



## **NORTH WEST AMBULANCE SERVICE NHS TRUST**

# **AGREEMENT BETWEEN MANAGEMENT AND STAFFSIDE RELATING TO WORKFORCE REDESIGN AND SERVICE MODERNISATION FINAL AGREEMENT**

### **1. BACKGROUND**

Following the establishment of NWAS in 2006 the Trust inherited multiple Agenda for Change banding disputes following the 2004 national pay reform agreement. These disputes straddled the majority of the clinical workforce and have proved to be a major barrier towards modernisation of the service and improving patient outcomes and experiences.

The agreement referenced in this document is the culmination of extensive partnership discussions with trade unions and consultation with staff, incorporating concessions and compromise on the part of all concerned.

This agreement is a "headline agreement" and therefore only identifies the key issues together with general amplification to avoid confusion.



The success of the agreement is predicated on the understanding that the Trust will be able to identify tangible and sustained evidence of improvement against all national performance targets.

Both Management and Staff side recognise that they have a unique opportunity to fundamentally improve the service to patients arising from the following agreed outcomes:-

- A new partnership approach to employee relations that recognises the need for continuous review and improvement.
- Enhanced career and development opportunities for all staff.
- A final and fair resolution to the Technicians banding dispute.
- A clear focus to put the interests of patients first but also recognising that the interests of patients and staff are closely aligned.
- Improving the utilisation and flexibility of essential resources.
- Embracing change and modernisation and responding to the diverse needs and expectations of Commissioners.
- Strengthening the bond between former legacy Areas and making significant strides towards full integration and harmonisation.
- Enhancing the reputation and professional status of the North West Ambulance Service NHS Trust.



## 2. AGREED HEADLINE ISSUES

- 2.1 The organisation will move towards a skill mix for emergency services as soon as possible which provides for an HPC registered Paramedic to be available on all front line emergency vehicles.
- 2.2 During the transition to the agreed objective for a Paramedic on every emergency vehicle, all existing Technicians will be given the opportunity to undertake an extended role (known as EMT 2) including skills enhancement which will allow them, in the absence of a Paramedic, to take the leading role on an emergency ambulance. Specific additional duties will include the following:-
- CPI
  - Mentoring
  - ATF options
  - LMA/NPA
  - Mode of transport determination
  - Medicines management within legal framework
- 2.3 The Paramedic and, during the transition and in the absence of a Paramedic, those Technicians with advanced skills (EMT 2), will be



designated as the accountable person when working on an emergency ambulance. The accountable person will routinely attend to patients.

- 2.4 All Paramedics and EMT 2 staff must be available to work as assigned on either an ambulance or \*rapid response vehicle. The priority will always be to assign a Paramedic to a RRV and as more Paramedics are employed fewer EMT 2 staff will be assigned to RRVs.

\* In the first instance only volunteers will be required to staff RRVs. In addition any member of staff with a genuine difficulty or anxiety associated with working on a RRV will be considered sensitively.

- 2.5 In recognition of the extended role and advanced skills, all existing Technicians signing up to the advanced EMT 2 role, will be allowed to progress incrementally with effect from 01/10/09 up to the second gateway (point 21) on Band 5. The incremental date for all Technicians involved will be 01/10 in future years.

- 2.6 The only further progression beyond the second gateway for EMT 2 staff will be in the event of them achieving registered Paramedic status and this will guarantee further incremental progression to the Band 5 maximum.



- 2.7 A new Band 4 Emergency Medical Technician 1 (EMT 1) role will be introduced immediately to support Paramedics, and as required EMT 2 staff.
- 2.8 The High Dependency service will be re-organised on a phased basis with staff being reassigned to either the Intermediate Tier (one X Band 3 and one X EMT 2/Paramedic) or reassigned as volunteers on completion of necessary training to the new posts of Band 4 EMT 1. Existing HDS staff affected by this re-organisation will not be required to attend interview but will need to demonstrate the capability to successfully complete the necessary training programme, as well as satisfying standard checks in relation to conduct and attendance.

### **3.0 EXPLICIT CONDITIONS RELATING TO THE AGREEMENT**

- 3.1 The Staff side accept the need to make appropriate and reasonable changes to rotas and deployment arrangements where these are necessary to enhance performance, and will enter into constructive discussions about jointly developing and implementing these changes.



- 3.2 The changes regarding existing shifts will not be major insofar as existing rotas are concerned however flexibility will be necessary to accommodate the introduction of the new EMT 1 role and/or the implementation of any additional resource. Shift or rota system changes will be made in accordance with Trust-wide principles agreed in partnership with staff side organisations.
- 3.3 Changes to deployment arrangements will be implemented sensitively and on a phased basis to ensure the needs of staff are met as well as ensuring that resources are positioned to maximise cover and manage expected demand. New arrangements will require the use of stand-by arrangements where necessary at deployment points, as already applies in some parts of the Trust. Deployment points will be determined in partnership with staff side organisations, in accordance with agreed Trust-wide principles. Experience to date suggests that deployment points are typically Ambulance stations, A&E Departments or other NHS premises.
- 3.4 A new unified and Trust wide meal management policy will be developed and implemented as soon as possible. Partnership discussions will commence as soon as this agreement is implemented and are expected to be completed to the point of implementation within 26 weeks.



The following principles will apply in determining the new Trust-wide meal break policy:-

- The overriding aim of the new policy will be deliver an operationally workable solution which meets the needs of the patients whilst ensuring that staff receive appropriate protected meal breaks.
- The new policy must be affordable and operate within the funding envelope identified.
- Unless otherwise collectively agreed, meal breaks will be unpaid in accordance with Agenda for Change terms and conditions.
- Health and safety requirements in relation to rest breaks will be complied with.
- Any member of staff who suffers loss of earnings as a consequence of the introduction of new meal break arrangements will be protected in accordance with the existing protection policy.

3.5 All Agenda for Change appeals and reviews for Technicians (all grades) and High Dependency staff will be withdrawn and considered settled.

3.6 Staff side agree to support Management's recent proposals associated with accelerating the implementation of the KSF.



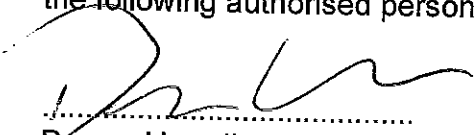
- 3.7 All Technicians expressing an interest in the EMT 2 role must transfer to Agenda for Change contracts.
- 3.8 All non Agenda for Change pre and post legacy agreements to be regarded null and void, with the sole exception that the contractual arrangements previously agreed with student paramedics appointed by the former Cumbria Ambulance Service NHS Trust regarding pay progression on successful completion of paramedic training will be honoured. In all other cases where nationally-agreed terms and conditions are explicit and unambiguous, the default position will be the AFC handbook. Single Trust wide agreements will be negotiated where AFC does not apply.
- 4.0 ADDITIONAL CONDITIONS ASSOCIATED WITH PERFORMANCE IMPROVEMENT**
- 4.1. As previously mentioned the key priority of this agreement is to facilitate an improvement against all national targets. Closely aligned to this requirement is the need for staff to embrace modernisation and accept new ways of working. This expectation is entirely consistent with the recently published NHS Constitution.



4.2. The immediate incremental progression available to all Technicians agreeing to undertake an extended role amounts to an investment on the part of the Trust of approximately £2m at the second gateway maximum salary. In order to manage this risk and ensure this investment supports delivery of key operational targets the Trust will routinely review performance with Staff side and in particular undertake a full partnership assessment after 6 and 12 months following implementation of this agreement.

## 5.0 CONFIRMATION OF AGREEMENT

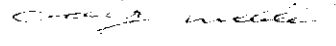
5.1 This agreement is signed on behalf of the Management and Staff side by the following authorised persons:

  
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Darren Hurrell      Chief Executive

  
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Jon Lenney      Executive Director of Organisational Development

  
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Ian Jones      Unite

  
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Steve Rice      GMB

  
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Craig Wilde      Unison

9 December 2009