



What was the offer?

Last year the Government in England made an offer to ambulance staff to encourage them back to work following two 4 hour strikes and the potential for more strike action. Ambulance staff, along with the rest of the NHS voted to accept the settlement and went back to work.

To remind you what the offer is:

1. To identify current recruitment and retention issues commonly occurring in ambulance occupational groups and make recommendations for resolving these issues either through better use of the job evaluation system; application of recruitment and retention premia; or a combination of the two.
2. To look at how ambulance employers and front line ambulance staff can contribute to a 50:50 cost-sharing provision to allow them to take their pension without reduction up to three years prior to their Normal Pension Age.
3. To explore particular challenges to ambulance staff and organisations arising from extending the Normal Pension Age and produce recommendations as to how these could be minimised.

What is happening about the recruitment and retention issues?

There is a broad consensus about the problems with retention of ambulance staff. We all know people are leaving and we all agree that the pressure and demands of the job are one of the main reasons. However, employers do not agree with us that pay is also a major factor in recognition of skills and responsibilities and a reason why so many paramedics are leaving the profession. This is despite our extensive evidence to the NHS Pay Review Body at the end of 2015:

<https://www.unison.org.uk/content/uploads/2015/11/Recruitment-and-retention-of-ambulance-staff-PRB-November-2015-FINAL.pdf>.

To find out what the Ambulance Employers' commitments are click here: <http://aace.org.uk/news-resources/useful-documents/aace-national-rp-submission/>

Our retention survey of almost 3000 paramedics showed us that pay is the top factor influencing their decision to leave. Pay and reward is one of the factors under the control of employers – they can influence it. Of course, we would also like to see an improvement in working conditions, reduction in workload and demand on services, better meal break agreements and an end to late finishes – and we will continue to fight and campaign on these issues – but there are no quick fixes to these long-standing problems.

We know that retention of staff is an issue in whatever role you have in the ambulance service, whether this is in a control room, NHS 111 centre or even in a corporate function role, but we also recognise that the greatest impact of this is in the paramedic roles. This is due to the time and investment in training replacement paramedics once someone has left. This has led us to argue for a

review to the Job Evaluation banding of paramedics. Our members have told us that they are working at a band 6 level and that the national Job Evaluation profiles are no longer fit for purpose.

In partnership, we have asked the National Job Evaluation Group (JEG) to review the national profiles and will keep pushing for a review of paramedic banding. We have also got employers to commit to talks on bridging band 5 and band 6 in advance of the move to a BSc education level for paramedics. This is what the employers have committed to:

“Whilst each Trust deploys paramedics differently, employers do acknowledge that some roles require the demonstration and possession of enhanced clinical decision making, depth of foundation knowledge, personal commitment to continuing professional development and the associated advanced skills, and which may align to the national profile of a band 6 practitioner.

It is known and accepted that should the recommendations of the PEEP report be implemented by 2021/22 the minimum educational criteria for HCPC registration will be a BSc (Hons). This is highly likely to move some roles into the national profile of the band 6 practitioner.

All Trusts deliver their own Clinical Model and have various models of deployment with different skill sets of staff. This could therefore mean that if there is a change to the National Profiles employers may need to review roles and responsibilities.

This may also form part of a bridging mechanism from band 5 to 6, prior to the BSc integration. Employers are committed to exploring such mechanisms conditional on securing appropriate funding.”

We all recognise pay is not the only solution – and the above only applies to paramedics – so we have a commitment to look jointly at health and wellbeing solutions to help keep ambulance staff well at work. But – and it’s a big but – we firmly believe that the ambulance service needs investment and planning to ensure it can meet the modern expectations of being the frontline service for urgent and emergency care. It cannot be done in isolation and has to involve NHS 111, (NHS 24 in Scotland, NHS Direct Wales in Wales and HSCNI in Northern Ireland), GP out of hours’ services and Governmental bodies.

What is the offer for cost sharing on retirement about?

There is the ability under the NHS Pension Scheme where staff can increase their contributions over the course of their employment to bring forward their retirement age from the current projected age of 66, 67 or 68.

The options are to reduce by one, two or three years therefore the minimum age of retirement will remain 65. This scheme is called the Early Retirement Reduction Buy Out Scheme or ERRBO (catchy eh!).

This has been available for all NHS staff since April 2015 but the ambulance offer means employers will make a 50:50 contribution with employees. We are still working through the detail of the offer (and who is eligible) with the aim to get information out before April 2016. While the 50:50 employer:employee split is a positive, the scheme itself has a number of drawbacks which might put staff off paying extra to retire earlier. More information to follow...

What is happening to deal with the challenges from extending the retirement age of ambulance staff?

There is a consensus building in the ambulance service, and the wider NHS, that ambulance staff cannot work into their late 60’s before retirement. However, up to now very little has happened to look in detail about what can be done.

The law has changed to link the NHS retirement age to the state retirement age and all NHS staff are now members of the 2015 NHS Pension Scheme (with some people on tapered protection). This means that future generations of ambulance staff will be forced to work longer, possibly with more health problems, or leave earlier without reaching their normal retirement age. Ambulance services have not taken any action to mitigate against the changes – in fact under the current level of demand the situation is worse than ever for staff nearing retirement.

It is clear we need to take action and a national group has been set up to look at how we will meet this challenge. We also need to do more to campaign for parity with the other emergency services (police and fire) and seek a lowering of the retirement age for ambulance staff. The group has an enormous task and quick solutions are unlikely, but we all agree it is fundamental to support the current and future ambulance workforce.

Where are we now?

After 8 months of talks, the progress so far can be summarised as follows:

1. Trade Unions have submitted evidence to the NHS Pay Review Body arguing for a National Recruitment and Retention Premia award for paramedics. Employers have submitted separate evidence arguing against a national RRP
2. Employers and Trade Unions have agreed to review the national profiles for ambulance staff – starting with the paramedic role
3. Employers have committed to start talks on bridging from band 5 to band 6 for paramedics – conditional on securing appropriate funding
4. The National Ambulance Strategic Partnership Forum has agreed to look at health and wellbeing of staff as a key priority in 2016
5. The cost sharing on retirement scheme is almost ready and will mean employers paying 50% of the additional contributions
6. A national group has been set up to look at the impact of increasing retirement ages for ambulance staff

What is our conclusion?

The government made an offer to ambulance staff to encourage them back to work but did not commit to funding any solutions. This means that discussions with the employers have been restricted from the outset due to the existing financial pressures on ambulance Trusts.

The Government wants a modern ambulance service – capable of meeting the needs of the community it serves – but refuses to pay to invest in staff. We believe this is short sighted. It will only worsen the current recruitment and retention crisis we are experiencing and won't help modernise the service. It also risks inflaming an industrial dispute that we have been working to resolve since we called off strike action over this settlement.

It will take whole system change to make any impact. With ambulance services being driven by out-dated performance targets, there will never be a chance to think about doing things differently. We say there is a need for change; for staff, for patients and for the future of the ambulance service.

Employers need to tackle increases in demand and worsening working conditions need to be tackled, but these are stubborn problems linked to the way people use the ambulance service and the way the service is organised.

What are we asking for?

Staff side have repeatedly raised the retention of all ambulance staff as a priority through the last 8 months of negotiations on the 2015/16 pay settlement for ambulance staff. We have outlined what we believe is a fair and reasonable “ambulance package” aimed at a wider group than just paramedics, although we have all acknowledged that it is with this group of staff that the greatest pressure for recruitment and retention lies.

The ambulance package includes:

- Implement a National RRP or Local RRP for paramedics
- Recognise and plan for the transition of paramedics to band 6 in advance of paramedic BSc in 2020/21
- Ambulance working longer group outcomes to mitigate the impact of increasing the retirement age
- Development opportunities for other staff (ECA/PTS) using the ambulance associate practitioner role to national career framework level 4 with funded internal development through national commissioning framework (HEE)
- National move to advanced technician band 5 (where Trusts do not have a local agreement)
- Development of accredited training, education and career progression for staff working in control room/NHS 111 Trusts to provide bridge between career framework level 5 and level 6 with HEE to commission places using a national commissioning framework (needed if paramedic BSc comes in)
- Commitment to deal with increases in demand – Will Dispatch on Disposition as an alternative model of delivery help reduce the pressure on staff?
- Health and Wellbeing project to include stress and understand difficulties facing ambulance staff including;
 - a) Late finishes, meal breaks and other operational issues – making the case to balance staff welfare with the need to provide an emergency

I work in one of the devolved nations, does this affect me?

Yes, but not directly. The 2015/16 settlement for ambulance staff was an offer to settle the dispute in England so would not apply directly to other nations. However, the pension scheme is for England and Wales so the ERRBO scheme will affect Welsh ambulance staff. The Working Longer Group is looking at issues across the whole UK. The review of bandings will affect the National Job Profiles so the benefit, if any, will be felt across the whole UK as well. And, if ambulance services decide to increase the banding for paramedics across the borders from the devolved nations then those services will need to think carefully about retaining their own staff with higher wages in neighbouring Trusts.

So, what next?

With the anniversary of the pay settlement from the Secretary of State approaching in April 2016, we have achieved a few agreements with the employers; however these carry caveats around funding and affordability.

For instance, employers have indicated that if the Job Evaluation outcome for paramedics comes out as band 6, without government or commissioner funding, they may be forced to reorganise the workforce (for example, reduce the numbers of paramedics and bring in more band 3 roles).

The commitment to talks on bridging arrangements for the introduction of the BSc and band 6 in 2020/21 also carries a health warning about securing appropriate funding. Over the next month, we will be meeting with employers to try to head off a return to a dispute but we think they, and the government, need to go further.

Pay is part of the problem and therefore part of the solution.

What can I do?

We need your views so please speak complete our [survey here](#)

We will keep you up to date with future newsletters and you can find more information through your local branch.

You can also visit our Facebook and Twitter pages and follow us for regular information updates.

Facebook: [facebook.com/unisonambulance](https://www.facebook.com/unisonambulance)

Twitter: twitter.com/UNISONAmbulance

If you have any questions or would like more information, please email A.Lofthouse@unison.co.uk

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