

Band 2 and 3 clinical support worker roles webinar

Unanswered questions

Would you say that the Band 2 role would really be for before a Care Certificate and training is completed? And then once completed, the role develops into band 3?

It depends on what tasks the member of staff undertakes as a requirement of their job. The pay bands do not have a 'linked grade' approach to HCSW roles. The role should be assessed based on the requirements of the role including any training provided in-house or as part of a programme. In particular, the knowledge, training and experience factor should be measured based on the level which is expected of someone to carry out the job competently, rather than that relating to recruitment level.

See Factor plan, KTE section 2. Qualifications and experience for more detailed guidance [NHS Job Evaluation Handbook | NHS Employers](#)

Most of our Band 2s undertake pulse, BP etc but haven't progressed to the level 3 academic qualification. How do we align the experience/qualification element. BP, Pulse etc being asked of HCSWs very early on as a Band 2

The profiles are clear on the activities for Patient Client Care (factor 6) at each band. These should correlate with factor 2 on training and experience. Staff should not be undertaking clinical activities they have not been trained to perform.

See Factor plan, KTE section 2. Qualifications and experience for more detailed guidance [NHS Job Evaluation Handbook | NHS Employers](#)

We have been working closely with staff-side and have taken the decision to review all JDs. We designed a template based on the guidance issued and are just about to issue it. Unison are putting a lot of emphasis on the time to train including induction etc and using this as a basis for suggesting the majority to be uplifted. What has the experience been in this area please?

There are 16 factors in the NHS Job evaluation scheme. Factor 2 is the most highly weighted but it does not exist in isolation. Panels should take into account the range of tasks, skills and responsibilities required and ensure they are commensurate with training/experience.

See Advice for matching panels issued by the Job Evaluation Group [CSW-matching-panels-guidance.pdf \(nhsemployers.org\)](#)

Other unions obviously have an interest in this as they also represent CSWs. Is Unison working with other unions?

Not that we are aware of in NHS organisations in England. The experience in NHS Greater Glasgow and Clyde was that Unison represented the majority of HCSWs and other unions including Unite, GMB and RCN also supported HCSWs in smaller numbers. The current HCSW Band 2 exercise underway in NHS Scotland was agreed with all unions in Partnership - [Job Evaluation | Scottish Terms and Conditions Committee](#)

For Paul - Were the differences to unsocial hours payments and pension contributions taken into account in calculating the backpay?

Yes, these were taken into account in NHS Greater Glasgow and Clyde when calculating pay arrears and included in the agreement to ensure staff affected did not suffer a detriment if the regrading claim was successful:

7.3 In applying the change to pay, Healthcare Support Workers will experience no detriment with regard to unsocial hours or any prior protection and all cases will be reviewed on an individual basis with discussion on pay and migration with individuals and UNISON.

*The **NHS Scotland HCSW Band 2 process** also includes a similar clause: Annex A section 8: g. in applying the change to pay, Nursing Clinical Support Workers should not experience any detriment because of the change.*

h. ...However, if any employee still suffers detriment because of this change, NHS Scotland's organisational change policy and arrangements should be applied to ensure no detriment.

[STAC-JE-Group-HCSW-Profile-Review-Annex-A-Revised-May-2022-Final.pdf \(scot.nhs.uk\)](#)

I am always slightly confused on why phlebotomists by comparison taking blood only score level 3 on patient care (based on the national profile) very much patient care, not personal care

This response is a more technical job evaluation response and it may be helpful to refer to the [Phlebotomist National Profile - Biomedical Scientists and CSWs](#) for more detail. In this profile taking blood samples (venepuncture) is assessed as meeting **Basic clinical technical services** level 3b in factor 6, Patient Client Care. This profile scores more for physical skills than the band 2 CSW in nursing but there are other factor differences too. When the Phlebotomist profiles were developed and agreed, these levels were based on job evidence provided. Phlebotomist roles can continue to be matched to this profile.

As ever with the NHS JES, no single factor in isolation can be held to determine the banding outcome and all factors must be assessed. Where phlebotomists also carry out other duties and tasks in addition to taking bloods, and especially when these are related to patient care, the role may need to be assessed to check whether the role may match to e.g. the band 3 Clinical Support Worker Higher Level profile. As always, as jobs can change over time, it is advised that job descriptions remain current and are revised regularly to ensure the full remit of the role is described.