training and/or experience is required to carry out the role?*
- *How would the prior knowledge have been gained?*
- *What is the typical induction period?*
- *What is included in the induction programme?*
- *Are there any local mandatory training or other competency frameworks which need to be completed before carrying out certain tasks or activities?*
- *What types of formal training and/or 'on the job' learning is required in the role?*
- *If training is provided, what is the typical learning period or duration and how is knowledge assessed? This should be described in timescales of days, weeks or months.*
- *What knowledge of policies, procedures, safe healthcare practices are needed to perform the role competently?*
- *How long does it take to learn how to carry out the full range of duties and responsibilities of the role?*
- *What processes, procedures or assessment measures are in place to ensure the organisation knows that staff are safe and competent to complete their duties?*
- *Is competency regularly assessed e.g. after completion of a training programme, on an annual basis or similar?*

These questions can help a matching panel to establish the true level of knowledge, training and experience needed for the CSW role (and other roles too).

### **Unsocial hours**

There is a differential in unsocial hours pay when moving from band 2 to band 3. Some members might be reluctant to make the move because of this. Our calculations show that the majority of members will be financially better off making the move, however some may choose to stay at band 2.

We have a calculator resource developed by the health group which can help members to understand the difference of pay at band 2 and band 3. Please contact your region or the health group who can ensure you have access to the pay calculator in the branch.

### **Negotiating back pay**

Chapter 3 of the NHS Job Evaluation Handbook outlines the process for dealing with changed jobs.

Chapter 3 4.4 says: "If the banding outcome changes as a result of re-evaluation, that change should be backdated to when the postholder agreed the job has changed. Disputes about back-dating should be resolved locally."

Your local JE policy may have some guidance on resolving back pay as part of a re-banding claim.

If your local JE policy is silent on this issue, evidence such as training records and competency assessments can be used to prove when members started to take on extra duties.

Job matching records and the accompanying audit trail can also help with evidence on when the job descriptions were last sent to be reviewed by a job matching panel.

To avoid complex calculations on back pay employers may want to take the unsocial hours payments healthcare support workers may have received during the time that they were working at band 2 and carrying

out band 3 duties out of the calculations of back pay owed. This will result in a straight calculation in the differences between band 2 and band 3 salaries.

### **Annex 24 and Skills Mix Reviews**

As a result of a re-banding claim employers may propose that a skills mix review takes place to establish the number of band 2 and band 3 healthcare support workers needed in each setting.

Chapter 4 of the NHS Job Evaluation Handbook deals with merger and reconfiguration of health service organisations and Annex 24 of the Agenda for Change Handbook applies here.

It is important that any skills mix review is done in partnership and includes the whole team involved in delivering safe, high quality patient care.

UNISON has developed advice on the use of Annex 24 – [you can read it here.](#)

## **3.Launching your local campaign**

Here's a step-by-step guide to launching your Earnings Max healthcare support worker local campaign – 'Pay Fair for Patient Care'. Everything you need is available in the [Earnings Max section of the Organising Space.](#)

### **Planning your campaign**

#### **Mapping**

- Ask your employer how many healthcare assistants the NHS organisation employs and how many are at band 2 and band 3.
- Ask your employer what the turnover rate is of healthcare support workers.
- Map out the number of band 2 and band 3 healthcare support staff in UNISON membership and what we know about where they work.
- Are there particular areas where there are a lot of band 2s?

#### **Gather information**

- Request historical job matching information and job descriptions
- Employers are required to keep an audit trail for equal pay purposes of all job matching decisions and the rationale.
- Request information about the training and competency frameworks that are used locally for healthcare support staff
- Ask for a copy of your local JE policy. What does it say about accessing the changed job review process?
- Do you have to submit evidence or does a line manager have to agree changes to a job description?
- Register with the employer your intention to access the changed job review process and that UNISON will

be approaching this in a collective way.

new activists?

### Develop a survey

There are example surveys in the [Earnings Max section of the Organising Space](#) which you can use. The survey will help you to:

- understand the extent of the problem
- establish how angry / engaged members might feel about the issue and whether they are prepared to get involved in a collective campaign
- find out the kind of duties that members are engaging in that are potentially above their band.
- find out what kind of unsocial hours healthcare support staff do

### Plan how you will organise and engage with healthcare support staff in the campaign

- How will you approach one to one conversations with the staff and build a strong base of members involved in the campaign?
- Some members may be doing band 2 personal care duties. Our conversations with those workers should underline the importance of those duties.
- Are there any areas which are difficult to access at the moment?
- What campaign materials will you use?  
Order campaign leaflets, posters and stickers from the [UNISON Shop](#) (stock numbers 4266, 4267 and 4268).
- Can you use digital tools to help you organise? For example, setting up WhatsApp groups or hosting virtual campaign meetings?
- How will you build support from other occupational groups in the campaign?
- What targets will you set yourself to recruit new healthcare support workers and identify and develop

## Building your campaign

### Create a buzz

- Develop some momentum behind your campaign.
- Distribute surveys and analyse where you are getting them back from and if there are any gaps.
- Identify members who are keen on being involved. Set them small but realistic tasks to do, for example, distribute five surveys and get them back, ask potential members to join.
- Set up a small organising team of healthcare support workers so they can help shape the next steps of the campaign, gather evidence and recruit others to be involved.

### Daily diaries

- Encourage keen members to fill in a daily diary.
- This helps to establish a more detailed bank of evidence which can support your re-banding claim.
- You can access an example of the daily diaries in the [Earnings Max section of the Organising Space](#).

### Gain support from clinicians and line managers

Clinicians and line managers recognise the value of the healthcare support workforce and fully understand the impact that staffing shortages have had on health care assistants. They also understand the full impact on the whole NHS team if employers were to ask band 2 healthcare support staff to carry out personal care duties. We should ask for their support. You can access a petition in the [Earnings Max section of the Organising Space](#).

### Submit the evidence gathered from members to management



How you do this will depend on your local JE policy. There may be a particular provision in your local JE policy or you may enter the grievance process. It is important that you register this claim as part of the changed job review process as outlined in chapter 3 of the NHS Job Evaluation Handbook.

### **Agree with the employer how the issue will be dealt with in a timely manner as recommended by the JEG guidance**

- Formally alert the employer that you intend to access the changed job review process.
- Seek recognition that there may be back pay issues which will need to be negotiated if a matching panel decides that a job has changed significantly enough to push it into the next band.
- Work with line managers to update job descriptions. Recommend to the employer that they set up a small task and finish group, involving healthcare support workers from key departments to inform the process (these can be drawn from your organising team). Job descriptions should be agreed by the line manager and relevant staff.
- After the outcome of the changed job review process, an employer may seek a skills mix review of band 2 and band 3 healthcare support worker roles. Annex 24 should be used here and UNISON should be fully involved in any discussions around this right from the beginning.

### **Build support**

Think of a way that the healthcare support workers and other members of staff can show solidarity and their collective feeling around the issue. This could involve work on social media or small group stunts highlighting the issue.

- Use a photo frame and take photos of healthcare support workers being supported by other members of staff
- Plan a 'wear a pay fair for patient care' sticker to

work day

- Ask for a meeting with the trust chief executive to talk to healthcare support workers about how the role has changed and the current realities.

### **Escalating the campaign**

If you make no progress you may need to escalate your campaign and go public. In this case you could:

- Ask for support from patients and their families
- Raise the issue publicly to the trust board
- Talk to the local press
- Ask your local MP for support and to request they raise the issue with the NHS organisation.

### **Celebrate your victory**

Ensure that you celebrate your victory. Earnings Max is all about making a real difference to our members. And if you as a branch win, you will have done just that.

### **Follow up with your healthcare support worker organising team**

Build on your success by involving your new healthcare support worker activists in the branch. That may be by becoming an organising workplace contact, a steward, learning rep or health and safety rep. There are other issues that we can get involved with for healthcare support workers, including training and development opportunities, career progression and safe staffing.

## 4. Case study from the North West – winning fair pay for healthcare assistants

For a number of years, the North West region has been running Earnings Max campaigns for healthcare assistants and clinical support workers to be banded correctly, taking account of the duties they undertake. The issue was first identified through routine walkabouts around hospital sites from 2016 onwards. Across a variety of Trusts, sites, wards and departments, we were hearing the same thing from HCA members – “we’re required to undertake clinical duties, but we’re only paid band 2. How is this fair when band 2 should be restricted to personal care only?”

The region sent out an FOI to all trusts in the region to identify the areas where there were a disproportionate number of band 2 healthcare support workers. This helped the region to target organising resources and informed the strategy of piloting the campaign and learning from what worked and what didn’t work in campaigning and organising around the issue. The region and branches involved applied for funds from the national fighting fund to recruit a number of fighting fund organisers to dedicate resources to winning the campaign.

### Building the campaign – Fair Pay for HCAs

The branches involved with the campaign launched a healthcare support workers survey and carried out many one-to-one conversations to gauge how deeply the workers felt about the issue and how widespread the problem was. The survey included lots of useful info on the types of duties the healthcare support workers were doing, how often and how long they had been doing them for. During this phase of activity, several activists were identified, and they were asked to get involved in the campaign and to fill in daily diaries to add to the evidence already collated by the survey. Having created a buzz about the campaign, the branches launched a collective grievance

The branches involved wanted to ensure that the wider workforce was involved in the campaign so launched a petition which was used to demonstrate the support of doctors, nurses and other clinical staff and to emphasise

that they heavily relied on the band 2 healthcare assistants to do the additional duties which should be more appropriately banded at a band 3.

### Escalating the campaign

Experiencing some resistance and delay from employers involved in the campaign resulted in the branches and region launching a further public facing campaign calling on local MPs to meet with healthcare support workers to hear about the issues they were facing. This organising work culminated in a Greater Manchester Summit where 30 healthcare support workers talked to 10 MPs about the issues they were facing in trying to achieve pay justice. The campaign attracted attention from the media and MPs were asked to talk to the various NHS trusts to ask them to resolve the issue.

The region worked closely with the health team at the UNISON national office at each stage of the campaign receiving technical advice and support. This close collaboration meant that the issues of concern cropping up in the local campaigns were raised with the NHS Job Evaluation Group and eventually resulted in some small changes to the role profiles.

### Settlement

As a result of the campaign the three biggest Greater Manchester NHS Trusts invited UNISON into collective negotiations with affected UNISON branches and organisers. Through these negotiations, they have developed the ‘Greater Manchester Framework Agreement’ which maps out the over-arching process and principles for collectively resolving disputes around HCA mis-banding in the three Trusts. The framework was developed in accordance with Annex 24 of Agenda for Change on workforce re-profiling, and establishes key principles including the creation of new band 3 roles, the opportunity for retrospective re-grading and back-pay for a period up to April 2018 and a process of appeal. Through a consultation with our members across three Trusts, the GM Framework Agreement was accepted by 99% of HCA members.

Local discussions and negotiations are now taking place to ensure the delivery of the GM Framework

Agreement and the appropriate banding of staff in each affected Trust. This includes the creation of agreed job descriptions to accurately reflect appropriate duties (the new National Guidance has been fundamental to getting agreement on key issues); agreed processes to identify HCAs who have been working above their band; consultation over required skill-mixes and associated workforce reprofiling; and the appointment of HCAs into new band 3 roles. Where possible, the HCAs themselves are involved with the working groups within each trust to ensure that their voice is heard. In one of the trusts this has resulted in the creation of 1200 new band 3 roles.

*“The issue of healthcare assistants being paid at the wrong band has been of concern to our members in the branch for ages. Through this campaign and with the help of the UNISON local organisers we have seen an unprecedented level of support for the HCAs. It was tough to keep the campaign going during the pandemic, especially since we couldn’t go in to talk to the workers in their workplaces. But in our branch, we are so proud that together with the members we have finally achieved the recognition and reward that the HCAs deserve. This is what UNISON is all about, making a real difference to our low paid, under-valued members. It’s been a long slog to get to this point but I am just delighted.”*

*Wendy Guest – Branch Secretary of Manchester University Healthcare Branch*

