

MEETING TITLE Trust Board in Put					MEETING DATE 27/03/2018			
TITLE of PAPER		National Paramedic Re-banding update			PAPER REF		4.2	
STRATEGIC OBJECTIVE(S)		Develop and retain a highly skilled, engaged and motivated workforce Provide a safe and caring service which demonstrates an efficient use of resources						
PURPOSE OF THE PAPER		This paper informs the Trust Board of the progress to date and the implementation plan to meet the national milestones for the paramedic rebanding and associated training plans						
For Approval			For Assurance					
For Decision	ion			Discussion/Information				
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DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper):								
PREVIOUSLY AGREED AT:			Group/Group:				Date:	
RECOMMENDATION(S)			It is recommended that the Trust Board note the contents of the paper and is assured of the progress					
RISK ASSESSMENT							Yes	No
Corporate Risk Register and/or Board Assurar If 'Yes' – expand in Section 4. / attached paper				Fran	nework amended			
Resource Implications (Financial, Workforce, other - specify)  If 'Yes' – expand in Section 2. / attached paper								
Legal implications/Regulatory requirements  If 'Yes' – expand in Section 2. / attached paper								
Diversity and Inclusion Implications If 'Yes' – please attach to the back of this paper								
ASSURANCE/CO								
Care Quality Con Choose a DOMA			Choose an item. 5: Well led					
NHSI Single Oversight Framework Choose a THEME(s)					6. Leadership & Improvement Capability (Well-Led)			

# **National Paramedic Re-banding update**

## 1. PURPOSE/AIM

- 1.1 This paper informs the Trust Board of the progress to date and the implementation plan to meet the national milestones for the paramedic re-banding and associated training plans.
- 1.2 The Trust Board is asked to note the contents of the report and be assured of the progress made against the national milestones as set out in the letter from NHSI/NHSE from December 2017 (appendix 1) and the implementation plan and actions in place to achieve these (appendix 2).

## 2. BACKGROUND/CONTEXT

- 2.1 On 8<sup>th</sup> December 2016 the new job profile for all Paramedics was agreed by NHS Staff Council in conjunction with NHS Employers. This re-banded all Paramedics from Agenda for Change pay band 5 to pay band 6. This agreement has become known as 'Paramedic Re-banding'.
- 2.2 The agreement, which was jointly decided by NHS Employers, the Department of Health, ambulance unions, the Association of Ambulance Chief Executives, NHS England and NHS Improvement is in recognition of the additional responsibilities and knowledge needed by paramedics to carry out increasingly complex clinical work.
- 2.3 The national agreement is split into two sections, and delivery of both sections is required in order for the requisite funding to be released to the Trust. The first section included managing the matching and assimilation of current Paramedics on to the new Band 6 job profile, implementing the NQP (Newly Qualified Paramedic) concept, conducting a national (and local) Training Needs Analysis and drafting a detailed plan for the training needed. The Trust achieved all the requirements of the first section of the agreement, and the first part of the funding was released. For YAS this was £1,883,000 in 2017/18.
- 2.4 Section two of the national agreement focusses on the competencies of paramedics. Ambulance Trusts must make sure that by end of March 2020 all paramedics will meet the minimum threshold criteria to work as a paramedic to the new nationally agreed job description and hence deliver on the objectives of the Urgent and Emergency Care Review (UECR).
- 2.5 Section two has been further detailed through milestones / key deliverables set out in a letter from NHSI/NHSE sent to the Trust in December 2017 (appendix 1). These include the detailed training plan to be agreed and implemented from 1<sup>st</sup> April 2018 and the continuous implementation of this delivery of the skill-gap training with some "on track" percentages for "planned and accepted" and "trained" as detailed through half-yearly milestones from 31<sup>st</sup> March 2018 31<sup>st</sup> March 2020.
- 2.6 The Board can be assured that progress has been made on the delivery of the national agreement. We are "on track" which is detailed in section 3 of this paper.

2.7 With regards to the self-assessment/PDP process we have deployed the necessary resources within the YAS Academy and across the Trust working in true partnership across directorates and with staff side representatives. We have achieved a very high level of engagement with the process through a mix of right measures of "push" through management tiers and staff side support and adequate communication to our Paramedics for them to understand the necessity of their positive engagement and to ensure a win-win outcome for all stakeholders.

### 3. PROGRESS UPDATE – SECTION 2 OF THE PARAMEDIC RE-BANDING

3.1 The key deliverables are outlined in the letter from NHSI/NHSE (appendix 1). We are asked to submit a monthly (end of month) Progress Report to NHSI (appendix 3). This report provides the high level assurance of our progress. Below are outlined in more detail how we are progressing towards meeting the first milestones which has the 31<sup>st</sup> March 2018 as their deadline.

Actions / Key deliverables By 31 <sup>st</sup> March 2018	Progress Update (as of 16 <sup>th</sup> March 2018)				
Non-conveyance CQUIN incorporated into contracts for 2018/19	<b>✓</b>				
Trusts ready to start implementation of the national B6 job description	✓				
Ongoing delivery of the NQP Consolidation of Learning programme and SOPs					
Detailed training plans to be	In progress / "on track"				
agreed and implemented from 1 April 2018, based on an assessment of each individual paramedic's training needs	<ul> <li>Training plan in place for "worst case scenario" of 200 Paramedics needing the skill-gap training rolled out over next 2 years         <ul> <li>Planned as 20 cohorts of 10 learners; can easily be scaled up and down if necessary</li> </ul> </li> <li>Identification of those in need of skill-gap training through self-assessment and PDP process</li> <li>Self-assessment completion (16/3): 93.25%         <ul> <li>This is 1,340 of 1,437 – which include permanent and bank staff</li> <li>Completion update is communicated on a daily basis to all relevant managers (including Deputy Director of Ops and the Divisional Commanders) – with detailed breakdown</li> <li>Approximately 1% are not contactable – Long Term Sickness and similar. They will be removed from the figures at the end of March and their self-assessment / PDP process will be included in their Return To Work when they return</li> </ul> </li> <li>Detailed training plan will be in place ready for implementation from 1<sup>st</sup> April 2018 (see 3.4 and 3.5 below)</li> </ul>				

- 3.2 The action or key deliverable titled "Detailed training plans to be agreed and implemented from 1 April 2018, based on an assessment of each individual paramedic's training needs" is further unfolded in the Progress Report spreadsheet with an additional action added to it, which is "PDP for each paramedic for implementation on 1 April 2018".
- 3.3 By April 2018 all Paramedics would have agreed a Personal Development Plan (PDP) describing their training and development needs, with the aim that by April 2019 all training requirements will have been planned and accepted, and this training will be completed by April 2020.
- 3.4 The Trust has developed a concept (of up to 6 days) that includes classroom based training, online learning and self-directed learning with supervisory support. The detailed training plan has already been planned for delivery over the next two years on a "worst case scenario" basis of 200 Paramedics potentially needing this skill-gap training. This has been planned as 20 cohorts of 10 learners and can be scaled up and down if necessary. The agreed operational impact and abstraction costing was detailed for 200 staff across the 2 years.
- 3.5 By end of March 2018 the self-assessment process needs to be complete. We know that approximately 1% of staff are uncontactable due to Long Term Sickness and similar. For those and any other paramedic that we may not have had the feedback from, we will per default assume that they need all 6 days of the skill-gap training package and then scale down if it turns out they need less or nothing once we manage to do the assessment and PDP process (e.g. as part of Return To Work processes). This way we will achieve 100% and a final detailed training plan that might then be adjusted slightly.
- 3.6 The self-assessment and PDP approach has been agreed nationally across the Ambulance sector and detailed through NENAS (National Education Network for Ambulance Services). A YAS-ified self-assessment tool was developed and rolled out (paper based as well as online) aligned to the national arrangements. All self-assessments and skill-gap PDPs are being captured electronically. This will assist the Trust in evidencing the process, the outcome and the further progression of implementation.
- 3.7 One of the key deliverables from the letter (appendix 1) is not included in the spreadsheet for progress update reporting (appendix 3): "Ongoing delivery of the NQP Consolidation of Learning programme and SOPs" including Clinical Validation (remote clinical decision making support). This is implemented and continuously delivered in A&E Operations with support from Clinical Directorate and YAS Academy. To give a more complete overview this is included in the table above.

#### 4. PARAMEDIC RE-BANDING RELATED FUNDING AND RISK

4.1 For YAS, the non-delivery of implementation of the section 2 of the Paramedic rebanding agreement will mean a potential loss of funding for the pay uplift of £1,547,000 in 2018/19.

4.2 A strategic and financial risk (1048) has been added to the Corporate Risk Register with the following wording:

IF the paramedic band 6 Job Description skills requirement upskill training plan is not in place for those paramedics that qualified pre-2008 (or have not done the IHCD module J or equivalent) by April 2018 THEN YAS will not meet the development planning requirement from NHSI RESULTING IN potential for the £1.54M funding attached not being released to the Trust

4.3 The risk is now low as the training plan is in place – as per above. However, the continued delivery of milestones (appendix 1) will inform the release of portions of the funding, potentially monthly or quarterly (to be confirmed), and hence the risk of loss of some funding is potentially there up until the end of this section 2 of the Paramedic re-banding agreement which is end of March 2020. Our training plan includes a good level of resilience, so we foresee no challenges around delivery.

#### 5. NEXT STEPS

- 5.1 The Paramedic Re-banding Group will monitor and govern the continued implementation aligned to the project implementation plan (appendix 2) informed by the national requirements (appendix 1 and 3). This group is chaired by the Director of Workforce and OD and has strong representation from YAS Academy, HR, Clinical Directorate, A&E Operations and Staff Side (all 3 unions with Paramedic members).
- 5.2 The group will agree the detailed content and assessment scope of the skill-gap training package for those Paramedics who do not meet the minimum threshold competence criteria against the new Paramedic role (the band 6 job description).

#### 6. **RECOMMENDATIONS**

- The purpose of this paper was to inform the Trust Board of the progress made to date against the key deliverables required from NHSI/NHSE with regards to the second section of the Paramedic re-banding agreement for the Trust to meet the national milestones.
- 6.2 It is recommended that the Trust Board
  - 1. Note the contents of the paper
  - 2. Is assured of the progress made

# 7. APPENDICES

- Appendix 1: Letter from NHSI/NHSE Dec 2017 outlining key deliverables over the next two years to achieve further funding for the paramedic re-banding
- Appendix 2: Implementation of the New Band 6 Paramedic Profile project plan
- Appendix 3: Latest monthly progress report to NHSI/NHSE (End of Feb 2018) on achievements against the milestones / key deliverables