



Countess of Chester – HCA Campaign Re-banding

Frequently Asked Questions

Who is in scope of the proposal?

The staff group within scope of this agreement includes all eligible Band 2 Health Care Assistants, Theatre Support Workers, Maternity Assistants, Clinical Support Workers, Recovery Support Workers, Radiology Support Workers, Assistant Technical Officers and Phlebotomists working at Countess of Chester Hospital NHS Trust. This includes staff that are contracted, contracted with a bank post, and bank only. These roles will be referred to as HCA* throughout this FAQ document.

What does the offer include?

Back-pay to 1st April 2018 at the earliest for those undertaking at least one clinical duty. This includes retrospective re-grading meaning that re-banded colleagues will be placed on the appropriate point of Band 3 to reflect the years you have been undertaking Band 3 duties (i.e. 2 years+ goes to the top of Band 3).

I used to be a HCA* but have changed jobs, will I be included?

To be eligible to apply for a re-banding assessment, colleagues must have held a Band 2 HCA* post within the period between 1st April 2018 and the date that this offer is accepted by UNISON, and still work within the Trust.

Staff who have left the Trust since 1st October 2024 will also be eligible to apply.

This includes anyone who has worked as a Band 2 HCA* within this period and currently holds a substantive contract in a different job role within the Trust. Anyone who has given notice of resignation or retirement or leaves after the date of agreement will also be included.

Who is not in scope?

Anyone who has left the Trust before 1st October 2024 will not be eligible to apply.

Retire and returnees / break in service

Colleagues who have retired and returned or had a career break as defined by Trust policy (i.e. you informed your manager that you were taking a career break) **will** be eligible for full back pay.

Why are Band 2 Health Care Assistants being re-banded?

Band 2 HCAs are being re-banded following a campaign by UNISON HCAs who have been routinely working above and beyond their pay-band for a number of years.

Why is back pay being offered up to 1 April 2018?

Following the UNISON campaign, the threat of strike action and negotiations with the employer, the Trust has agreed to offer back-pay and retrospective re-banding to when it's identified that HCAs began undertaking Band 3 duties, up to a maximum (earliest) date of 1 April 2018. This is in line with agreements made with a number of Trusts across the North West.

What duties are considered Band 3?

In order to qualify for back-pay and retrospective re-grading, HCAs will need to evidence that they have been undertaking at least **one duty** from the following list:

<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.
--	--

Phlebotomists will have to evidence that they are doing more than the Band 2 Phlebotomy NHS role profile in order to be eligible for regrading through this process (i.e. cannulating, blood cultures, swabbing).

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

Where an employee cannot demonstrate that they undertake one delegated clinical care duty from the agreed list but can evidence other duties which represent a significant step change in the knowledge, skills and experience required for a Band 3 role, an individual job matching process will be undertaken. Evidence provided must align with the Band 3 national profile.

What evidence will I need to provide?

HCA's applying for re-banding and back-pay will need to complete a submission form and provide associated evidence. Evidence will need to be provided for each year up to a maximum of 1 April 2018.

The acceptable documents may include, but are not limited to the following:

- 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

You will not be able to access patient records or any patient information system for the purpose of gathering the required evidence (this is in line with the Trust Information Governance Policy).

Whose responsibility is it to provide evidence?

It is an individual HCA's responsibility to obtain the required evidence. Line managers will support HCA's and the individual can have trade union support in completion of this process.

What if there is a disagreement between my manager and I about what duties I have undertaken?

If your manager does not authorise your form and you disagree with this decision, you are entitled to appeal. You should collect as much evidence as you can to demonstrate that you have been required to undertake additional clinical duties in your Band 2 role and when this requirement began, so that this can be considered through the appeals process. You may wish to seek advice from your trade union if you are in this position.

I've been undertaking Band 3 duties for the past 10 years, but only paid Band 2. How much back pay will I get?

You would receive back pay to the earliest possible point under the Framework Agreement which is 1 April 2018.

I'm a Band 2 HCA doing Band 3 duties for 3 years. How much back-pay will I get?

Your retrospective re-banding date will be based on when you started undertaking Band 3 duties, to a maximum of 1 April 2018. If you started doing Band 3 duties 3 years ago, then you would get appropriate back-pay from this date.

Will I lose out because the Band 2 and Band 3 enhancements are different?

Those staff who are not moved to the top pay point of Band 3 upon transfer to Band 3, may potentially see a reduction in their new overall earnings dependent upon the enhancement pattern worked. This is due to the Band 3 enhancement rate being lower than the Band 2 enhancement rate. To avoid the earnings of staff reducing in this scenario, the Trust will protect pay at the current level until such a time that staff move annually through the increment points to reach the top pay point of Band 3 (which for staff in this group will be a maximum of 2 years. Some staff may reach the top of Band 3 prior to the 2-year period, at which point protection would cease).

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

Colleagues who are within scope and who have held consecutive eligible job roles at COCH, prior to their current role (i.e. without a break in service), can include these roles in their back pay assessment application.

What about my pension payments?

Because there are differences in the Band 2 and Band 3 pension contributions, any additional contributions will be taken out of your back pay.

Will I need to pay tax on back-pay?

Yes. Tax and national insurance will be paid on back-pay.

Where will I be appointed on the Band 3 pay scale?

As well as receiving back-pay, eligible staff will be retrospectively re-banded up to 1 April 2018 to reflect the time that staff should have been on Band 3. If you have been employed at the Trust since 1 April 2018 or before, you will be placed at the top of Band 3. If you started working at the Trust after 2018, your appointment on the Band 3 pay scale will depend on your service.

What if I disagree with the outcome of the process?

Individuals can appeal if they are unhappy with the outcome of the process. Appeals will be considered by a panel of Senior Nurse Managers with oversight across the organisation.

Grounds of appeal will focus on:

- Process failings
- Failure to consider relevant material information
- Operational issues that have prevented completion of aspects of the selection criteria

Professional practice and HR input will be provided to the appeal panel.

Any colleague appealing their re-banding decision will have the right to be represented by a recognised local trade union representative or accompanied by a workplace colleague.

If I get a Band 3 role, will I need to do a wider range of delegated clinical duties?

You will be supported to attain the full range of skills appropriate to your role and the needs of your ward/department. The Band 3 job description is a 'limited range of clinical duties', so the most important thing is a ward having a full range of skills – an individual staff member may not need every single competency.

Why do I need to vote in the consultation?

UNISON HCA members have led the campaign for fair reward and recognition. The proposed Framework Agreement will have an impact on your banding and pay, so you as UNISON members should have the final say on the terms of the agreement.

What if HCAs reject the Framework Agreement and vote no?

If UNISON members reject the Framework Agreement, we will not sign up to it as a trade union and would need to explore other ways of resolving the issue of HCA pay. This may mean every HCA would need to explore an individual job evaluation claim, collating evidence and going through a potentially lengthy internal process. Your Organising Committee of UNISON HCAs are confident that the Framework Agreement is in line with agreements in other Trusts in the North West.

What is the timeline for receiving back pay?

If UNISON members vote to accept the Framework Agreement, we will confirm acceptance to the employer. Further discussions will then take place with the Trust to map out an agreed process for implementation.

I work as a Medical Secretary / Administration etc and believe I am working above my band. Will my role be looked at as part of this process?

This process only relates to HCAs and other eligible roles mentioned. However, if you work in another role and are undertaking duties beyond your job description and believe this may mean you are working at a higher band than you are being paid for, you may be in a position to challenge this through a re-grading process in line with the NHS Job Evaluation Scheme. Speak to your UNISON branch who can provide further advice and support.

I work on the bank as an HCA, will those shifts also be in my backpay?

The Framework Agreement covers bank staff whether you also have a substantive contract or not – bank shifts will be included in backpay.