

Countess of Chester NHS Foundation Trust

Healthcare Support Worker Retrospective Re-Grading Principles Framework

1. Context and purpose

UNISON colleagues have raised concerns that in the Countess of Chester NHS Foundation Trust, Healthcare support workers have been working beyond the scope of their job description for a prolonged period of time and have been trained and are undertaking a range of clinical activities which would be defined as Band 3 responsibilities.

There are two national Agenda for Change profiles for Nursing – Clinical Support Workers at band 2 and Clinical Support Workers (Higher Level) at band 3.

Other Trusts in the region have addressed or are in the process of addressing similar disparities between what is being worked against current banding and what is required. A collective grievance has been submitted by UNISON on behalf of members currently working at a band 2 as well as those that have been re-banded in recent years and this agreement is made to resolve that grievance collectively.

The purpose of this paper is to set out some standardised implementation arrangements to ensure all staff affected across the COCH receive equal and fair treatment, comparable to the arrangements already implemented in other Trusts in the region. The aim is to negotiate and agree an implementation framework that can then be locally managed, working jointly with local union representatives.

2. Scope

The resulting Framework will apply to all eligible band 2 staff working in clinical areas as at October 2024 and those that have joined the Trust since, (this would include anybody who has left employment since October 2024) who are either CSW/HCAs, Theatre Support Workers, Maternity Assistants recovery support workers & Radiology Support Workers, Assistant Technical Officers or who are Phlebotomists. Phlebotomists will be required to demonstrate that they undertake a role wider than the band 2 phlebotomy NHS role profile in order to be eligible for regrading through this process.

In addition, eligibility will include anyone who was a Band 2 clinical worker during the reference period of April 2018 - Present who has since moved to another role in the organisation. This will include those that have been re-banded to a band 3 in recent years including Endoscopy, Haematology & Oncology, Cardio-vascular and Radiology.

Workers who have a Band 2 bank post will also be included in this agreement, this will include substantive staff with a bank assignment as well as those with a bank-only assignment for the retrospective re-grading process including back-pay.

Colleagues who have taken a career break or have retired and returned to the Trust during the reference period will be eligible and their service before any break will be included in the retrospective re-grading.

3. The Agreement: basic principles

Any employee who has been undertaking at least 1 of the duties under the “Band 3 Duties” list below will be eligible to apply for retrospective re-grading and the period of back pay will apply to their whole service subject to the earliest date of re-banding being 1st April 2018.

From the date the re-banding becomes effective, individuals will be placed on the entry level point of the band 3 scale (or the relevant point on the band 3 scale which provides a basic pay increase). Pay will then progress incrementally as per national terms and conditions. Incremental dates will be re-set to the date that band 3 duties commenced.

Regrading would be to the point on the scale which would provide a pay increase (normal regrading transition) and enhancements calculated using band 2 percentages to ensure no detriment. To allow for full implementation, band 2 enhancement percentages to be used until individuals are at the top of their band.

The Trust, in collaboration with UNISON will create a process for eligible employees to apply and express preferences around the retrospective re-grading process. This process will be simple and non-onerous and the Trust will make every effort to ensure all eligible colleagues are contacted.

In cases where retrospective re-grading may result in any financial detriment when compared to previous salary (basic pay plus unsocial hours payments), the previous salary will be maintained until the combination of basic pay, including any unsocial hours payment in the new band does produce a higher salary. This principle will also apply to any back-pay received on an annual basis basis within the back-pay journey.

The Trust will work with UNISON on the implementation of a future workforce establishment & review future requirements for temporary staffing requirements.

4. National profiles and clinical duties

The two national profiles for Clinical Support Workers/HCAs (band 2 and band 3) can be found in Appendix 1

The main differences between the band 2 and band 3 profiles are:

The main differences between the band 2 and band 3 profiles are: Factor	Band 2	Band 3
Job Statement	1. Undertakes personal care duties for patients in the community, in hospital or other settings 2. Records patient information	1. Undertakes a range of delegated clinical health duties in hospital, community or other settings 2. Records patient/client information
Knowledge training & experience	NVQ level 2 or equivalent	NVQ level 3 or equivalent, base level of theoretical knowledge, clinical observations, relevant legislation
Physical Skills	Hand eye co-ordination for manoeuvring wheelchairs, bathing patients/clients, using hoists; standard driving	Developed physical skills; manipulation of objects, people; narrow margins for errors; Highly develop physical skills, accuracy important; manipulation of fine tools, materials. Hand eye coordination required when using test equipment, e.g. blood glucose monitors, psychometric testing, manipulating wheelchairs, driving/Restraint of patients/clients; venepuncture

Patient care	Provides personal care	Completes delegated clinical care duties and records patient observations
Mental effort	Frequent concentration; work pattern predictable Concentration for personal care procedures, standard driving. Follows routine	Frequent concentration; work pattern predictable/unpredictable. Concentration required for clinical and personal care procedures, predictable/ Unpredictable when responding to emergency situations, e.g. patient/client restraint
Responsibility for Human Resources	Demonstrates own duties to new starters	Demonstrate own activities to new or less experienced employees/ Day to day supervision

The following list of duties differentiates the band 2 and band 3 roles. These will be appended to job descriptions for transparency. It also highlights qualification and experience that would be considered equivalent of a base level of theoretical knowledge and clinical competency assessment that would align to NVQ level 3 or equivalent. The duties listed under “Band 3 Duties” will be used to determine evidence requirements for employees seeking to apply for retrospective re-grading. This list should be agreed locally following consultation with affected staff

Band 2 Duties	
<ol style="list-style-type: none"> 1. Assisting with dressing and undressing 2. Assisting with bathing and showering 3. Oral hygiene 4. Toileting 5. Hair care and shaving 	<ol style="list-style-type: none"> 6. Skin care 7. Mobility 8. Meal preparation and feeding 9. Providing emotional support

Band 3 Duties	
<ol style="list-style-type: none"> 1. Performance of ECG recording 2. Insert IV Cannulation 3. Removal IV Cannulation 4. Insertion of female catheter 5. Insertion of male catheter 6. Removal of catheter and post-catheterisation care 7. Perform venepuncture 8. Perform bladder scanning 9. Perform urinalysis 10. Blood glucose level testing 11. Escorting patients unaccompanied 12. Apply mould and POP/Fibreglass plasters 13. Basic wound dressing, wound observations, and skin assessment 14. Patient physiological observations to include the following duties: temperature, blood pressure, pulse and respirations. 15. Routine maternal and neonatal observations including recording and escalation. 16. Administering eye drops in ophthalmology 	<ol style="list-style-type: none"> 17. Perioperative care. Activities include: fluid balance management above ward-based care, surgical preparation of equipment, measurement of blood loss, weighing swabs, responding to urgent changes in surgical procedure, obtaining and understanding specialist 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. 18. Undertaking the role and responsibilities of a theatre circulator 19. Patient observation for signs of agitation and distress for patients with challenging mental health needs 20. Collecting blood (for transfusion) from the blood fridge 21. Any of the 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 or additional duties.

The Trust will work with UNISON to agree new Trust job descriptions for Band 2 and Band 3 healthcare support worker roles, where these don't already exist following existing Agenda for Change job evaluation processes. Where the job descriptions do already exist they will be reviewed where necessary with the trade unions to ensure they are up-to-date and reflect the appropriate banding

The status of particular duties in the context of NHS national job profiles is a question determined by the NHS Job Evaluation Scheme and subject to agreement between employers and trades unions through the established job matching and job evaluation process.

5. The evidence and assessment process

An assessment process will be agreed between the Trust and UNISON which will be simple and non-onerous. Every effort will be made by the Trust to ensure all of those in scope of the agreement are encouraged to apply and supported to gain evidence. The application process will be discussed with the UNISON Organising Committee with the opportunity for them to trial any process to ensure they are able to communicate with their members and support them in completing their applications.

6. Determining workforce requirements

It is essential that recognised methodology is used in determining workforce requirements, including through safer nursing care assessments that take into consideration the dependency and acuity of patients. This aligns to the requirement to complete bi-annual nurse staffing reviews to inform establishment requirements.

The Chief Nurse has the professional responsibility to determine the skill mix and staffing requirements within COCH and our proposed approach ensures that this is fully recognised.

The Trust commits to working with front line staff and local trade union representatives in determining this establishment, acknowledging that they are aware of the requirements and expectations at ward and department level. As part of determining the workforce requirements, the content of Clinical Support Worker 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 AfC terms and conditions. The agreed clinical duties (detailed in section 4) as well as the new band 2 and 3 job descriptions will be used to decide the establishment of band 2s and 3s on wards going forward.

The Trust will commit to arrange regular meetings with the UNISON HCA Organising Committee regarding the establishment of band 2s and 3s and the job descriptions. The Trust will commit to arrange regular meetings with the Unison HCA Organising Committee regarding the establishment of band 2s & 3s and the job descriptions. The Trust commits to engaging with and consulting the Unison HCA Organising Committee regarding the proposed skill mix and considering their feedback before finalising the HCSW establishments.

7. Implementation of future workforce arrangements

A process of identifying workforce requirements within the Trust will be established through working collaboratively with local trade union colleagues. This process will ensure that those who are re-

banded will receive pay protection and employees will not be placed at any detriment during the process.

The Trust will also work with trade union colleagues to ensure that the establishment of band 2s and band 3s is maintained and there is adequate progression route for any band 2s to progress into a band 3 role at a later date when vacancies are available.

8. Back-pay and point on scale.

Regrade will be effective from when evidence confirms band 3 duties commenced, in line with the national job evaluation scheme, but with the earliest date of re-grade being 1st April 2018. The evidence required/which can be accepted in this process will be determined locally in partnership, in the context of working practices at Trust level.

Regrading would be to the point on the scale which would provide a pay increase (normal regrading transition) and enhancements calculated using band 2 percentages to ensure no detriment. To allow for full implementation, band 2 enhancement percentages to be used until individuals are at the top of band 3.

Should any financial detriment occur throughout the back-pay journey at any point (assessed on an annual basis) the monies calculated for each year will be taken to zero, so the staff member is not at any detriment at any point on the back-pay journey.

9. Appeal process

Appeals against the outcome of the process will be considered by a panel of Nurse Managers with overview across the organisation and a local trade union representative present. Grounds of appeal will consider:

- 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. Post holders will have the right to be represented by recognised local trade union representatives or accompanied by a work colleague. Should a whole department not be approved for back-pay and retrospective re-grading they will be entitled to lodge collective appeals on behalf of their department.

10. Well-being support during organisational change

The Trust should ensure that well-being support is available to employees involved in the process.

11. Timescales for implementation

There is a target completion date of September 2025. However, a more detailed plan for implementation to the payroll system will need to be produced in conjunction with Payroll colleagues.

12. Engagement and communications

1. Chief of People/Deputy Chief of People to work collaboratively with UNISON colleagues to agree a point of contact for the process.
2. The Chief Nurse is (or delegated to Director of Nursing in Care Organisation) will be responsible for leading a workforce skill mix review using the safer nursing care tool which takes into account patient dependency and acuity.
3. The Chief Nurse will lead a skills and competencies mapping process to identify the level HCAs are currently being required to work to. In accordance with Annex 24, the reprofiling of roles will be undertaken with the engagement of staff and involvement of Trade Union Representatives. 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).
4. Engagement with staff and Trade Union Representatives will be maintained through the lifecycle of the project. A project group consisting of management, staff and UNISON representatives from the HCA workforce will work in partnership to create and agree the process for implementation and ensure that the management of change to a new model of working is enacted in a timely, fair and consistent manner.

Appendix 1 – role profiles

Band 2:

Profile Label: **Nursing: Clinical Support Worker**

Job Statement:
 1. Undertakes personal care duties for patients in the community, in hospital or other settings
 2. Supports patients / clients with toileting, bathing, dressing and meals
 3. Records patient information

Factor	Relevant Job Information	JE Level	Score
1. Communication & Relationship Skills	Provide and receive routine information requiring tact or persuasive skills; barriers to understanding Exchanges factual information with patients using persuasion, reassurance, tact, empathy; may overcome barriers to understanding, e.g. patient/client has physical impairment, mental health condition or learning disabilities	3a	21
2. Knowledge, Training & Experience	Range of routine work procedures, requiring job training Knowledge of personal care and related procedures, vocational qualification at level 2 or equivalent relevant experience	2	36
3. Analytical & Judgemental Skills	Judgements involving facts or situations, some requiring analysis Assesses patient's health, safety and wellbeing while undertaking personal care, deciding whether to refer to other staff as appropriate	2	15
4. Planning & Organisational Skills	Organises own day to day work tasks or activities Prioritises own work activities	1	6
5. Physical Skills	Physical skills obtained through practice Hand eye co-ordination for manoeuvring wheelchairs, bathing patients/clients, using hoists; standard driving	2	15
6. Responsibility for Patient/Client	Provides personal care to patients/clients Undertakes personal care duties, e.g. bathing, toileting, dressing, support with meals and assisting patients with their appearance	3(a)	15
7. Responsibility for Policy/Service Development	Follow policies in own role, may be required to comment Follows policies, may participate in discussions on proposed changes to procedures	1	5
8. Responsibility for Financial & Physical Resources	Personal duty of care in relation to equipment, resources/Handle cash, valuables; safe use of equipment other than equipment used personally; maintain stock control Careful use of equipment/handles patient/client valuables; ensure equipment used by others, e.g. hoists, is safe and properly used; orders supplies	1-2abc	5-12
9. Responsibility for Human Resources	Demonstrate own activities to new or less experienced employees Demonstrates own duties to new starters	1	5
10. Responsibility for information Resources	Record personally generated information Contributes to updating patient records eg.by recording basic patient information such as fluid balance (intake and output) and nutrition, height, weight and age	1	4
11. Responsibility for Research & Development	Undertake surveys or audits, as necessary to own work Occasionally participates in audits, surveys, research and development activities	1	5
12. Freedom to Act	Well-established procedures, supervision close by/Standard operating procedures, someone available for reference Carries out routine personal care duties, supervision available/ Acts on own initiative when delivering personal care, supervision accessible	1-2	5-12
13. Physical Effort	Frequent moderate effort for several short periods/ frequent moderate effort for several long periods; occasional intense effort for several short periods	3c-4bc	12-18
	Turns, manoeuvres patients/clients for toileting, bathing using aids; toileting, bathing without mechanical aids		
14. Mental Effort	Frequent concentration; work pattern predictable Concentration for personal care procedures, standard driving. Follows routine	2a	7
15. Emotional Effort	Occasional/frequent distressing or emotional circumstances Care of patients/clients with chronic illness/conditions, terminally ill and deaths	2a-3a	11-18
16. Working Conditions	Occasional highly unpleasant conditions/ frequent highly unpleasant conditions Foul linen, body fluids	3b-4b	12-18
JE Score/Band		Band 2	179-212

Band 3:

Profile Label: **Nursing: Clinical Support Worker Higher Level**

Job Statement:
 1. Undertakes a range of delegated clinical care duties in hospital, community or other settings
 2. Records patient observations and changes to patient clinical conditions
 3. Carries out limited clinical care duties

Factor	Relevant Job Information	JE Level	Score
1. Communication & Relationship Skills	Provide and receive routine information; barriers to understanding Exchanges factual information with patients using persuasion, reassurance, tact, empathy; may overcome barriers to understanding, e.g. patient/client has physical impairment, mental health condition or learning disabilities	3a	21
2. Knowledge, Training & Experience	Range of work procedures and practices; base level of theoretical knowledge Knowledge of care and related procedures, clinical observations, relevant legislation; short courses to undertake patient and clinical care duties, completion of a competency based workbook or equivalent relevant experience to vocational qualification level 3	3	60
3. Analytical & Judgemental Skills	Judgements involving facts or situations, some requiring analysis Assess patient/client condition through observations/ test results, assess comfort of patient/client, instigate emergency procedures	2	15
4. Planning & Organisational Skills	Organise own day to day work tasks or activities; Plans own work activities:	1	6
5. Physical Skills	Physical skills obtained through practice/ Developed physical skills; manipulation of objects, people; narrow margins for error; Highly developed physical skills, accuracy important; manipulation of fine tools, materials Hand eye coordination required when using test equipment, e.g. blood glucose monitors, psychometric testing, manipulating wheelchairs, driving/Restraint of patients/clients; venepuncture, neonatal blood spot screening	2-3ab	15-27
6. Responsibility for Patient/Client	Implement clinical care/ care packages Undertakes a limited range of delegated clinical care duties relevant to the services provided/work area; record patient observations, e.g. taking blood pressure, blood glucose monitoring, pregnancy testing, routine maternal and neonatal observations, observing patients for signs of agitation or distress, wound observations and simple wound dressings, removal of peripheral cannula, urinalysis, removal of catheter	4a	22
7. Responsibility for Policy/Service Development	Follow policies in own role, may be required to comment Follows policies, may participate in discussions on proposed changes to procedures	1	5
8. Responsibility for Financial & Physical Resources	Personal duty of care in relation to equipment, resources/Handle cash, valuables; safe use of equipment other than equipment used personally; maintain stock control Careful use of equipment/handles patient/client valuables; ensure equipment used by others, e.g. hoists, is safe and properly used; orders supplies	1-2abc	5-12
9. Responsibility for Human Resources	Demonstrate own activities to new or less experienced employees/ Day to day supervision Demonstrates own duties to new starters/ supervises work of students and junior staff	1-2	5-12
10. Responsibility for information Resources	Record personally generated information Contributes to updating patient records	1	4
11. Responsibility for Research & Development	Undertake surveys or audits, as necessary to own work Occasionally participates in audits, surveys, research and development activities	1	5
12. Freedom to Act	Standard operating procedures, someone available for reference Acts on own initiative when delivering patient/client care, supervision accessible	2	12
13. Physical Effort	Frequent moderate effort for several short periods/ Frequent moderate effort for several long periods; Occasional intense effort for several short periods	3c-4bc	12-18

	Turns, manoeuvres patients/clients for toileting, bathing using aids, restrains patients/clients, active participation in physical activities, e.g. sports activities; toileting, bathing without mechanical aids		
14. Mental Effort	Frequent concentration; work pattern predictable/unpredictable Concentration required for clinical and personal care procedures, predictable/ Unpredictable when responding to emergency situations, e.g. patient/client restraint	2a-3a	7-12
15. Emotional Effort	Occasional distressing or emotional circumstances/ Frequent distressing or emotional circumstances Care of patients/clients with chronic illness/conditions, terminally ill and deaths, challenging behaviour	2a-3ab	11-18
16. Working Conditions	Frequent unpleasant conditions; Occasional highly unpleasant conditions/ Some exposure to hazards; Frequent highly unpleasant conditions Foul linen, body fluids; physically aggressive behaviour	3ab-4ab	12-18
JE Score/Band	Band 3 = 216-270		217-267