



NHS Pay Review Body Evidence

Recruitment and retention of ambulance staff

November 2015

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1. Introduction

- 1.1. Following the 2014/15 NHS pay dispute, the majority of NHS staff accepted a pay settlement for 2015/16. Contained in the letter from the Secretary of State¹, and further outlined in an NHS Staff Council paper², the pay settlement included specific commitments to ambulance staff. One of these commitments was to look at recruitment and retention as a specific issue in ambulance services with a view to finding solutions to the existing problems.
- 1.2. This evidence is submitted to the NHS PRB following a number of months of work between trade unions and employers through the National Ambulance Strategic Partnership Forum (NASPF).
- 1.3. The three main trade unions representing the majority of staff working in the ambulance service are UNISON, Unite and GMB. This is a joint submission from these three unions who also form the staff side for the National Ambulance Strategic Partnership Forum (NASPF).
- 1.4. The evidence is submitted by the Trade Union side following a failure to agree with the employers about the solutions to the recruitment and retention problems. The employers do not share staff side's view that retention of existing staff is related to pay and reward. Staff side believe this is in part due to the lack of central funding for the 2015/16 pay settlement, meaning that the discussions have been restricted from the outset due to the existing financial pressures on ambulance Trusts.
- 1.5. This evidence supplements evidence submitted to the NHS PRB in the form of additional questions for ambulance staff (April 2015)³. It also follows a brief submission titled "*NHS Pay Review Body Evidence. Recruitment and retention of ambulance staff*" in September 2015.
- 1.6. Collection and analysis of data has been a challenge for this evidence, in part due to the difficulties with employers providing timely data in response to requests, and also due to the lack of centrally held, consistent data on workforce movements and retention planning.

2. Background

- 2.1. The numbers of ambulance staff leaving ambulance services across the UK is increasing every year. This is borne out in a number of surveys⁴, research material⁵, Staff Side evidence to the NHS PRB⁶ including anecdotal evidence shared through discussions with staff and trade union members and press stories. Indeed, Health Education England (HEE) have recognised this fact as has the recent Partial review

¹ Secretary of State for Health letter to NHS Staff Council staff side chair

<http://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/JHunt%20to%20CMcAnea%20210115.pdf>

² 022 20JM(SC)62015 NHS Pay offer 2015 – DRAFT Next Steps – 9 March 2015

³ Joint Staff Side evidence to the NHS PRB additional questions for ambulance staff April 2015

⁴ NHS Staff Survey Results, UNISON 2015 paramedic retention survey, Unite 2015 pay survey, UNISON 2015 Ambulance Stress Survey

⁵ NASPF 20 March 2015 – Paper 04 - Workforce update - final version

⁶ 2015 04 21 Staff side evidence to NHS PRB additional Questions on Ambulance staff

of the Shortage Occupation Lists (SOL) for the UK and for Scotland⁷ stated that “on balance, the Migration Advisory Committee (MAC) recommend adding paramedics to the SOL subject to a thorough review once the British trainees come on–stream”.

- 2.2. The MAC state; *“Although there has been an expansion of training places to boost labour supply in this occupation, we are told that they will experience a severe shortage for the next four years before the trainees graduate. In the meantime, ambulance services are looking to recruit from overseas (for instance, from Australia) using the Tier 5 Youth Mobility route as not all paramedics would qualify under Tier 2 General.”*
- 2.3. The reasons people cite for leaving, or considering leaving, the ambulance service are varied and include some of the following:
 - Pay and reward
 - Demand placed on 999 services
 - Workload on individuals and working practices
 - Increase in working hours and work related stress
 - Bullying and harassment and physical violence
 - Performance management
 - Increased stress when working with and being expected to mentor ‘unqualified’ staff
 - Inappropriate 999 call outs / misuse of services
 - Increases in retirement ages of ambulance workers
 - The long term physical demands of the work
 - The long term mental demands of the job, including but not restricted to, trauma and traumatic incidents
 - Illness and injury, including permanent injury and disablement
 - Lack of training and development opportunities
 - The transferable skills of paramedics
- 2.4. Although retention in ambulance services is a concern in almost all occupations, the most acute recruitment and retention problems facing the UK ambulance service are in paramedic roles. The current UK vacancy rate for paramedics is 12% (MAC SOL). Poor workforce planning, changes in education routes for paramedics from vocational training to university education and a change in the training budgets for ambulance services has led to a reduction in the national recruitment pool of trained paramedics.
- 2.5. The problems for ambulance services are two-fold. Ambulance services are experiencing unprecedented annual increases in demand on their services placing increasing pressure on their staff. This is leading many staff (including paramedics) to leave their jobs in the UK NHS ambulance services and employers are finding it increasingly difficult to recruit to posts due to the lack of trained paramedics in the UK. This then puts pressure on those remaining staff which exacerbates the retention problems.
- 2.6. The Health Care Professional Council (HCPC) states that there are 21,384⁸ paramedics on their register (01/07/15). The Health and Social Care Information

⁷ Partial review of the Shortage Occupation Lists for the UK and for Scotland
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/406775/Partial_review_of_the_SOL_for_UK_and_Scotland_Report.pdf

Centre (HSCIC) records that English ambulance services employ 18,798 paramedics (qualified ambulance staff numbers May 2015). Employers report that there are 14,945 paramedics as of March 2015.

- 2.7. The NASPF have made a formal request to the National Job Evaluation Group to look at the national Job Evaluation paramedic profile which currently sits in Agenda for Change band 5 (£21,692 - £28,180) for most ambulance services. At least two ambulance services have reached agreements to pay band 6 in order to recruit and retain paramedics (East of England NHS Foundation Trust and West Midlands NHS Foundation Trust).
- 2.8. The Paramedic Evidence Based Education Project (PEEP) is a collaboration between the College of Paramedics and Health Education England to look at potential changes to the education pathways for paramedics that will lead to a BSc entry-level qualification to the HCPC register by 2020/21⁹. It is highly likely that this will lead to a band 6 entry level for paramedics. This change in education pathway reflects the increase in skills and competencies paramedics have and which make them attractive to alternative employers such as GP surgeries, Walk in centres and minor injury units.
- 2.9. Moving to degree level education could ultimately exacerbate the recruitment and retention of paramedics as their knowledge and skill set will be even more attractive to non-ambulance employers.
- 2.10. HEE acknowledge this in their *Workforce Plan for England – Proposed Education and Training Commissions for 2015/16*¹⁰. They state that paramedics play a vital role across both urgent and emergency care and are increasingly becoming employed within the primary care environment.
- 2.11. HEE have made an 87% increase over two years in paramedic training, providing for 1,902 FTE growth in available supply over the next five years. They further state:

“These additional commissions, however, will not produce qualified paramedics until 2016/17, and our forecasts suggest a potential gap between demand and supply in the coming year. We have therefore recommended that paramedics are placed on the Government’s Shortage Occupation List, and HEE will work with ambulance leaders and wider system partners to discuss our data (which only covers the NHS) and agree action to ensure sufficient supply in advance of our new trainees qualifying.”
- 2.12. England’s ambulance services are reporting increased pressure on their paramedic workforce. At the start of 2014 these trusts reported that there were 1002 FTE vacancies (7.6%) and a subsequent survey of ambulance trusts reported this had risen to 1,251FTE in July (9.5%). (*Workforce Plan for England – Proposed Education and Training Commissions for 2015/16*)
- 2.13. In 2013/14, ambulance trusts increased their requirements by almost a thousand posts (in excess of 8%) and this rapid growth in establishment coincided with a year

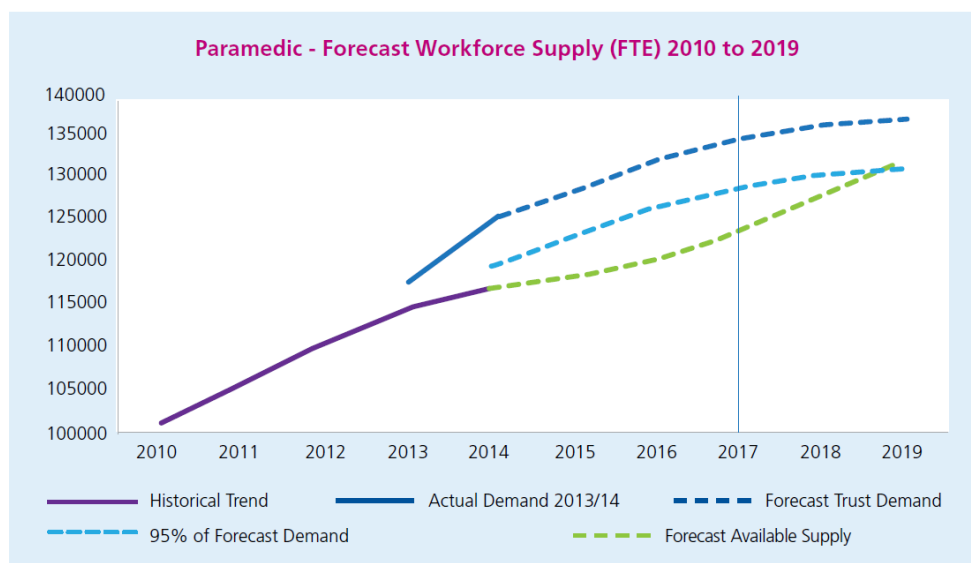
⁸ FOI request to the HCPC on 22 Sept breaks this down further - England 17,598; Northern Ireland 561; Scotland 1,721; Wales 1,315

⁹ Paramedic Evidence Based Education Project (PEEP) report <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2014/04/PEEP-Report.pdf>

¹⁰ <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2012/08/HEE-investing-in-people-2015.pdf>

in which the rate of supply, which had been running at about 600 per year, dipped to only 300. The combined impact of this lower growth and increased demand is the rapidly widening gap between demand and supply. (*Workforce Plan for England – Proposed Education and Training Commissions for 2015/16*)

- 2.14. HEE forecasts that “the proposed levels of paramedic training will provide for 1,902 FTE growth in available supply over the next five years (15.6%). However, the impact of HEE’s significant increase in paramedic training (a 70% increase over two years) will not begin to take effect until 2016/17. A period of slower growth than recent years is forecast for 2013 to 2016 and the combination of this lower growth combined with rapidly increasing demand maybe creating the current shortages, which will continue without other short-term supply measures being taken.”
- 2.15. The reasons for this lower growth are not yet clear, as there is no reliable data on the components of supply. This period overlapped with a radical shift of training from in-house ambulance service training to a mix of degree, diploma, and foundation degree courses, with varying course lengths and funding models. Prior to 2009, paramedic training was funded by ambulance trusts. (*Workforce Plan for England – Proposed Education and Training Commissions for 2015/16*)
- 2.16. HEE also report that “recent staff turnover data also indicates a worrying trend in the rate at which existing staff are leaving the NHS has increased from 5.5% to 7.4% and in some areas, such as London, the change is even more pronounced.”
- 2.17. Ambulance service providers (including LAS) and other NHS employers of paramedics indicated that they had 1002 FTE vacancies as at 1 April 2014 (7.9%). They further forecast that their requirement for additional paramedics would increase by 1078 FTE by 2019 (8.8%) of which 436 FTE (3.6%) would be needed in 2014/15. This is on top of the 2013/14 increased requirements of 920 FTE (7.5%). NHS Trusts’ forecasts for paramedics are one of the few areas where there is a consistent indication of additional demand being required beyond 2015. (*Workforce Plan for England – Proposed Education and Training Commissions for 2015/16*)



Workforce Plan for England – Proposed Education and Training Commissions for 2015/16

- 2.18. HEE’s emergency care action plan indicates exploring roles for paramedics within emergency departments as well as their traditional role as 1st responders, however

the current provider demand line above does not yet reflect this and therefore could represent even greater demand than shown.

- 2.19. HEE's proposed training levels will provide significant growth to the paramedic workforce from 2016/17 onwards. The rapid level of increased demand, however, from Ambulance Services, means that shorter term supply solutions must be found if growing vacancy rates are not to deteriorate further until this newly trained supply becomes available. The full impact of the additional commissions for paramedics will not be felt until 2017, so ambulance services will need to explore other short-term supply measures to ensure the number of paramedics in service grows at the rate they forecast and vacancy rates in the immediate future are controlled. *(Workforce Plan for England – Proposed Education and Training Commissions for 2015/16)*
- 2.20. The Staff Side believe a short term, cost-driven “slashing” of commissioned places of paramedic courses was at the expense of long term operational needs. The two routes into para-medicine have seen a switch from diploma to degree commissions and therefore there had been a recent rise in degree commissions and a reduction in diploma commissions.
- 2.21. Shortages in specific occupational groups often arise from inadequate supply as a result of ineffective workforce planning and shortfalls in training commissions which may require expensive pay solutions in the future.

3. Recruitment

Key points

- [Ambulance services are recruiting abroad due to UK paramedic shortages](#)
 - [The change from diploma to degree paramedic courses have worsened current workforce shortages](#)
 - [Competition between ambulance services for new graduates is intense](#)
- 3.1. Paramedic recruitment is a challenge for employers due to the lack of trained paramedics available in the UK. Ambulance services are often in competition with each other over the recruitment of new graduate paramedic workforce and offer various incentives to work for them, including favourable terms of appointment, golden hellos and relocation packages.
 - 3.2. At the same time, ambulance services are actively recruiting paramedics from overseas, including Europe and Australia. This is recognised in the MAC Shortage Occupation List; *“Although there has been an expansion of training places to boost labour supply in this occupation, we are told that they will experience a severe shortage for the next four years before the trainees graduate. In the meantime, ambulance services are looking to recruit from overseas (for instance, from Australia) using the Tier 5 Youth Mobility route as not all paramedics would qualify under Tier 2 General.”*
 - 3.3. With the move towards the BSc paramedic course, new graduates are likely to come into the labour market with more debt due to increased tuition fees (which came into effect in 2006), which is likely to increase the attraction of the private sector where hourly rates are higher.

Retention

Key points

- Ambulance services need to take more action to retain ambulance staff, especially paramedics
- A sharp increase in leavers would compromise the safe delivery of ambulance services
- Pay and reward is a factor in paramedic retention
- Data quality and granularity does not allow for a clear picture of retention in the ambulance service
- Non-pay retention issues are being looked at through the NASPF
- The paramedic skill set is transferrable and attractive to employers delivering care in non-emergency situations

- 3.4. Retention of all ambulance staff is an issue, but in the case of paramedics the related recruitment problems are making retaining paramedics a crucial issue. This evidence does not seek to reduce the impact of poor retention to other staff groups (ambulance technicians, emergency care assistants, control room staff and support staff). As some of these posts require a short training and induction course, employers report not having a problem filling these posts. Staff side believe that the corresponding loss of organisational knowledge, skills and experience is bad for patients.
- 3.5. Ambulance services need to do all they can to encourage paramedic staff to remain in employment. There is no national data set for reasons for leaving or exit interview data. The reasons people are leaving have been explored by the national partnership forum, which brings together ambulance employers and trade unions.
- 3.6. HEE acknowledge this in the *Workforce Plan for England – Proposed Education and Training Commissions for 2015/16*:

“Greater employer focus on retaining and investing in their current staff. It is our responsibility to commission education and training places to secure the supply of the future workforce, but it is becoming apparent that in some areas, requests for more commissions are due to a ‘leaky bucket’ effect, whereby employers are failing to retain and develop their skilled staff.

Commissioning more trainees is the most time consuming and expensive way to address shortages in supply. Attracting people back to the profession is more cost-effective, but the most effective approach of all would be to retain and develop their employees. We will work with NHS Employers and other partners to develop a more strategic and cost-effective approach to staff retention.”

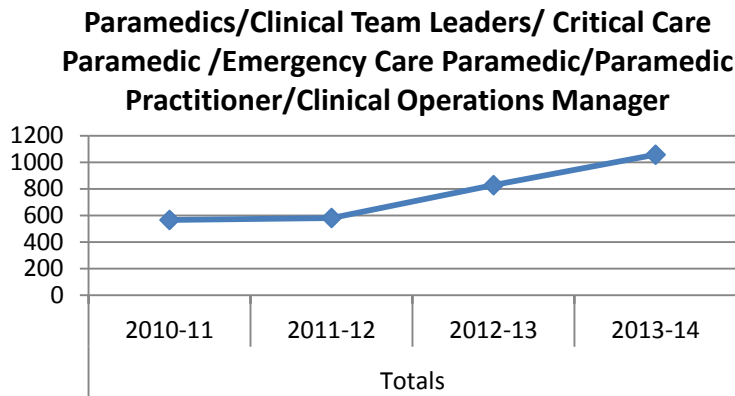
- 3.7. HEE further note that:

“The rate at which trained staff are currently leaving the profession compared to only 1 or 2 years ago is of real concern. It means the impact of our significant volumes of new training simply allows us to return to rates of growth seen between 2010 and 2014, rather than the anticipated higher rates of growth we would have anticipated if these turnover rates were controlled. Employers will also need to

consider the impact of NHSE's and HEE's Emergency Care Action Plan, and what this means for the future demand for paramedics."

- 3.8. Evidence gathered by the staff side through FOI requests from employers show an increase in the numbers of paramedic leavers since 2011 (Fig 1).

Paramedic leavers – figure 1



Occupation Group		Paramedics
Occupation Code		ABA/AAA/AOA
Totals	2010-11	566
	2011-12	581
	2012-13	828
	2013-14	1057

- 3.9. Evidence from employers shows an overall increase in paramedic headcount (fig 1a).

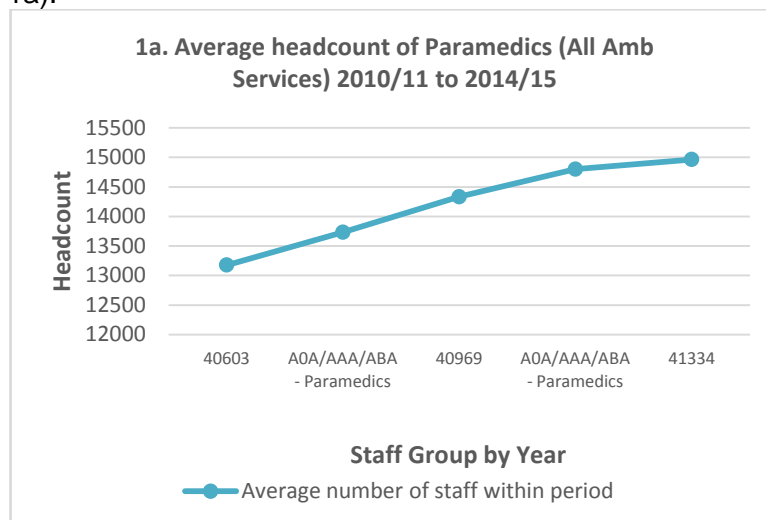
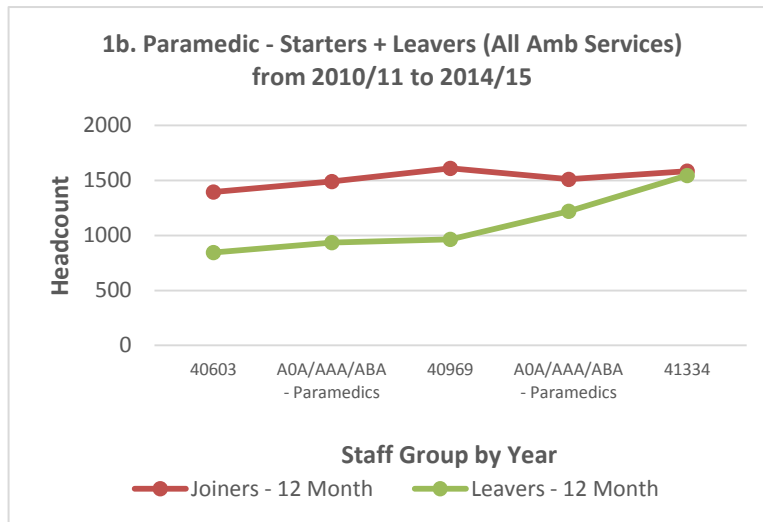


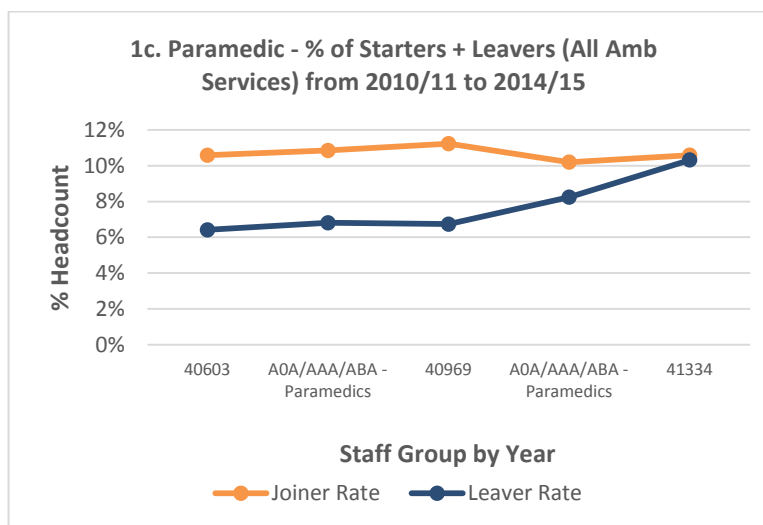
Fig 1a. Average headcount of Paramedics

- 3.10. Additionally, paramedics may be considering leaving but have not indicated this to their employer and if they do leave, they may not attribute the correct reasons. This represents a “tip of the iceberg” scenario which employers need to take seriously.

3.11. The employer's data shows evidence of a crossing of trajectories for paramedic leavers and joiners meaning the stock of paramedics is at dangerous levels (fig 1b & 1c). A sharp increase in leavers would compromise the safe delivery of ambulance services.



1b. Paramedic - Starters + Leavers



1c. Paramedic - % of Starters + Leavers

3.12. To help understand the current trends in retention, the joint trade unions completed a **paramedic retention survey** of ambulance staff for a 2 week period in October 2015. In this short time period, there were a total of **3,088**¹¹ responses, clearly demonstrating the strength of feeling of ambulance staff on this issue.

3.13. Most noticeable from the survey results was the indication that over three quarters (76 per cent) of paramedic respondents indicated they were thinking of leaving. When asked why they were thinking of leaving 85 per cent of those paramedics indicated that this was due to their pay not reflecting their responsibilities and almost two thirds (62 percent) said they are able to get another job with their

¹¹ 2,678 paramedics working in the UK NHS ambulance service responded to the survey

paramedic skills. (2015 Joint Union Paramedic Retention Survey – Appendix 8.2 & 8.3)

*“Already dropped to 9 hours a week in the ambulance service to get better pay and training elsewhere.” **Band 5 Paramedic Practitioner – South East***

*“I am considering seeking employment elsewhere, where I would be paid Band 6 for the same role” **Band 5 Paramedic – Yorkshire & Humberside***

- 3.14. The respondents were then asked whether they felt their pay adequately reflects my skills and responsibilities, with 94 per cent disagreeing with this statement and 91 per cent disagreeing that their banding adequately reflects their skills and responsibilities. (2015 Joint Union Paramedic Retention Survey – Appendix 8.4)

*“My skill levels have advanced tenfold the responsibilities with new skills and pathways have increased I'm at the top of my band with nowhere to go, disillusioned and de-motivated over worked and underpaid” **Band 5 community paramedic – North East***

*“I am dismayed by the current expectations and non reflection of the Paramedic pay banding considering the referrals and appropriate care pathways we are expected to follow” **Band 5 Paramedic - Wales***

- 3.15. When asked, “*what motivates you to stay in your role*” the top reason was patient care (92 per cent), and just over three quarters (77 per cent) stated they enjoyed their jobs although, if not dealt with, the pay and workforce issues may lead these people to leave.

*“Any increase in hours, workload, changes to physical or mental health as a result of the strains of the job or any reduction in pay may force serious consideration to leave the career I love” **Band 5 Paramedic – South West***

*“Not yet, but if the job continues with the same demand and pay then I will only remain with the trust for the short term and seek other career pathways” **Band 5 Paramedic – South West***

- 3.16. When asked, “*what could employers do to help you stay in your role?*” the top response was to review their [Agenda for Change] banding. Second was “*Improve my working life - meal breaks, reduce late finishes etc*”. Third was “*Change the way ambulances are dispatched to calls*”. Fourth was “*Better career progression*”. Fifth was “*Apply a recruitment and retention premium*”. (2015 Joint Union Paramedic Retention Survey – Appendix 8.5)

- 3.17. Paramedics now have increasing opportunities to work in other health care settings. This can mean GP surgeries, Walk in centres and minor injury units. Paramedics are in demand to undertake disability assessments on behalf of the Department for Work and Pensions. There is also plenty of agency and private sector employment for paramedics but salaries and hourly rates are difficult to establish and compare to NHS rates.

- 3.18. HEE acknowledge this in their *Workforce Plan for England – Proposed Education and Training Commissions for 2015/16*: “*Paramedics play a vital role across both urgent and emergency care and are increasingly becoming employed within the primary care environment.*”

- 3.19. Paramedics can get the equivalent of Agenda for Change band 6 pay in these settings, sometimes without the necessary night and weekend working associated with the ambulance service. Some paramedics can easily get band 7 roles in the hospital setting such as hospital based Emergency Care Practitioners (ECP). It is also true that staff are seeking work that is less physically and mentally demanding.
- 3.20. The National Ambulance Strategic Partnership Forum (NASPF) is looking at non-pay issues facing ambulance services but is unable to agree whether pay is a significant factor in paramedic retention. Staff side argue that successive pay freezes and an out of date banding for paramedics creates a culture where staff feel they are not recognised for their skills.
- 3.21. Paramedics have taken on a greater role in acting as an autonomous clinician with responsibilities for patient care, working in an uncontrolled environment. Their pay banding has remained the same since 2003 and the inception of Agenda for Change. Effectively, employers and commissioners are getting 2015 paramedic skills for 2003 pay rates.
- 3.22. With the reduction in the ambulance technician role, paramedics have had to supervise increasingly less clinically qualified colleagues. Many also act as a mentor for student paramedics. This can mean paramedics making autonomous decisions whilst supervising two or more staff at any incident.
- 3.23. Additional to this, the lack of paramedics in the ambulance service creates an abundance of overtime with additional financial incentives. Ambulance staff are able to work excessive hours which is further exacerbating the stress and pressure they are under. Recognition of these additional skills, and a payment to increase their basic salary to band 6 could reduce staff needing to undertake additional overtime. This is not a popular position with employers who rely on staff undertaking overtime to cover core shifts.
- 3.24. Pay is a significant issue for paramedics, although not motivated to join the ambulance service for financial reasons, they are twice as likely (28 per cent) to be very dissatisfied with their pay than the rest of the NHS (14 per cent) (*2014 NHS Staff Survey – Appendix 7*)
- 3.25. 83 per cent of UNISON paramedic members also indicated that having a fair reward package (pay, pensions, etc) is very important. The weighted average for this question puts it higher than all other factors. (*2015 UNISON pay survey – Appendix 8.18*)
- 3.26. Unfortunately, there is no national data held on exit interviews for ambulance staff. We found evidence that paramedics are less unhappy with their pay and grading if they were in band 6 (34 per cent banding and 60 per cent pay) as opposed to band 5 (64 per cent banding and 75 per cent pay). (*2015 UNISON pay survey – Appendix 8.1*)
- 3.27. In the 2015 Joint Union Paramedic Retention survey we found that band 6 paramedics agreed with the following statements more positively than band 5 paramedics:

My pay adequately reflects my skills and responsibilities

Paramedic Band 5

Agree **1.60%** 28; Disagree **96.00%** 1,678

Paramedic Band 6

Agree **7.34%** 52; Disagree **91.38%** 647

My banding adequately reflects my skills and responsibilities

Paramedic Band 5

Agree **1.60%** 28; Disagree **95.93%** 1,675

Paramedic Band 6

Agree **14.10%** 100; Disagree **84.63%** 600

- 3.28. Both UNISON and Unite report that their ambulance members (87 percent) and paramedics (76 per cent) feel that their pay, compared to their cost of living has changed for the worse in the last 12 months. (*Staff side pay survey – Appendix 8.6 and 8.7*)
- 3.29. These pay surveys also indicate that staff are considering leaving their current position. Unite reports that 29 percent are considering this fairly seriously while 41 per cent are very seriously considering it. UNISON reports similar results with 31 per cent of paramedics considering leaving fairly seriously and 36 per cent very seriously. Taken together this represents more than half of paramedics are considering leaving. (*Staff side pay survey – Appendix 8.8 and 8.9*) This figure has increased worryingly as 75.62 per cent of paramedics now report they are considering leaving. (*2015 Joint Union Paramedic Retention Survey – Appendix 8.2*)
- 3.30. When asked about whether they were considering leaving the NHS, 62 per cent of Unite ambulance members indicated yes as did 45 per cent of UNISON paramedic respondents. (*Staff side pay survey – Appendix 8.10 and 8.11*).
- 3.31. UNISON also undertakes a stress survey in which they asked ambulance staff about their intention to leave. 82 per cent of respondents stated that they had thought about leaving. (*UNISON 2015 stress survey – Appendix 8.19*)
- 3.32. UNISON's pay survey asked further questions about recruitment and retention difficulties with more than half (53 per cent) reporting major problems and 59 per cent reporting this made their work more difficult. (*UNISON pay survey – Appendix 8.12 and 8.13*.) 70 per cent of Unite members also report that their individual workload has increased a lot. (*Unite pay survey – Appendix 8.14*)
- 3.33. When asked about the frequency of staff shortages, 82 per cent of UNISON paramedics and 76.5 per cent of Unite ambulance members reported frequent shortages. (*Staff side pay survey – Appendix 8.15 and 8.16*)

- 3.34. A further question found that, 85 per cent of UNISON paramedics responded that there are not enough staff in their [unit] to do the work required. (*UNISON pay survey – Appendix 8.17*)
- 3.35. Stress and workload is a huge factor in staff leaving the ambulance service. The 2015 UNISON¹² stress survey found that long hours, staff shortages and the mental demands of the job are placing an enormous burden on ambulance workers with 91 per cent saying they are suffering with stress. Because of pressures on the service, 82 per cent admitted they had thought about leaving the job.

Causes of stress include:

- Long hours e.g. shift-overruns – 71 per cent;
- Staff shortages – 65 per cent;
- Mental demands of the job – 45 per cent;
- Perceived target culture – 52 per cent;
- Physical demand of the job – 40 per cent;
- Bullying and harassment – 25 per cent;
- Abuse or violence at work – 15 per cent.

- 3.36. This shows the adverse impact that the retention crisis is having on staff morale and service delivery in the ambulance service.
- 3.37. The NASPF staff side unions are seeking a view from the NHS Pay Review Body on the application of a national recruitment and retention premia for paramedics.

4. National Recruitment and Retention Premia

- 4.1. The OME gave some guidelines for presenting our evidence so we have arranged our response under the following questions.

Confirmation of the roles that you are proposing an RRP for – is this solely for paramedics or does it extend to other roles?

- 4.2. Retention problems are present in many occupations in the ambulance service. As service delivery models vary between services, many of these are on a regional and local basis rather than presenting a national recruitment and retention issue.
- 4.3. Ambulance employers also report that they are able to recruit to other non-paramedic roles through short to medium term training or education courses. This allows them to find short term solutions to retention problems, however, this fails to take into account the loss of organisational knowledge and experience lost through high turnover of staff.
- 4.4. The paramedic role is different due to the length of training and education needed and the lack of a paramedic recruitment pool.

¹² <http://www.unison.org.uk/news/unison-survey-reveals-scale-of-secret-stress-among-ambulance-workers>

What is the level of RRP that you are proposing?

- 4.5. In order to retain paramedics and to increase the ability for employers to recruit paramedics we are suggesting that a RRP is introduced to bridge the gap
- 4.6. The ambulance staff side have outlined two possible recruitment and retention premium methodologies to bridge the gap between band 5 and band 6.

Methodology

- 4.7. There is a general agreement that the paramedic role has experienced significant “role creep” since the introduction of Agenda for Change and paramedics are now working at a band 6 level. Trade unions, employers and staff as well as some other stakeholders share this consensus.
- 4.8. As a result, a joint approach has been made to the NHS Job Evaluation Group to conduct a paramedic banding review. In addition to the “role creep”, the introduction of a BSc as the minimum educational requirement for paramedics by 2020/21 means that Band 6 will be the entry grade from this point onwards.
- 4.9. In an attempt to address the current paramedic retention crisis and to segue into the inevitable new banding arrangements for paramedics, we have outlined two possible recruitment and retention premium methodologies, although there may be more ways to address this issue.
- 4.10. Firstly, award a flat rate R&R payment to ambulance staff. Agenda for Change enables all NHS Trusts services to award a maximum of 30%. NHS Foundation Trusts can award more than this. Fig. 1 is an illustrative example of 30% R&R on each pay point in Band 5.

Spine point	Band 5	Proposed R&R premium @ 30%	Total salary	Spine point	Band 6
16	21,692	6,506	28,198	21	26,041
17	22,236	6,671	28,906	22	27,090
18	23,132	6,940	30,071	23	28,180
19	24,063	7,219	31,282	24	29,043
20	25,047	7,514	32,561	25	30,057
21	26,041	7,812	33,853	26	31,072
22	27,090	8,127	35,217	27	32,086
23	28,180	8,454	36,634	28	33,227
				29	33,227

Figure 1

- 4.11. Secondly, based on the assumption that all parties agree that the paramedic role now merits band 6, paramedics on band 5 will be awarded a recruitment and retention premium that would amount to the difference between their current spine point and the equivalent spine point in band 6.

- 4.12. For example, a band 5 paramedic on spine point 19 would receive a recruitment and retention premium of £4,980 – the difference between band 6 spine point 24 and band 5 spine point 19.
- 4.13. Fig. 2 outlines the recruitment and retention premium linked to each spine point in band 5. In the case that the recruitment and retention premium lasted more than one year consideration would need to be given to how the proposed premium would interlink with the pay progression cycle.

Spine point	Band 5	Spine point	Band 6	Proposed R&R premium
16	21,692	21	26,041	4,349
17	22,236	22	27,090	4,854
18	23,132	23	28,180	5,048
19	24,063	24	29,043	4,980
20	25,047	25	30,057	5,010
21	26,041	26	31,072	5,031
22	27,090	27	32,086	4,996
23	28,180	28	33,227	5,047
		29	33,227	

Figure 2

What is the picture like across the UK and is there variation?

- 4.14. Each ambulance Trust that responded to the NASPF request for information highlighted that the paramedic role is their main concern. Within ambulance Trusts there is some variation on locations. For example, South Central Ambulance service reports difficulties with recruitment in areas on the outskirts of London. South West Ambulance service reports difficulties in and around Bristol and North West Ambulance reports problems in Cumbria.
- 4.15. Not all ambulance services in the UK responded to the NASPF call for evidence.

Recruitment and retention data – vacancy rates, data on leavers / attrition rates (these should ideally provide both a national and local picture)

- 4.16. There are data issues which have been found on the reporting of this information. The Health and Social Care Information Centre (HSCIC) is able to provide information as does the NHS Electronic Records System (ESR). This information is contained as [appendix 4](#).
- 4.17. This evidence shows that although there has been a steady increase in the head count for ambulance staff, the leaver and joiner rates are about to cross meaning more leavers than joiners.

Examples of unsuccessful recruitment campaigns – i.e. shortage of applicants (in number and / or quality)

- 4.18. Responses to the NASPF from employers show that recruitment campaigns are unsuccessful due to the lack of available paramedics in the UK. Most ambulance services are running overseas recruitment exercises. These responses can be found in [appendix 3](#).

Competition for posts by other recruiters / organisations – is there any evidence to show that the pool of applicants is being attracted elsewhere and / or where leavers are going?

- 4.19. Exit interviews are not recorded nationally so the evidence does exist to show why people are leaving and where they are working post resignation. Despite requests for information through the NASPF, employers have not returned a complete data set; however, some responses can be seen in [appendix 3](#). People are considering leaving the ambulance service as shown by the 2015 joint staff side retention survey, the 2014 NHS Staff Survey results and the Staff side pay surveys ([Appendix 1](#) and [2](#)).
- 4.20. Due to the increased recognition of the paramedic skill set, staff are leaving and able to get work in GP surgeries, Walk in centres and minor injury units. Paramedics are also being sought to undertake disability assessments on behalf of the Department for Work and Pensions.

Examples of non-pay action taken to date to tackle the issue

- 4.21. The NASPF is looking at the list contained in section 2.3 of this evidence and has two work streams looking specifically at the impact on staff health and wellbeing. One is the Ambulance Working Longer Group which stems from the 2015/16 pay settlement outcomes and links to the increase in retirement age of ambulance staff contained in the 2015 NHS Pension Scheme. The other is part of the main NASPF work will involve an organised event to look at sharing best practice and commissioning research into the factors that affect health and wellbeing of ambulance staff.
- 4.22. Some of the factors contained in this list are long standing and will be difficult to find single solutions; however, the NASPF is committed to improving the working lives of ambulance staff. Demand on services and increased expectation of the public mean that future demand will continue to increase.
- 4.23. At present, a trial is underway in six ambulance services to give the ambulance call takers more time to triage calls which has resulted in fewer activations and may be a way to reduce the demand on staff. However, with ambulance services already stretched this initiative might offer some relief but will not completely alleviate the pressures which lead to staff leaving.

Why we consider that pay differentiation for the particular group is necessary;

- 4.24. There is work being done through the national Job Evaluation Group to review the paramedic banding. The consensus is that paramedics are working at band 6 and the introduction of a BSc level education entry requirement in 2020/21 will ensure this consolidates the move to band 6. The pay differentiation is necessary to bridge this gap now to incentivise people to stay within their ambulance role.

Why we consider our objective(s) cannot be achieved by a route other than pay differentiation; and

- 4.25. As outlined in the previous question – this is a time limited application of RRP to bridge the gap between the pay bands. This is not an isolated route as we will continue to work with employers over the non-pay.
- 4.26. Non- pay issues are stubborn and difficult to fix due to demand on services.

Why we consider the level of differentiation we propose, rather than a lesser amount, is appropriate to meet our objective(s).

- 4.27. As outlined in the questions above – the differential is needed to bridge the gap between band 5 and band 6 and could be set at the level required to meet the progression which would occur through a change in banding at a national level.
- 4.28. The objective is to recognise the impending move to a higher band and the skill set which paramedics have and would enable them to get work at a higher rate than currently being paid by the ambulance service.

5. Recommendations

- 5.1. There are a number of steps that can be taken to help mitigate the current recruitment and retention crisis in the ambulance service.
- Review of the current ambulance roles including job evaluation bandings
 - Tackle short and medium term retention problems using National or Local recruitment and retention premia
 - Ambulance employers and government to look at steps to reduce inappropriate calls and deployment of ambulance resources
 - Better co-ordination and co-operation with Out of Hours GP and NHS 111
 - Review the training and entry routes to the ambulance service including the use of internal development of staff and apprenticeships
 - Ambulance employers to look at key factors which lead to staff leaving e.g. demand, work pressures, illness and injury, retirement age etc
 - Develop sustainable and consistent commissioning structures for training and development of ambulance staff
 - Review current redeployment practices and ways to implement reasonable adjustments to keep staff in their existing roles

5.2. Through the NASPF, the staff side have outlined a package for ambulance staff to reverse the current trends in recruitment and retention.

- Implement a National 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 – Does Dispatch on Disposition as an alternative model of delivery help reduce the pressure on staff?
- Health and Wellbeing project to include stress to understand difficulties facing ambulance staff including;
 - Late finishes, meal breaks and other operational issues – making the case to balance staff welfare with the need to provide an emergency service

6. Appendix 1

National NHS Staff Survey 2014

h) My level of pay

Note: In order to preserve the anonymity of individual staff, where there were fewer than 11 responses to a question responses are not displayed

	Very dissatisfied	Dissatisfied	Neither satis. Nor dissatisfied	Satisfied	Very satisfied	Base (number of respondents)
	%	%	%	%	%	n
ALL [NHS] ORGANISATIONS	14	26	23	31	6	250,479
AMBULANCE TRUSTS	28	31	19	20	3	7,783
RX9 East Midlands Ambulance Service NHS Trust	22	27	21	27	3	203
RYC East Of England Ambulance Service NHS Trust	27	34	19	19	1	1,070
R1F2 Isle of Wight NHS Primary Care Trust (ambulance sector)	18	18	26	32	6	50
RRU London Ambulance Service NHS Trust	36	39	12	11	2	261
RX6 North East Ambulance Service NHS Foundation Trust	36	31	17	14	2	304
RX7 North West Ambulance Service NHS Trust	26	30	18	22	4	1,041
RYE South Central Ambulance Service NHS Foundation Trust	28	30	21	18	2	1,483
RYD South East Coast Ambulance Service NHS Foundation Trust	39	32	17	11	1	1,142
RYF South Western Ambulance Service NHS Foundation Trust	29	32	18	19	2	1,628
RYA West Midlands Ambulance Service NHS Trust	20	37	18	21	3	244
RX8 Yorkshire Ambulance Service NHS Trust	22	32	23	21	2	357

7. Appendix 2 – Staff side pay surveys

UNISON Pay Survey 2015

7.1. Have you considered leaving for any of the following reasons?

Band 5 - paramedic

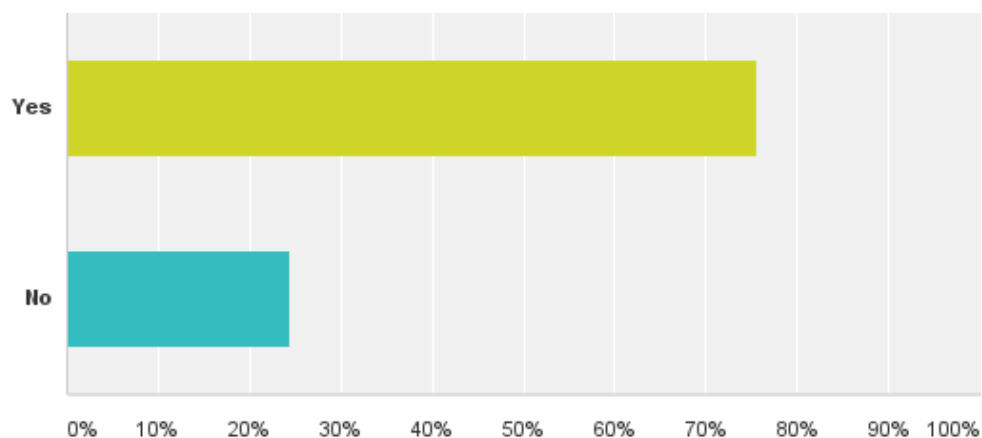
Answer Choices –	Responses –
–	75.00%
Feeling undervalued due to levels of pay	144
–	64.06%
Feeling undervalued due to unfair grading	123
–	66.15%
Feeling undervalued due to managers' treatment of staff	127
–	76.04%
Staff shortages	146
–	35.94%
Having to compromise on standards of care	69
–	61.98%
Problems with patterns of working hours	119
–	49.48%
The changing nature of the NHS (eg restructuring / reorganisation)	95
–	57.29%
Job too stressful	110
–	43.23%
Lack of career/promotion prospects	83
–	0.52%
Offered voluntary redundancy	1

Band 6 - paramedic

Answer Choices –	Responses –
–	60.29%
Feeling undervalued due to levels of pay	41
–	33.82%
Feeling undervalued due to unfair grading	23
–	72.06%
Feeling undervalued due to managers' treatment of staff	49
–	61.76%
Staff shortages	42
–	57.35%
Having to compromise on standards of care	39
–	52.94%
Problems with patterns of working hours	36
–	47.06%
The changing nature of the NHS (eg restructuring / reorganisation)	32
–	47.06%
Job too stressful	32
–	38.24%
Lack of career/promotion prospects	26
–	1.47%
Offered voluntary redundancy	1

Joint Union 2015 paramedic retention Survey

7.2. Are you thinking of leaving your job?



Answer Choices	Responses
Yes	75.62% 1,979
No	24.38% 638
Total	2,617

Joint Union 2015 paramedic retention Survey

7.3. Why are you thinking about leaving?

	Agree	Disagree	N/A	Total	Weighted Average
My pay does not reflect my responsibilities	84.57% 2,132	6.47% 163	8.96% 226	2,521	1.07
The increase in my retirement age	82.26% 2,073	7.86% 198	9.88% 249	2,520	1.09
Frustration at inappropriate 999 call outs / misuse of services	81.88% 2,060	9.42% 237	8.70% 219	2,516	1.10
The working hours are too anti social	67.36% 1,690	21.32% 535	11.32% 284	2,509	1.24
I am able to get another job with my paramedic skills	62.13% 1,549	22.34% 557	15.52% 387	2,493	1.26
The lack of training and development opportunities	66.13% 1,650	22.65% 565	11.22% 280	2,495	1.26

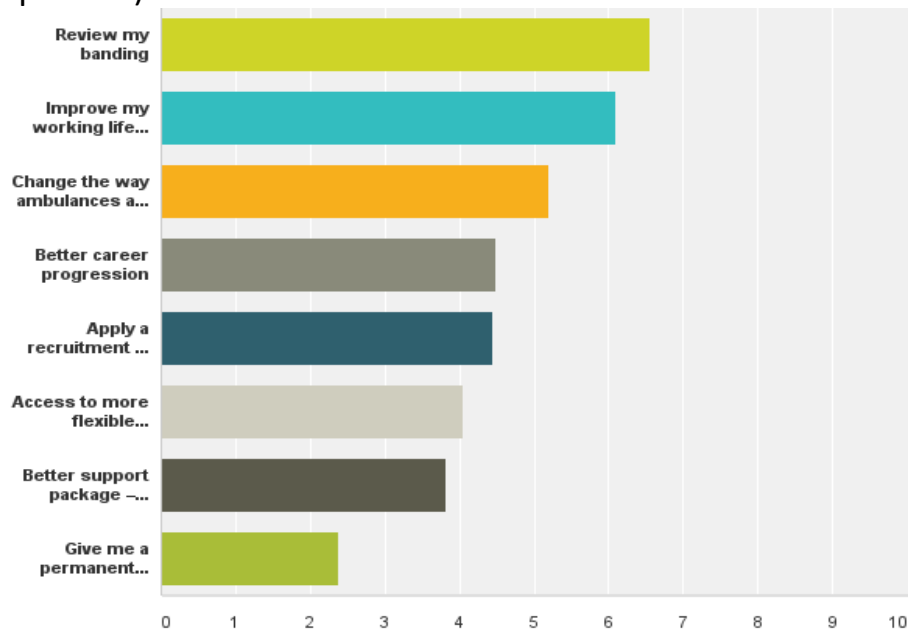
Joint Union 2015 paramedic retention Survey

7.4. How much would you agree with the following statements?

	Agree	Disagree	N/A	Total	Weighted Average
I have to make autonomous decisions to leave patients at home to avoid A&E attendances	96.55% 2,517	2.19% 57	1.27% 33	2,607	1.02
I am undertaking more responsibilities/skills than when I first commenced the Paramedic role	92.73% 2,422	5.02% 131	2.26% 59	2,612	1.05
I work above my current job description	85.80% 2,235	11.86% 309	2.34% 61	2,605	1.12
My employer looks after my health and wellbeing	17.14% 446	78.86% 2,052	4.00% 104	2,602	1.82
My skills and experience are recognised by my employer	15.73% 410	81.01% 2,111	3.26% 85	2,606	1.84
My banding adequately reflects my skills and responsibilities	6.52% 170	91.22% 2,378	2.26% 59	2,607	1.93
My pay adequately reflects my skills and responsibilities	4.18% 109	93.56% 2,439	2.26% 59	2,607	1.96
My skills and experience are recognised by NHS commissioners	4.07% 106	91.09% 2,371	4.84% 126	2,603	1.96
My skills and experience are recognised by the government	2.07% 54	94.74% 2,470	3.18% 83	2,607	1.98

Joint Union 2015 paramedic retention Survey

7.5. What could employers do to help you stay in your role? Rate these in order of importance (1 being the most important; 8 being the least important)

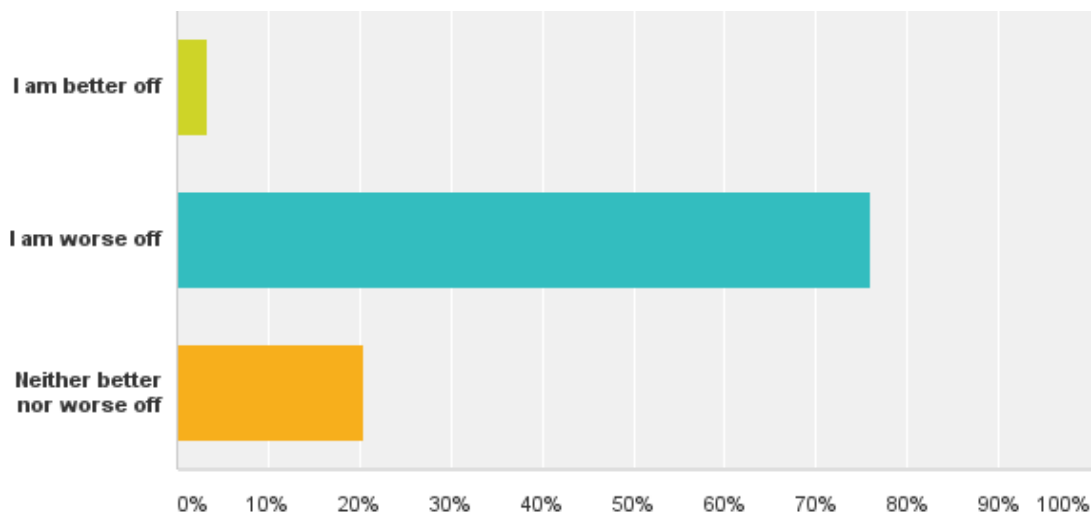


	1	2	3	4	5	6	7	8	Total	Score
Review my banding	49.89% 920	14.64% 270	12.53% 231	7.54% 139	4.88% 90	3.74% 69	3.20% 59	3.58% 66	1,844	6.55
Improve my working life - meal breaks, reduce late finishes etc	33.36% 797	20.76% 496	15.28% 365	9.92% 237	7.62% 182	5.23% 125	2.80% 67	5.02% 120	2,389	6.10
Change the way ambulances are dispatched to calls	11.52% 233	17.89% 362	19.97% 404	16.41% 332	12.56% 254	9.74% 197	7.96% 161	3.95% 80	2,023	5.19
Better career progression	6.19% 126	12.08% 246	13.90% 283	17.14% 349	16.90% 344	14.83% 302	13.75% 280	5.21% 106	2,036	4.48
Apply a recruitment and retention premium	5.99% 113	15.49% 292	12.57% 237	15.97% 301	14.64% 276	13.16% 248	13.26% 250	8.91% 168	1,885	4.45
Access to more flexible working	3.64% 71	8.35% 163	12.20% 238	14.51% 283	18.30% 357	17.63% 344	19.32% 377	6.05% 118	1,951	4.04
Better support package – counselling, physiotherapy etc	2.00% 42	6.75% 142	11.55% 243	14.73% 310	16.97% 357	20.87% 439	18.54% 390	8.60% 181	2,104	3.82
Give me a permanent position (rota line)	5.39% 112	3.80% 79	3.51% 73	5.01% 104	4.86% 101	7.03% 146	10.21% 212	60.18% 1,250	2,077	2.37

UNISON Pay Survey 2015

7.6. Compared to 12 months ago, how do you feel your pay has changed relative to the cost of living?

Paramedics



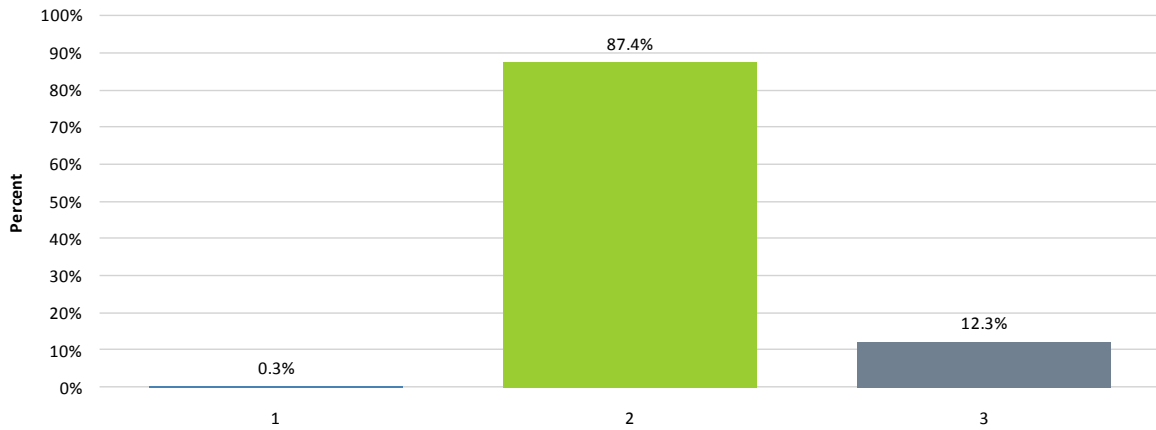
ZZ

Answer Choices	Responses
I am better off	3.37% 10
I am worse off	76.09% 226
Neither better nor worse off	20.54% 61
Total	297

Unite pay survey 2015

7.7. Compared to 12 months ago, how do you feel your pay has changed relative to the cost of living?

Ambulance members

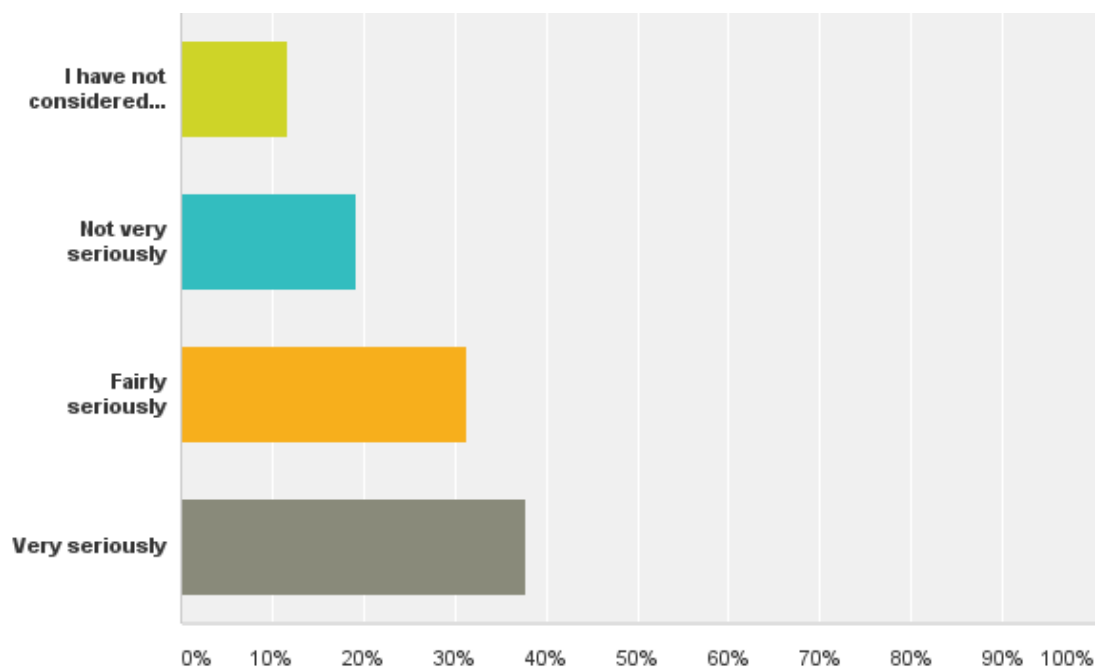


	Name
1	I am better off
2	I am worse off
3	Neither better or worse off

UNISON Pay Survey 2015

7.8. How seriously have you considered leaving your current position in the health service over the last year?

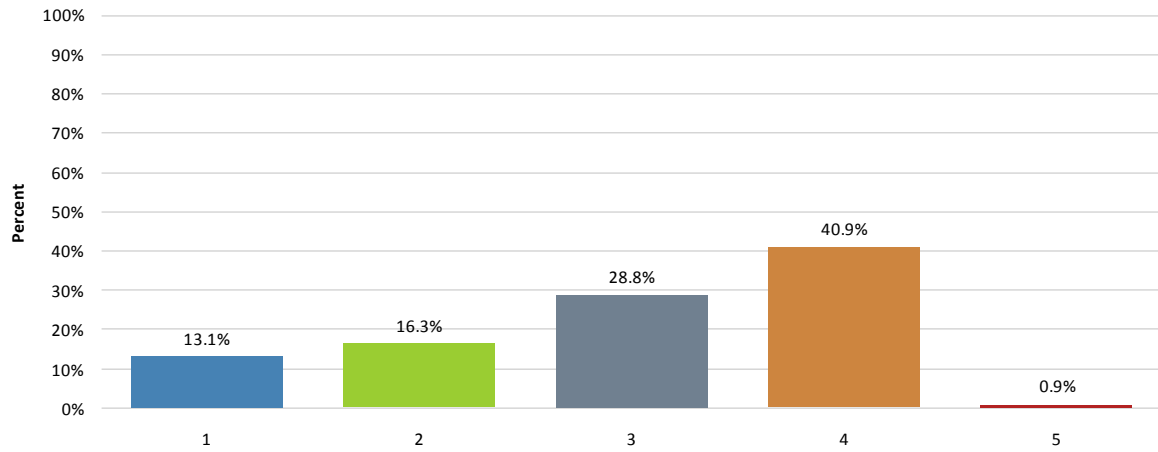
Paramedics



Answer Choices	Responses
I have not considered leaving	14.81% 97
Not very seriously	18.63% 122
Fairly seriously	30.69% 201
Very seriously	35.88% 235
Total	655

Unite pay survey 2015

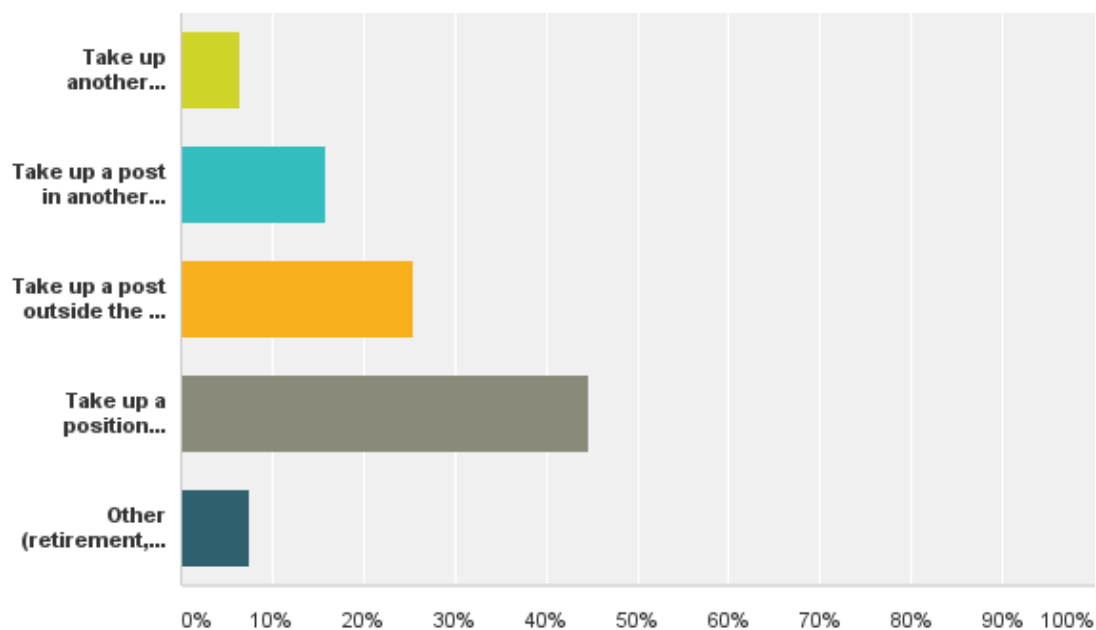
7.9. Over the last 12 months how seriously have you considered leaving your current position in the NHS?



	Name
1	Not at all
2	Not very seriously
3	Fairly seriously
4	Very seriously
5	Not sure/do not know

UNISON Pay Survey 2015

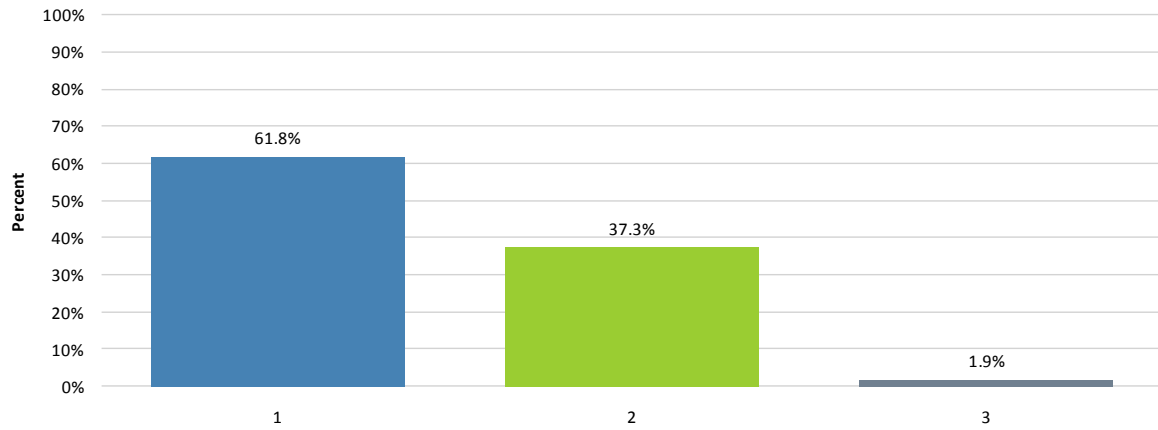
7.10. Have you considered leaving your current post in order to:



Answer Choices	Responses
Take up another position within your trust/organisation	6.37% 16
Take up a post in another trust or organisation within the NHS	15.94% 40
Take up a post outside the NHS in the private or independent healthcare sector	25.50% 64
Take up a position completely outside the health service or the health care sector	44.62% 112
Other (retirement, to look after children or relative full time etc.)	7.57% 19
Total	251

Unite pay survey 2015

7.11. Have you considered leaving your current NHS post in order to take up a job outside the NHS?

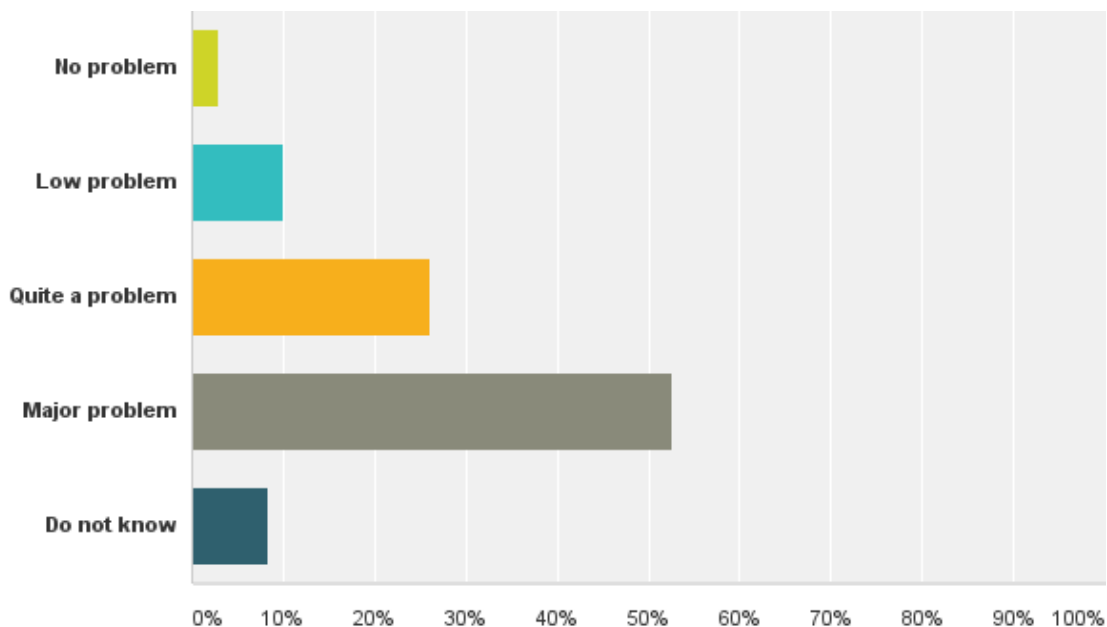


	Name
1	Yes
2	No
3	Other

UNISON Pay Survey 2015

7.12. To what extent has your department/workplace experienced recruitment and retention difficulties over the last year?

Paramedics

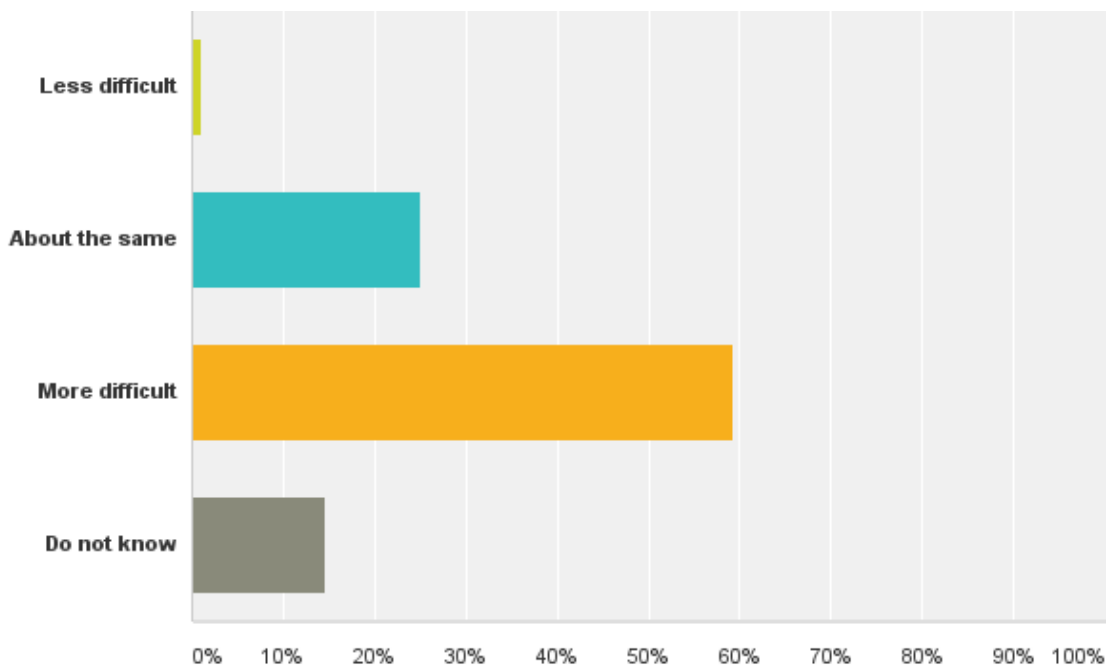


Answer Choices	Responses
No problem	3.00% 9
Low problem	10.00% 30
Quite a problem	26.00% 78
Major problem	52.67% 158
Do not know	8.33% 25
Total	300

UNISON Pay Survey 2015

7.13. How have recruitment and retention difficulties over the last year changed in your department/workplace?

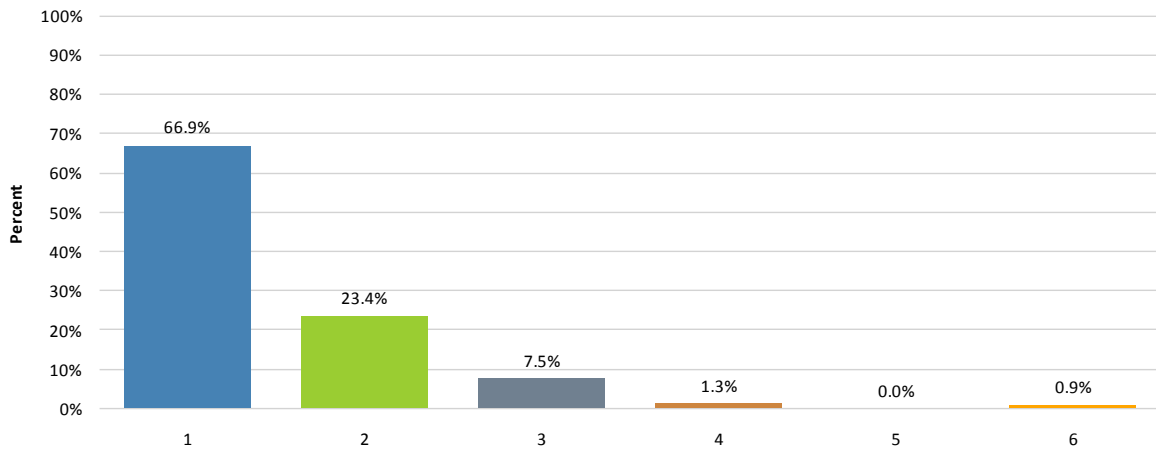
Paramedics



Answer Choices	Responses
Less difficult	1.00% 3
About the same	25.00% 75
More difficult	59.33% 178
Do not know	14.67% 44
Total	300

Unite pay survey 2015

7.14. Compared with this time last year, has your individual workload:

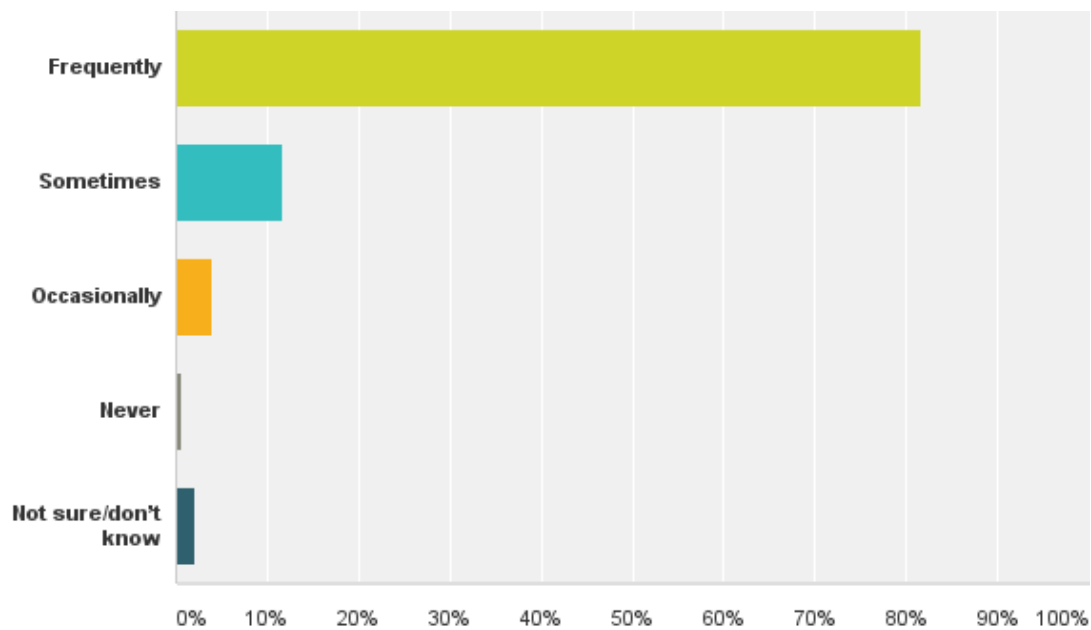


	Name
1	Increased a lot
2	Increased a little
3	Stayed the same
4	Decreased a little
5	Decreased a lot
6	Not sure/do not know

UNISON Pay Survey 2015

7.15. Over the last year, have staff shortages occurred in your workplace?

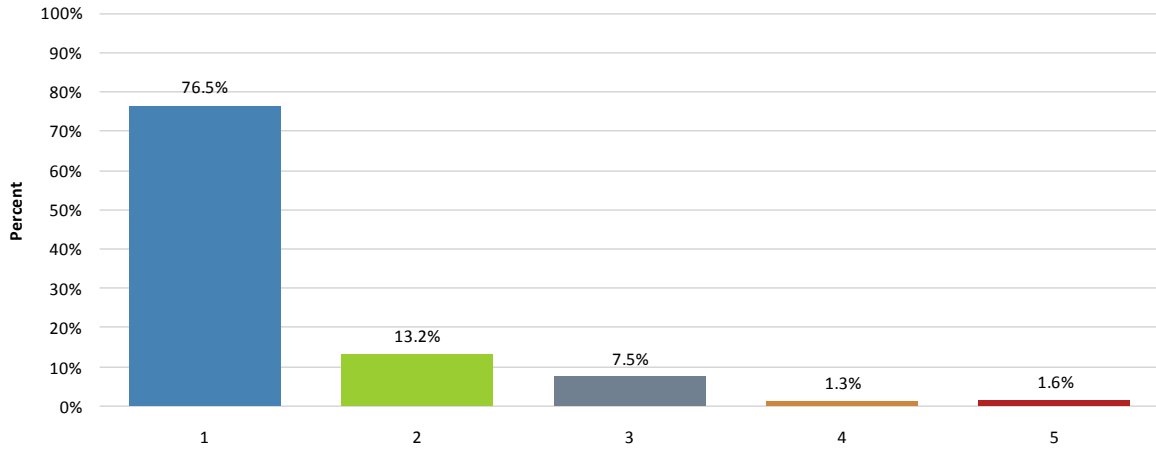
Paramedics



Answer Choices	Responses	Count
Frequently	81.67%	245
Sometimes	11.67%	35
Occasionally	4.00%	12
Never	0.67%	2
Not sure/don't know	2.00%	6
Total		300

Unite pay survey 2015

7.16. In the last 12 months, have staff shortages occurred in your working area/department:

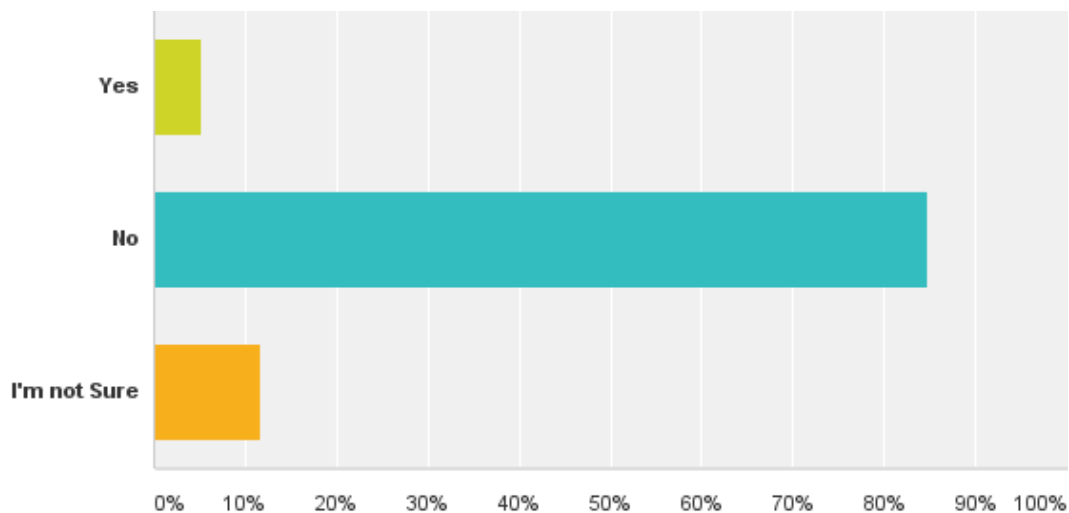


	Name
1	Frequently
2	Sometimes
3	Occasionally
4	Never
5	Not sure/do not know

UNISON Pay Survey 2015

7.17. Are there enough staff in your unit to do the work required?

Paramedics



Answer Choices	Responses	
Yes	5.32%	16
No	84.72%	255
I'm not Sure	11.63%	35
Total Respondents: 301		

UNISON Pay Survey 2015

7.18. Please look at the list below and tell us which are important to you, letting us know whether these have got better, stayed the same, or got worse over the last year (scale of 1 -5 where 1 is very important and 5 not at all):

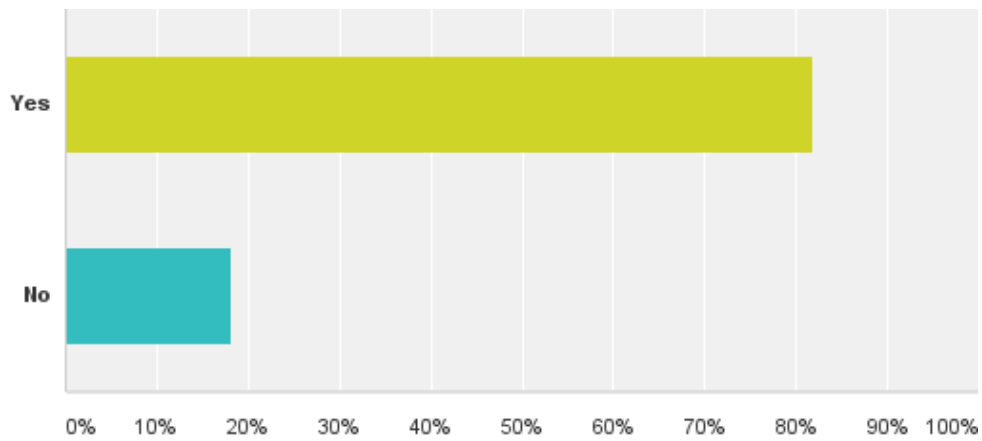
Paramedics

	1 (Very Important)	2	3	4	5 (Not Important)	Total	Weighted Average
Having hours that fit with my needs	59.47% 179	27.24% 82	9.30% 28	1.66% 5	2.33% 7	301	1.60
Having work that is varied	36.03% 107	34.01% 101	22.90% 68	4.38% 13	2.69% 8	297	2.04
Having opportunities for gaining knowledge and skills	59.67% 179	31.33% 94	7.33% 22	0.67% 2	1.00% 3	300	1.52
Having opportunities for promotion	30.00% 90	34.33% 103	19.67% 59	6.33% 19	9.67% 29	300	2.31
Being able to make suggestions for improvements to the service	38.33% 115	38.33% 115	18.67% 56	2.67% 8	2.00% 6	300	1.92
Fair reward package (pay, pension, etc.)	83.00% 249	12.67% 38	3.33% 10	0.00% 0	1.00% 3	300	1.23
Having job security	72.33% 217	21.00% 63	5.33% 16	0.67% 2	0.67% 2	300	1.36
Enjoying my work	72.24% 216	24.08% 72	2.68% 8	0.33% 1	0.67% 2	299	1.33
Knowing my job makes a positive difference to people	71.00% 213	22.33% 67	4.67% 14	1.67% 5	0.33% 1	300	1.38
Working with people I like	46.31% 138	38.93% 116	11.74% 35	1.34% 4	1.68% 5	298	1.73

UNISON Stress Survey 2015

7.19. Have you ever thought about leaving the job?

All ambulance staff



Answer Choices	Responses
Yes	81.89% 2,438
No	18.11% 539
Total	2,977

8. Appendix 3 – NASPF responses

NASPF request for recruitment and retention information

Please supply the following information to enable the National Ambulance Strategic Partnership Forum (NASPF) to consider solutions to the recruitment and retention issues facing ambulance services. The group met recently to review some quantitative data and felt that some qualitative data would help to inform solutions. The following information is your organisation’s perspective on recruitment and retention issues.

Ambulance Service: East Midlands Ambulance Service NHS Trust

*delete as appropriate

Request	Response	Examples	Additional comments
Which roles are you currently having retention problems with?	Paramedic Emergency Care Practitioner	Competition from: <ul style="list-style-type: none"> • other Ambulance Trusts • private sector • Acute Trusts, • Urgent Care Centres 	
Are these retention problems Trust wide or contained to certain areas? Please give examples	Trust wide in line with national challenges and national shortage of Paramedics	Nothing further to add	
Which roles are you currently having recruitment problems with?	Paramedic	It remains a challenge to recruit the numbers required to cover attrition.	
Are these recruitment problems Trustwide or contained to certain areas? Please give examples	Trust wide, with some specific challenges in Leicestershire and Northamptonshire	Nothing further to add	

What local actions are you taking or planning to take? <i>i.e. Local Recruitment and Retention Premia (LRRP). Shift bonuses.</i>	External advertising. Working in partnership with increased numbers of HEIs. Media campaign. Local incentive scheme.		
What has been effective?	Building relationships with HEIs who aren't tied to a relationship with another Ambulance Trust		
Do you complete exit interviews and what is being listed as main reasons for staff leaving?	Yes A variety of reasons are cited including: better reward package, relocation, work life balance, career opportunities.		
What is your current workforce model? e.g. <i>Paramedics band 5</i> <i>Technicians band 4</i> <i>All staff on response cars /or/ only paramedic on cars = band 6 paramedics</i>	Team Leader B6 Clinical Team Mentor B6 Emergency Care Practitioner B6 Paramedics B5 Technicians B4 Emergency Care Assistants B3 Mostly ECPs/Paramedics on cars.		
Please include any further information you would like the group to consider			

Ambulance Service: South Central Ambulance NHS FT

Request	Response	Examples	Additional comments
Which roles are you currently having retention problems with?	Emergency Care Assistants (ECAs) Paramedics Ambulance Care Assistants (PTS)	<p>ECAs and Paramedics are leaving to take up appointments in other Trusts where they believe development and progression opportunities or work life balance will be better. Paramedics leaving for improved work life balance. In some instances for less pay particularly in Oxfordshire.</p> <p>Newly qualified UCAS Paramedics receive offers from multiple trusts – a competitive market place</p> <p>Universities located Oxford and Portsmouth – other areas of SCAS, e.g. Berkshire less attractive to new graduates.</p>	<p>Turnover ECAs: 19.51%</p> <p>Paramedics: 14.71%</p> <p>Based upon turnover for 2014/15</p>
Are these retention problems Trust wide or contained to certain areas? Please give examples	Trust wide, but particular hotspots in East Berkshire, High Wycombe and Oxfordshire. Other hot spots where other local employers have attractive offers, e.g. Portsmouth.		

Which roles are you currently having recruitment problems with?	Paramedics due to national shortage. ECA supply in Berkshire, Oxford and Bucks ACA (PTS)		
Are these recruitment problems Trust wide or contained to certain areas? Please give examples	ECA and ACA supply has become more challenging recently, specifically in Berks, Oxfordshire and Bucks – the higher cost areas of SCAS.		
What local actions are you taking or planning to take? <i>i.e. Local Recruitment and Retention Premia (LRRP). Shift bonuses.</i>	Recruitment incentives Relocation package Career pathways and development pathways International Recruitment Building relationships with e.g. MOD and RAF for potential resettlement opportunities (some limited success to date) Meal break policy being reviewed to improve work conditions Improved quality of appraisals through training Staff Engagement events with Line Managers	We have introduced new Student Paramedic development opportunities to existing and newly recruited staff to provide a pathway to Paramedic. We have introduced a new Band 6 role "Specialist Paramedic" and development pathway for Paramedic. Work is ongoing to develop a Band 4 role which will provide a clearer career pathway for ECAs aspiring to progress	
What has been effective?	International Recruitment,(but numbers small relative to		

	vacancies at this stage). Student Paramedic development (but longer term impact on retention) Specialist Paramedic (longer term)		
Do you complete exit interviews and what is being listed as main reasons for staff leaving?	Yes Work life balance Relocation and career progression.	Further improvement in quantity and quality in collection of exit data needed.	
What is your current workforce model? e.g. <i>Paramedics band 5</i> <i>Technicians band 4</i> <i>All staff on response cars /or/ only paramedic on cars = band 6 paramedics</i>	70% Clinical Band 5 and Band 4 30% Non Clinical Band 3 Non urgent tier – separate rota for HCP Band 4 and Band 3 Band 2 (ACA) Clinicians on response cars (Technicians Band 4 and Paramedics Band 5)		
Please include any further information you would like the group to consider	TV high cost area Local living wage indications are above the national average Early sight of move to BSC. Support for development of alternative routes to Paramedic Development of Assistant Practitioner role.		

Ambulance Service: East of England Ambulance

Request	Response	Examples	Additional comments																
Which roles are you currently having retention problems with?	Paramedics																		
Are these retention problems Trust wide or contained to certain areas? Please give examples	Our most pressing area of concern is for Hertfordshire	<table border="1"> <thead> <tr> <th>County</th> <th>2014-15 Turnover % Paramedics inc Sups</th> </tr> </thead> <tbody> <tr> <td>Beds</td> <td>3.99</td> </tr> <tr> <td>Herts</td> <td>10.78</td> </tr> <tr> <td>Essex</td> <td>6.33</td> </tr> <tr> <td>Cambs</td> <td>9.06</td> </tr> <tr> <td>Norf</td> <td>4.26</td> </tr> <tr> <td>Suff</td> <td>7.35</td> </tr> <tr> <td>Total</td> <td>7.17</td> </tr> </tbody> </table>	County	2014-15 Turnover % Paramedics inc Sups	Beds	3.99	Herts	10.78	Essex	6.33	Cambs	9.06	Norf	4.26	Suff	7.35	Total	7.17	
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Total	7.17																		
Which roles are you currently having recruitment problems with?	Paramedic Technician Student Paramedic (some areas) Workshop Mechanics in Fleet Patient Liaison Assistant IT roles Procurement positions	IT roles – desktop / 1 st line roles	Our localities which struggle for Student Paramedic attraction are: Herts, West Essex, South Cambs, East Suffolk.																
Are these recruitment problems Trust wide or contained to certain areas? Please give examples	As above IT roles – Beds and Herts																		

<p>What local actions are you taking or planning to take? <i>i.e. Local Recruitment and Retention Premia (LRRP). Shift bonuses.</i></p>	<p>We pay R&R for the Workshop roles For difficult posts we support NHS Jobs recruitment with agency and/or paid advertising IT roles – recruiting temp workers from agency at same salary level as perm post. Then hoping they apply for post when advertised.</p>		<p>Our Workshops are based in Norwich and Barton Mills (Suffolk)</p>
<p>What has been effective?</p>	<p>R&R for Workshops have had limited effect. Agency usage for IT has made some improvements</p>		
<p>Do you complete exit interviews and what is being listed as main reasons for staff leaving?</p>	<p>Exit interview information is being improved</p>		
<p>What is your current workforce model? e.g. <i>Paramedics band 5 Technicians band 4</i> <i>All staff on response cars /or/ only paramedic on cars = band 6 paramedics</i></p>	<p>We have Senior Para (band 6) Senior tech (5) Student Paramedic (5, Annex U) IT roles – desktop technicians are Band 3 and band 4.</p>		

Please include any further information you would like the group to consider			
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Ambulance Service: South East Coast Ambulance Service NHS Foundation Trust

Request	Response	Examples	Additional comments
Which roles are you currently having retention problems with?	Paramedic Paramedic Practitioner Emergency Medical Advisor NHS111 Health Advisor	<p>Increasing examples of Paramedics and Paramedic Practitioners moving into A&E departments, minor injury units and GP practices. The labour market is changing and becoming increasingly competitive.</p> <p>Health Advisors work in a contact centre environment and due to the terms and nature of the work high turnover continues to be a challenge.</p> <p>The Trust also experiences high turnover in the 3 regional operations centres for Emergency Medical Advisors.</p>	
Are these retention problems	Staff turnover tends to be an	Paramedic	

Trustwide or contained to certain areas? Please give examples	issue for field operations, operations centres and NHS111.	Paramedic Practitioner Emergency Medical Advisor NHS111 Health Advisor	
Which roles are you currently having recruitment problems with?	The Trust continues to find securing an adequate supply of qualified graduate clinical talent a challenge, although does perform well nationally.	BSc graduate Paramedic/experienced Paramedics.	
Are these recruitment problems Trustwide or contained to certain areas? Please give examples	Trust wide. Although slightly more acute in the Kent locality.	Kent locality.	
What local actions are you taking or planning to take? <i>i.e. Local Recruitment and Retention Premia (LRRP). Shift bonuses.</i>	<p>The Trust maintains a good reputation as an employer of choice and works closely with partner universities and other education establishments nationally.</p> <p>Non-clinical roles continue to be popular and there is in most cases a plentiful supply of candidates, however retention is a concern.</p> <p>Overseas recruitment has been used for Paramedics to help support our core work in attracting UK based graduates.</p>	<p>University engagement and promoting the organisation as a quality employer of choice.</p> <p>Print and online media advertising for clinicians.</p>	

<p>What has been effective?</p>	<p>The Trust has a reputation for clinical development and specialist clinical roles and this assists with the attraction of qualified staff in a very competitive labour market.</p>	<p>Raising awareness of Paramedic Practitioner and Critical Care Paramedic career development.</p>	
<p>Do you complete exit interviews and what is being listed as main reasons for staff leaving?</p>	<p>Yes, Clinicians are often finding the working environments within other healthcare providers more attractive.</p>	<p>Little driving, comfortable working environment, often higher pay band for example 6 for Paramedics and often 7 for Practitioners.</p>	
<p>What is your current workforce model?</p> <p>e.g. <i>Paramedics band 5</i> <i>Technicians band 4</i></p> <p><i>All staff on response cars /or/ only paramedic on cars = band 6 paramedics</i></p>	<p>Emergency Care Support Worker (band 3). Associate Practitioner (band 4). Paramedic Practitioner (band 6). Critical Care Paramedic (band 6).</p> <p>Cars are usually used by Paramedics and Paramedic Practitioners. A combination of Paramedics, Paramedic Practitioners, Critical Care Paramedics and traditional Technicians and ECSW's work in Double Crewed Ambulances.</p>	<p>Dynamic deployment is used and this is an area of planned future development to ensure that specific clinical skills are more closely matched to individual patient need.</p>	

Please include any further information you would like the group to consider	The recruitment and retention of Paramedics and Paramedic Practitioners is a recognised risk to the organisation and is monitored by the Workforce Development Committee on behalf of the Trust board.		
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Ambulance Service: North East Ambulance

Request	Response	Examples	Additional comments
Which roles are you currently having retention problems with?	Qualified Paramedics Emergency Call Operators	Moving out of the Trust to non-shift or higher paid roles or retiring.	
Are these retention problems Trustwide or contained to certain areas? Please give examples	Trust wide		
Which roles are you currently having recruitment problems with?	Qualified Paramedics Patient Support Clinicians		Skill set, shortage occupation and uncertainty around Paramedic education going forward.
Are these recruitment problems Trustwide or contained to certain areas? Please give examples	Trust wide but particular bad in the South of the patch and rural areas.		
What local actions are you taking or planning to take? <i>i.e. Local Recruitment and</i>	Relocation, payment of C1 driving licence, payment of HCPC registration, develop		

<i>Retention Premia (LRRP). Shift bonuses.</i>	'home grown' courses, overseas recruitment, develop a bank		
What has been effective?	Too early to report on impact		
Do you complete exit interviews and what is being listed as main reasons for staff leaving?	Yes we do exit interviews. Work life balance – long hours, missed meal breaks. Late finishes Limited progression Retirement		
Is pay a factor in staff leaving?	Yes	Paramedics moving to 9-5 roles for more money i.e. disability assessors etc	
What is your current workforce model? e.g. <i>Paramedics band 5 Technicians band 4</i> <i>All staff on response cars /or/ only paramedic on cars = band 6 paramedics</i>	Advanced Practitioner – 7 Emergency Care Clinical manager -6 Paramedic- band 5 from mid point 19 Advanced Technicians from band 5 point 16- 19 Emergency Care Technicians – band 4 Emergency Care Assistants – band 2 and 3		

<p>Please supply information on the numbers of staff and who have left a full time contract and returned on a bank contract. Which roles are included in this?</p>	<p>11 recorded for Patient transport Emergency care bank is still being established.</p>		
<p>Please include any further information you would like the group to consider</p>			

Ambulance Service: Welsh Ambulance Services NHS Trust.

Request	Response	Examples	Additional comments
<p>Which roles are you currently having retention problems with?</p>	<p>Band 6 Nurses working within NHSDW which comes under the remit of WAST's Clinical Contact Centres.</p>	<p>Band 6 Triage nurse posts.</p>	<p>Band 6 Triage nurse role, very different from face to face patient contact.</p>
<p>Are these retention problems Trustwide or contained to certain areas? Please give examples</p>	<p>Pan Wales across 3 NHSDW sites.</p>	<p>North, Swansea, VPH</p>	
<p>Which roles are you currently having recruitment problems with?</p>	<p>Band 6 Triage nurse posts.</p>	<p>Currently have 10 WTE vacancies pan Wales.</p>	

Are these recruitment problems Trustwide or contained to certain areas? Please give examples	Trust Wide		
What local actions are you taking or planning to take? <i>i.e. Local Recruitment and Retention Premia (LRRP). Shift bonuses.</i>	Local recruitment drives. Currently advertising posts in North Wales.		
What has been effective?			
Do you complete exit interviews and what is being listed as main reasons for staff leaving?	Yes.	Relocation Career Progression Difference of triage nurse role to face to face contact with patient.	
Is pay a factor in staff leaving?	No, this doesn't appear to be a factor cited in pre exit interviews.		
What is your current workforce model? e.g. <i>Paramedics band 5 Technicians band 4</i> <i>All staff on response cars /or/ only paramedic on cars = band 6 paramedics</i>	Paramedics Band 5 Technicians Band 4 Urgent Care Staff Band 3 Only Paramedics Band 5 and Clinical Team Leaders Band 6 on RRV's.		

<p>Please supply information on the numbers of staff and who have left a full time contract and returned on a bank contract. Which roles are included in this?</p>	<p>In the last 12 months (29-JUL-14 to 28-JUL-15) 8 staff have returned to bank on the following roles:</p> <table border="1" data-bbox="667 408 1111 1077"> <tr> <td data-bbox="667 408 925 632">3 Paramedics</td> <td data-bbox="925 408 1111 520">1 APP to Para</td> </tr> <tr> <td></td> <td data-bbox="925 520 1111 632">2 Para to Para</td> </tr> <tr> <td data-bbox="667 632 925 743">1 EMT</td> <td data-bbox="925 632 1111 743">1 EMT to EMT</td> </tr> <tr> <td data-bbox="667 743 925 1077">4 PCS</td> <td data-bbox="925 743 1111 855">2 Para to PCS</td> </tr> <tr> <td></td> <td data-bbox="925 855 1111 967">1 EMT to PCS</td> </tr> <tr> <td></td> <td data-bbox="925 967 1111 1077">1 PCS to PCS</td> </tr> </table>	3 Paramedics	1 APP to Para		2 Para to Para	1 EMT	1 EMT to EMT	4 PCS	2 Para to PCS		1 EMT to PCS		1 PCS to PCS		
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<p>Please include any further information you would like the group to consider</p>															


Ambulance Service: YAS (Staff side submission)

Request	Response	Examples	Additional comments
Which roles are you currently having retention problems with?	Paramedic, paramedic practitioner and specialist paramedic are the roles where retention has become an issue, there are leavers in other roles but they are not showing the same spike.	Paramedics leaving to undertake new roles such as custody paramedics and work for the department of work and pensions	
Are these retention problems Trustwide or contained to certain areas? Please give examples	The problems are Trust wide		
Which roles are you currently having recruitment problems with?	The only role we are having recruitment issues in the paramedic roles	Currently have vacancies that cannot be filled and are considering overseas	
Are these recruitment problems Trustwide or contained to certain areas? Please give examples	The issues are Trust wide		
What local actions are you taking or planning to take? <i>i.e. Local Recruitment and Retention Premia (LRRP). Shift bonuses.</i>	No official local R&R has been formally discussed		
What has been effective?			
Do you complete exit interviews and what is being	Try to complete them		

listed as main reasons for staff leaving?			
What is your current workforce model? e.g. <i>Paramedics band 5</i> <i>Technicians band 4</i> <i>All staff on response cars /or/ only paramedic on cars = band 6 paramedics</i>	6&5 on cars Mix of 5&4 and 5&3 on DMA		
Please include any further information you would like the group to consider			

Ambulance Service: YAS Management submission)

Request	Response	Examples	Additional comments
Which roles are you currently having retention problems with?	Paramedics are an issue at the present time as we have seen an increase over the last couple of years of increase turnover. This together with our desire to change the skill mix in the organisation has resulted in us wishing to increase our Paramedic Qualified workforce.		Over the last year or so we have had to temper our ambitions to increase the paramedic workforce due to the national shortage and instead concentrate on increasing the skills of our unqualified band 3 and 4 tier by introducing an upskilled EMT 2 at band 5 and a EMT 1

			at band 4. to bridge the operational gap.
Are these retention problems Trustwide or contained to certain areas? Please give examples	Trust Wide although we do experience geographical recruitment issues , namely some of the inner cities.		
Which roles are you currently having recruitment problems with?	Predominately our qualified Ambulance Paramedics as there appears to be a national shortage so we have started to look further afield e.g Australia, Ireland, Europe.		
Are these recruitment problems Trustwide or contained to certain areas? Please give examples	Trust Wide		
What local actions are you taking or planning to take? <i>i.e. Local Recruitment and Retention Premia (LRRP). Shift bonuses.</i>	None at the present time, We are actively trying to recruit further afield than just the UK		
What has been effective?			
Do you complete exit interviews and what is being listed as main reasons for staff leaving?	Yes we conduct exit interviews When we have carried out some analysis from the exit interviews on why Paramedic qualified staff are leaving we have identified Low Morale, Career Progression, Training and development,	 Exit Interview Survey for all Parame	

	Management style and Support as issues that the Trust needs to look at and address.		
Is pay a factor in staff leaving?	Of the Paramedics that completed the exit interview 19% identified pay as a contributing factor. Things that appear to have a greater impact are working hrs, workload, low morale, Management style and support		
What is your current workforce model? e.g. <i>Paramedics band 5</i> <i>Technicians band 4</i> <i>All staff on response cars /or/ only paramedic on cars = band 6 paramedics</i>	ECP's and UCP,s at band 7 Paramedic Plus and Paramedic Practitioners at band 6 Paramedics at band 5 QATs at band 5 EMT 2 at band 5 EMT 1 at band 4 Assistant Practitioners at band 4 ECA at band 3 Urgent Care support worker at band 3		
Please supply information on the numbers of staff and who have left a full time contract and returned on a bank contract. Which roles are included in this?	Of the 131 staff who left and returned to the Trust from Jan 14 to July 15. 67 returned on a bank contract, 30 of which came back as Paramedics and 9 came back as ECA's. The other staff that came back into bank contracts are scattered amongst		

	other post like 111 Call handlers, PTS Ambulance staff etc		
Please include any further information you would like the group to consider	None		

Ambulance Service: North West Ambulance Service

Request	Response	Examples	Additional comments
Which roles are you currently having retention problems with?	Paramedic roles PTS Care Assistants		Paramedic roles: turnover has increased consistently over the last three years. Analysis of this suggests that underlying turnover (retirements, capability, dismissals etc) remains relatively stable and the increase has been seen in voluntary resignations. Indications are that many of these are linked with emerging job opportunities elsewhere in the public and private health

			sector and abroad. PTS: an increase in turnover has been seen in the last 6 months. This is however believed to be short term as the contracts are due for retender and the pattern of turnover is consistent with the last retender process.
Are these retention problems Trustwide or contained to certain areas? Please give examples	They are Trustwide in line with the national shortage of paramedics.	There are some slight variations in turnover between areas but not statistically significant.	
Which roles are you currently having recruitment problems with?	Paramedics Assistant Operational Managers (Band 6)	It remains a problem to recruit sufficient candidates to meet requirements. We have a dual supervisory structure both of which are recruited from Paramedics. The AOM position is a general management post and this is not as attractive to qualified paramedics as the clinical leadership structure.	As a Trust we have a strong commissioning framework agreed with HENW. Now however this is not sufficient to meet turnover and is insufficient to meet the growth requirements.

<p>Are these recruitment problems Trustwide or contained to certain areas? Please give examples</p>	<p>They are Trust wide, although there are geographic pockets which are more problematic.</p>	<p>We have particular challenges in the following areas:</p> <ul style="list-style-type: none"> • Cumbria – especially West Cumbria. Difficulties in attracting candidates • Central Manchester – this area has had higher investment and we have high internal transfers out of this area. Attraction is not necessarily a problem. 	
<p>What local actions are you taking or planning to take? <i>i.e. Local Recruitment and Retention Premia (LRRP), Shift bonuses.</i></p>	<p>Engagement with HENW to increase future commissions. Development of internal progression routes for our EMT1 staff. Targeted relocation for West Cumbria. Media campaign for Band 6 recruitment International recruitment targeted on Greater Manchester. Incentive packages for local students. Building relationships with the army for potential resettlement. Direct bank recruitment.</p>		

What has been effective?	Working closely with HENW to develop internal pathways for progression continues to be the most effective long term solution.		Other development are in the early stage and we are evaluating effectiveness as we progress.
Do you complete exit interviews and what is being listed as main reasons for staff leaving?	We are currently reviewing our exit interview approach because it has been very inconsistent.	The data we do have indicates that staff who are voluntarily resigning are doing so either to progress to other roles or citing work life balance issues.	
Is pay a factor in staff leaving?	Not an obvious factor		There is some limited evidence that the options for day working in community and private sector settings is attractive to some.
What is your current workforce model? e.g. <i>Paramedics band 5</i> <i>Technicians band 4</i> <i>All staff on response cars /or/ only paramedic on cars = band 6 paramedics</i>	Emergency workforce: Urgent Care Assistant (Band 3) Emergency Medical Technician 1 (band 4) Emergency Medical Technician 2 (band 5 – closed grade) Paramedic (band 5) Senior Paramedic (band 6) Assistant Operations Manager (band 6) Advanced Paramedic (Band 7) Consultant Paramedic (Band 8a) Additional roles attracting	Band 3 Urgent Care Staff work together on a vehicle transporting patients who have already been triaged via the Urgent Care Desk or through face to face assessment. Both of our band 6 roles have a supervisory function either with a clinical or general management focus. Band 5 paramedics work solo on a car or alongside an EMT1/2.	

	<p>Paramedics: Urgent Care desk clinical advisors (bands 5-7) 111 Clinical Advisers (Bands 5-6) Community Paramedics (pilot at Band 7)</p>		
<p>Please supply information on the numbers of staff and who have left a full time contract and returned on a bank contract. Which roles are included in this?</p>	<p>26 in total. 10 age related and the remainder linked with resignations.</p>		
<p>Please include any further information you would like the group to consider</p>			

Ambulance Service: South Western Ambulance Service NHS Foundation Trust

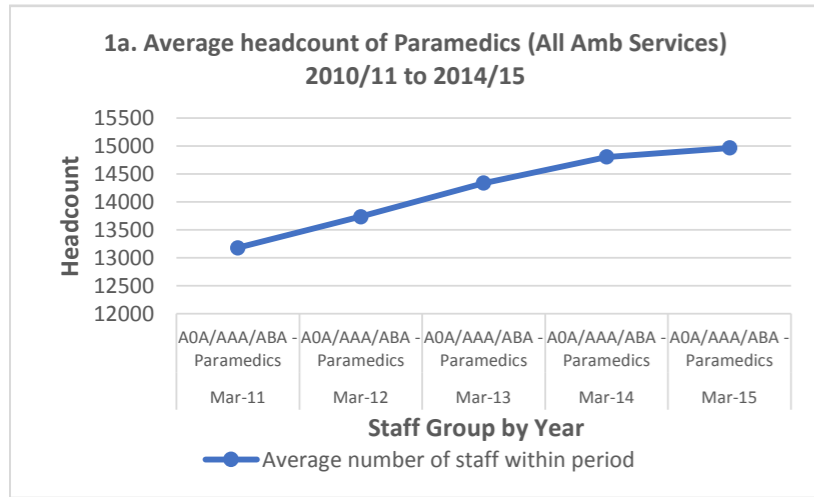
Request	Response	Examples	Additional comments
<p>Which roles are you currently having retention problems with?</p>	<p>Paramedic and Specialist Paramedic for emergency and urgent care services Advanced nurse practitioners for</p>		

	urgent care services																										
Are these retention problems Trustwide or contained to certain areas? Please give examples	We have seen an increase in leavers in all areas of the Trust in the past few years but significantly this is within our North division (Avon, Gloucestershire and Wiltshire)	<table border="1"> <thead> <tr> <th></th> <th>2010-11</th> <th>2011-12</th> <th>2012-13</th> <th>2013-14</th> <th>2014-15</th> </tr> </thead> <tbody> <tr> <td>East</td> <td>39</td> <td>26</td> <td>37</td> <td>50</td> <td>56</td> </tr> <tr> <td>West</td> <td>31</td> <td>33</td> <td>39</td> <td>59</td> <td>61</td> </tr> <tr> <td>North</td> <td>41</td> <td>43</td> <td>50</td> <td>87</td> <td>123</td> </tr> </tbody> </table>		2010-11	2011-12	2012-13	2013-14	2014-15	East	39	26	37	50	56	West	31	33	39	59	61	North	41	43	50	87	123	
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Which roles are you currently having recruitment problems with?	Paramedic and Specialist Paramedic																										
Are these recruitment problems Trustwide or contained to certain areas? Please give examples	The number of staff recruited over the past few years has increased but due to the high turnover in North division the gap has not been able to be closed	<table border="1"> <thead> <tr> <th></th> <th>2010-11</th> <th>2011-12</th> <th>2012-13</th> <th>2013-14</th> <th>2014-15</th> </tr> </thead> <tbody> <tr> <td>East</td> <td>41</td> <td>46</td> <td>38</td> <td>50</td> <td>51</td> </tr> <tr> <td>West</td> <td>19</td> <td>39</td> <td>44</td> <td>50</td> <td>53</td> </tr> <tr> <td>North</td> <td>76</td> <td>61</td> <td>54</td> <td>119</td> <td>116</td> </tr> </tbody> </table>		2010-11	2011-12	2012-13	2013-14	2014-15	East	41	46	38	50	51	West	19	39	44	50	53	North	76	61	54	119	116	
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What local actions are you taking or planning to take? <i>i.e. Local Recruitment and Retention Premia (LRRP). Shift bonuses.</i>	Golden Hellos and Relocation packages, incentivised in the North division Internal relocation process has been actioned to incentivise East/West staff to take vacancies in the North division																										
What has been effective?	Poor take up of golden hellos and relocation programmes – less than 5. Candidates and employees have fixed ideas																										

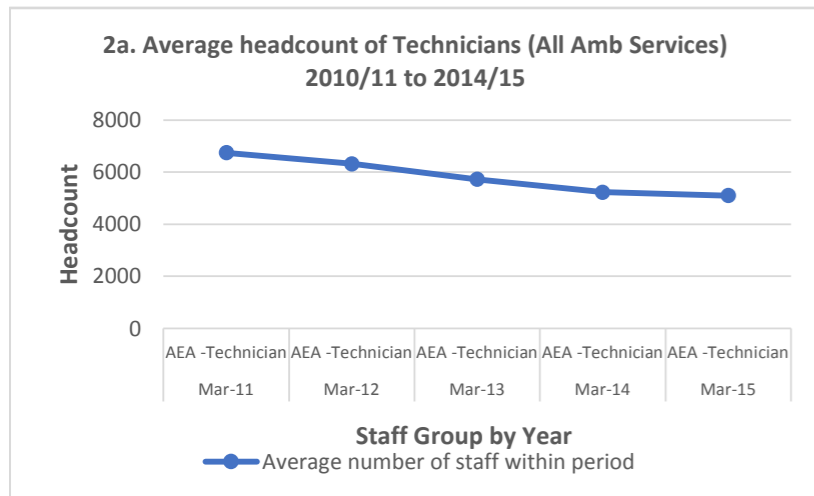
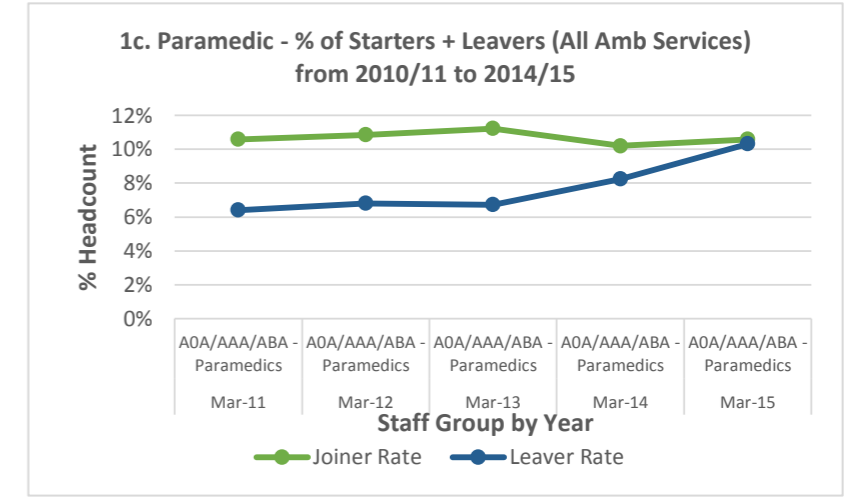
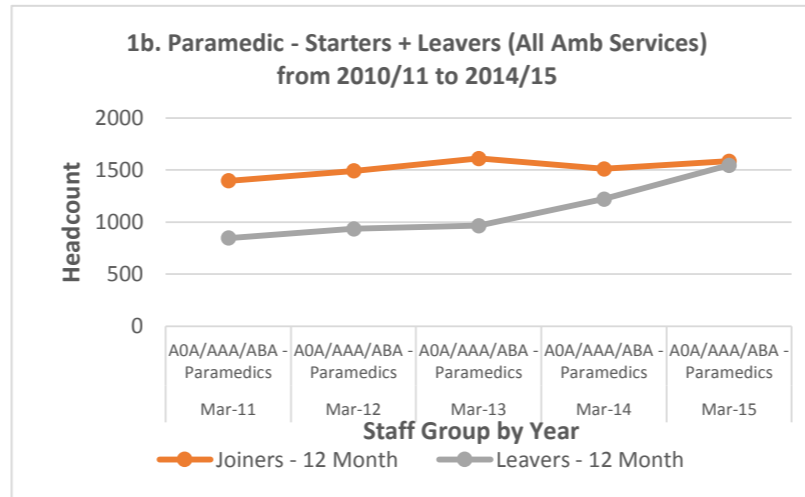
	about where they wish to live and work		
Do you complete exit interviews and what is being listed as main reasons for staff leaving?	<p>Exit interviews are undertaken by our Executive team</p> <ul style="list-style-type: none"> - Shift work - Demand - Lack of 'emergency' work. Cases seen are urgent and important but not emergency per se, eg; falls of elderly and this failing to be 'exciting' - Inability to get breaks and annual leave - Other clinical work offering more money with no shifts - Relocation and personal reasons 		
Is pay a factor in staff leaving?	Pay has contributed to some of the staff who have left the organisation but this is not the only reason in isolation		
What is your current workforce model? e.g. <i>Paramedics band 5</i> <i>Technicians band 4</i>	<p>Operations Officers – Band 6 Paramedics – Band 5 Advanced Technician and Ambulance Practitioner who act as lead clinicians – Band 5 ECA/Student Paramedic – Band 3</p>		

<p><i>All staff on response cars /or/ only paramedic on cars = band 6 paramedics</i></p>	<p>Staff are deployed on DCA'a and/or RRV's depending on geographic need</p>																
<p>Please supply information on the numbers of staff and who have left a full time contract and returned on a bank contract. Which roles are included in this?</p>	<table border="1"> <tr> <td>ECA / Student Paramedic</td> <td>26</td> </tr> <tr> <td>AP / Advanced Technician</td> <td>6</td> </tr> <tr> <td>Paramedic</td> <td>46</td> </tr> <tr> <td>Operations Officer</td> <td>2</td> </tr> <tr> <td>Specialist Paramedic</td> <td>12</td> </tr> <tr> <td>CTL Specialist Paramedic</td> <td>2</td> </tr> <tr> <td>Total</td> <td>94</td> </tr> </table>	ECA / Student Paramedic	26	AP / Advanced Technician	6	Paramedic	46	Operations Officer	2	Specialist Paramedic	12	CTL Specialist Paramedic	2	Total	94		
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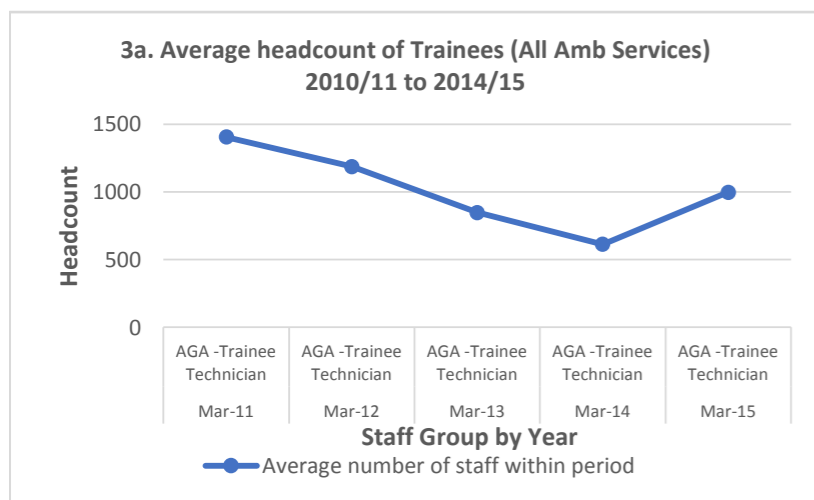
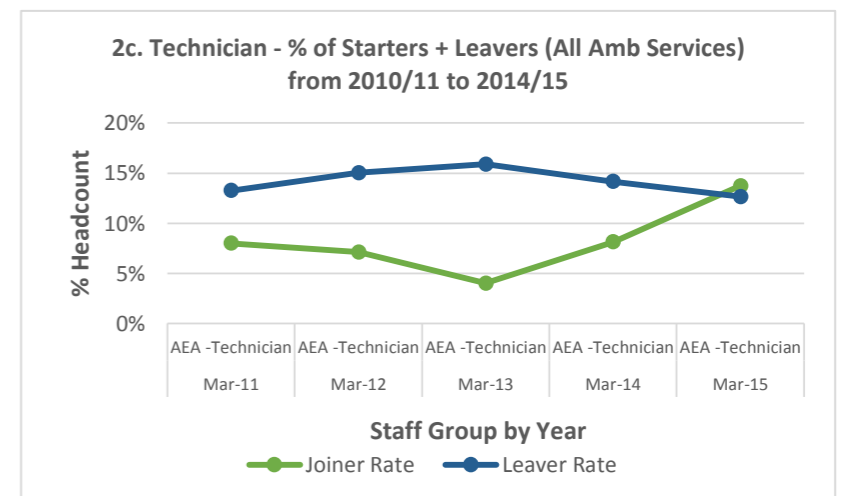
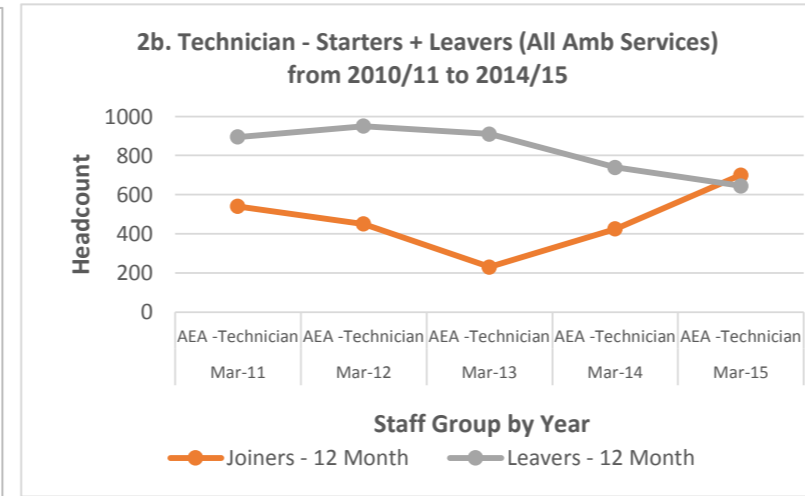
9. Appendix 4 – iView Data and analysis



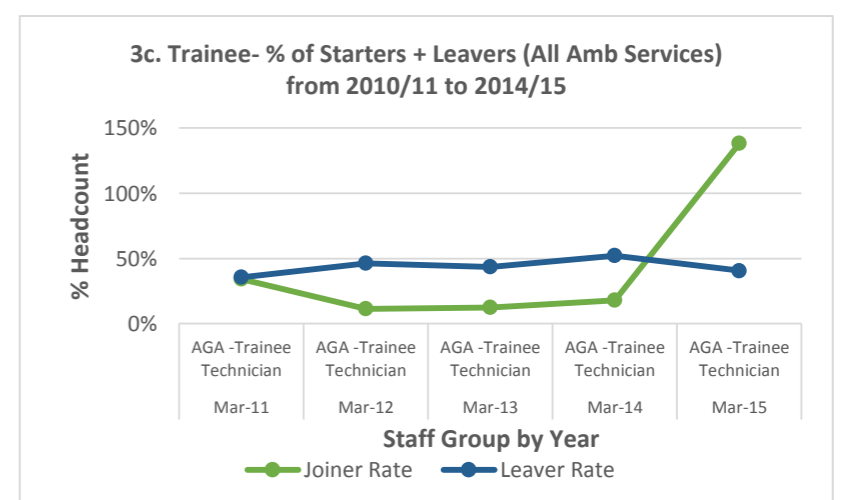
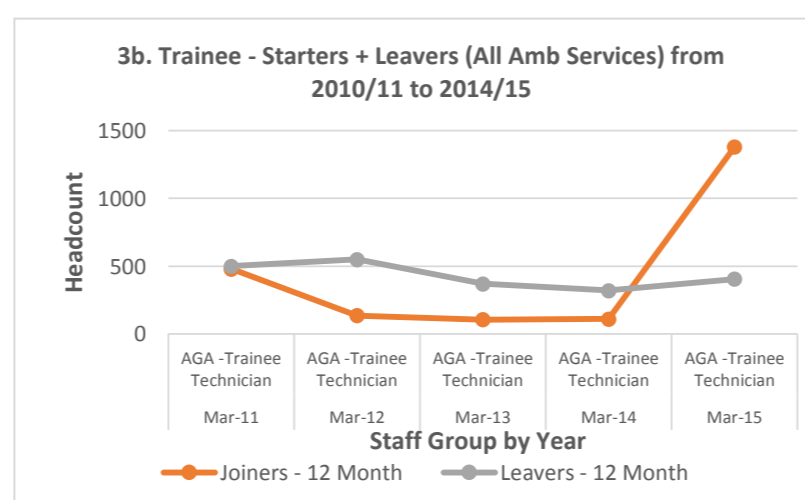
Includes staff coded as Ambulance Manager (AOA), Emergency Care Practitioner (AAA) and Paramedic (ABA)

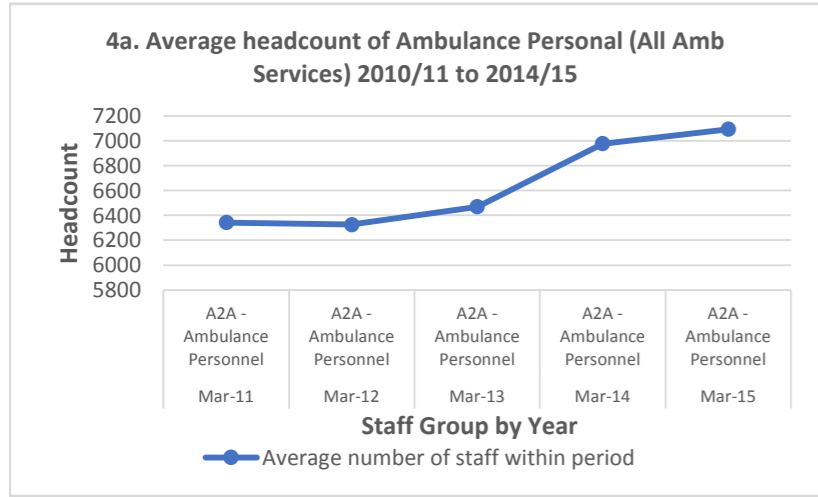


Includes staff coded as Ambulance Technician (AEA) staff who need to have completed IHCD Ambulance Technician award (or equivalent) training

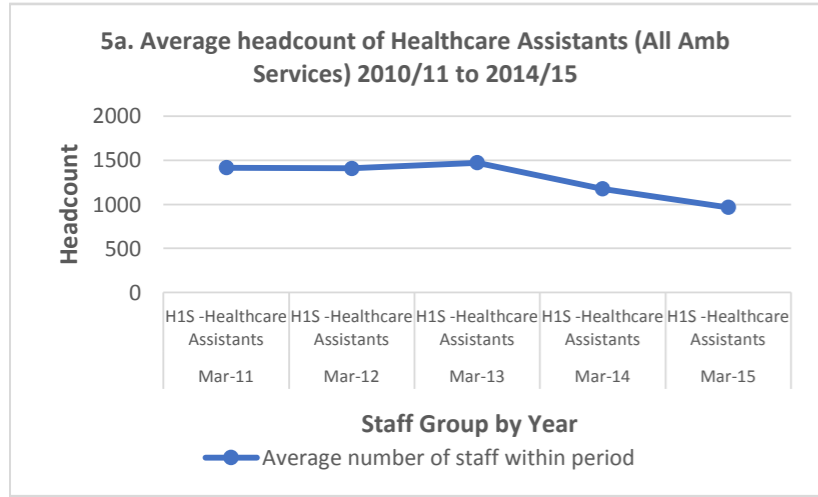
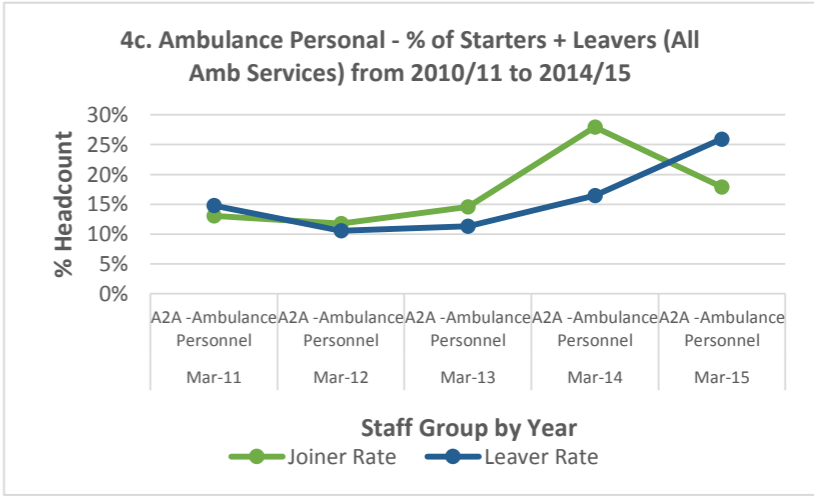
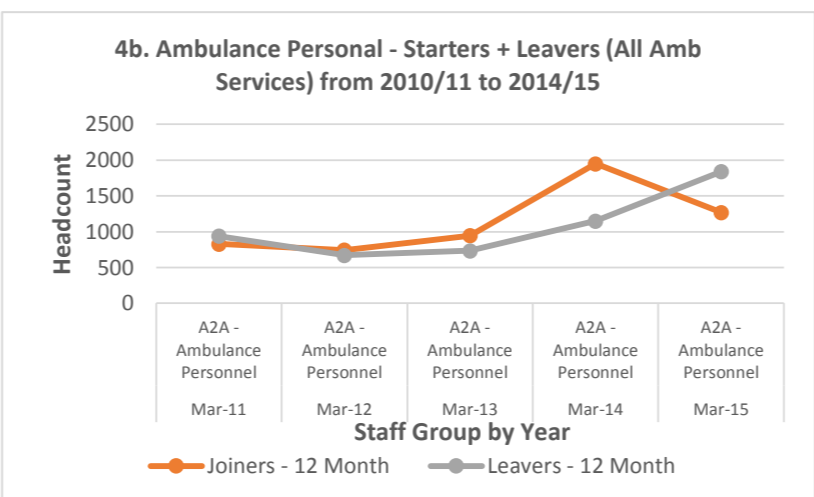


Includes staff who are training towards completion of an IHCD (or equivalent) award (AGA)

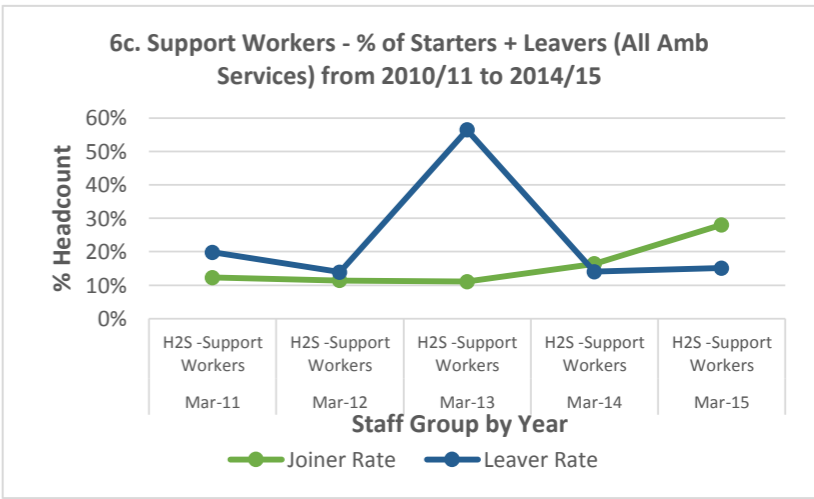
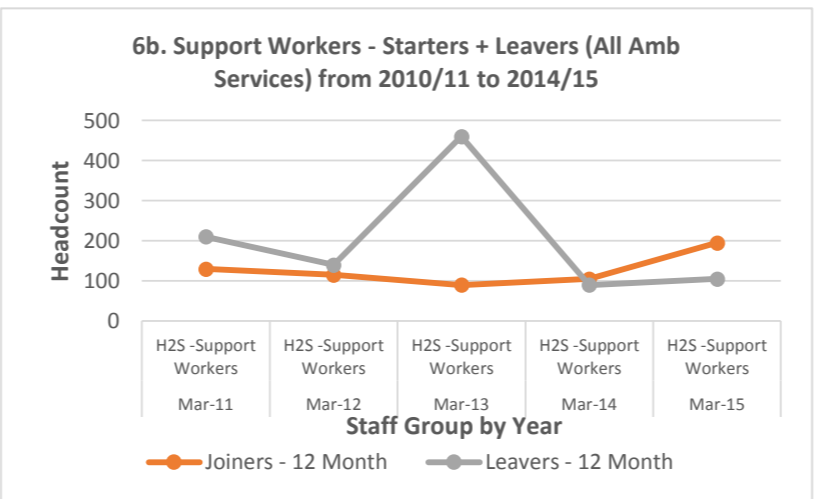
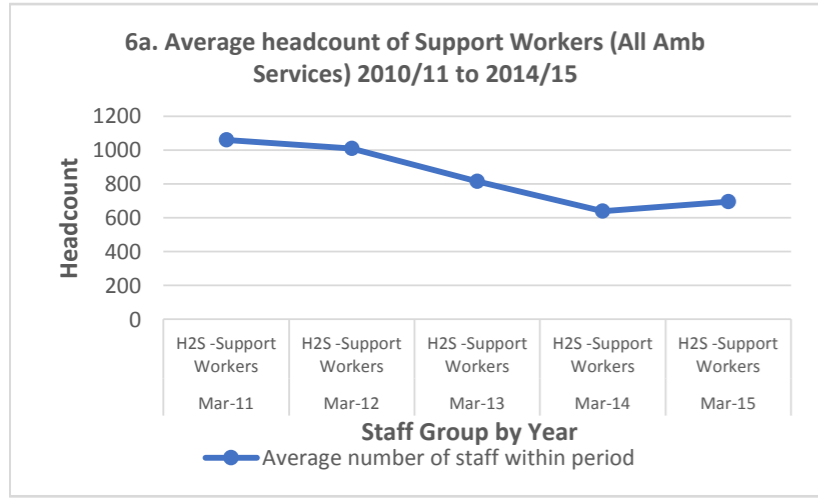
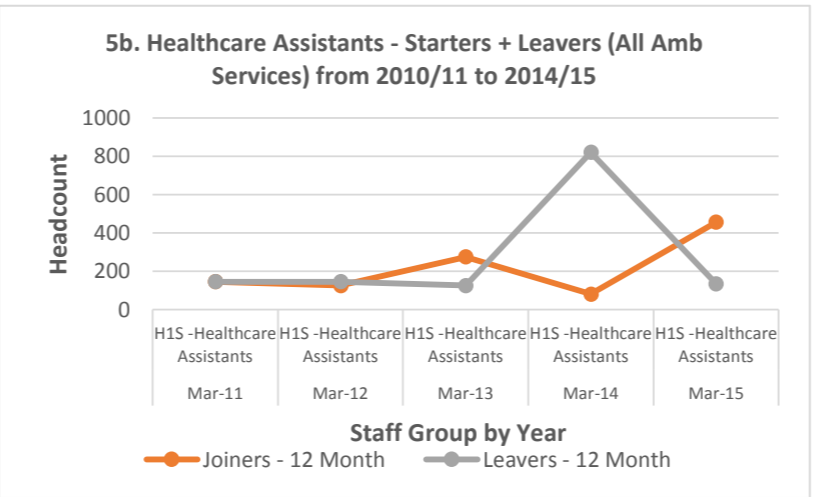


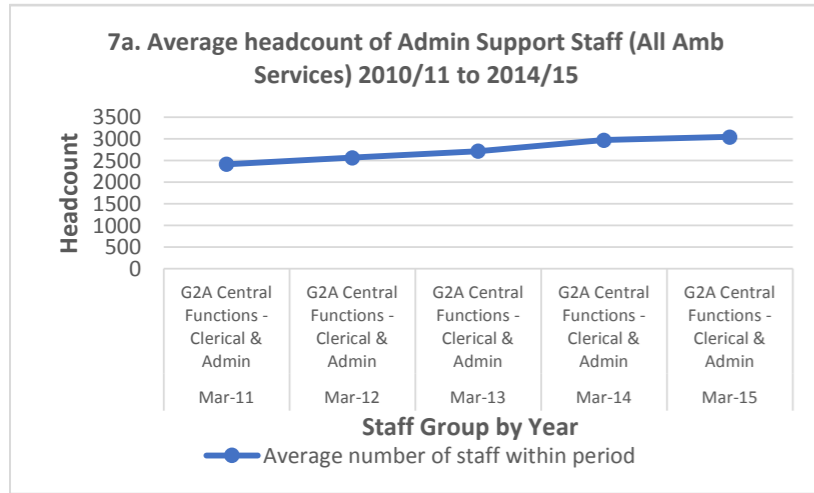


Includes all non acute patient transfer staff who are not trained to IHCD (or equivalent) standard. Includes Emergency Care Assistants, Patient Transfer Staff (PTS). Analysis of the iView data shows a number of job roles recorded under this occ code, predominately PTS, ECA, HCA and HCSW. A breakdown of these are in the charts

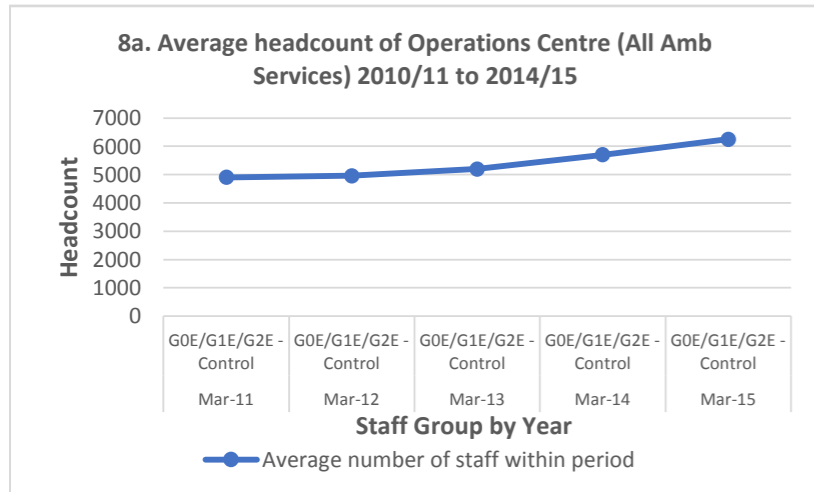
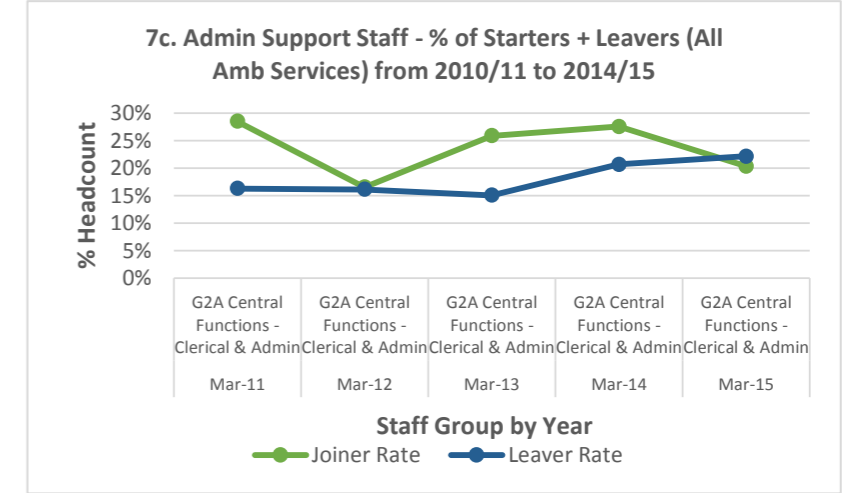
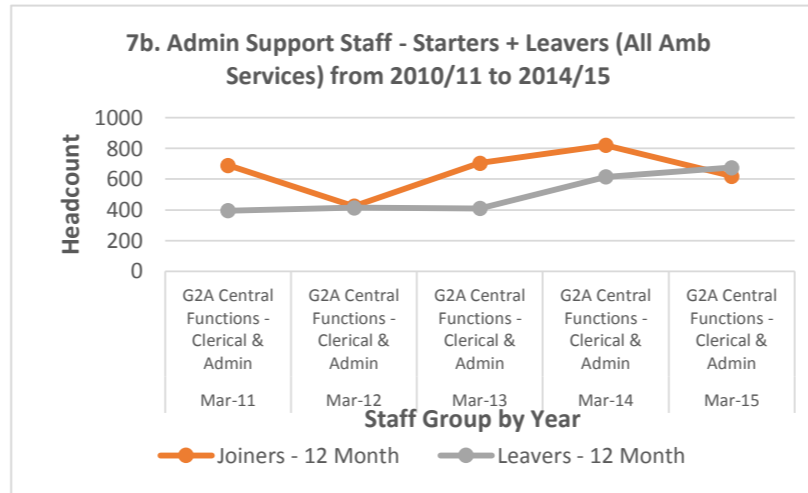


includes healthcare assistants and support workers if they are part of specific clinical teams, or working in a specific patient care area (H15). HCAs and support workers who carry out duties crossing patient care areas should be coded to their prime area of work eg. PTS and ECAs are coded as (A2A) above. Support workers who work entirely outside of patient care areas are coded as (H2S)

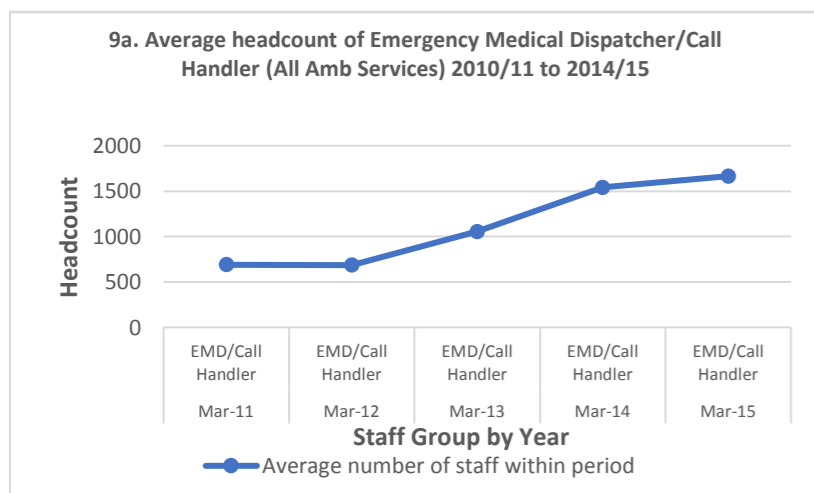
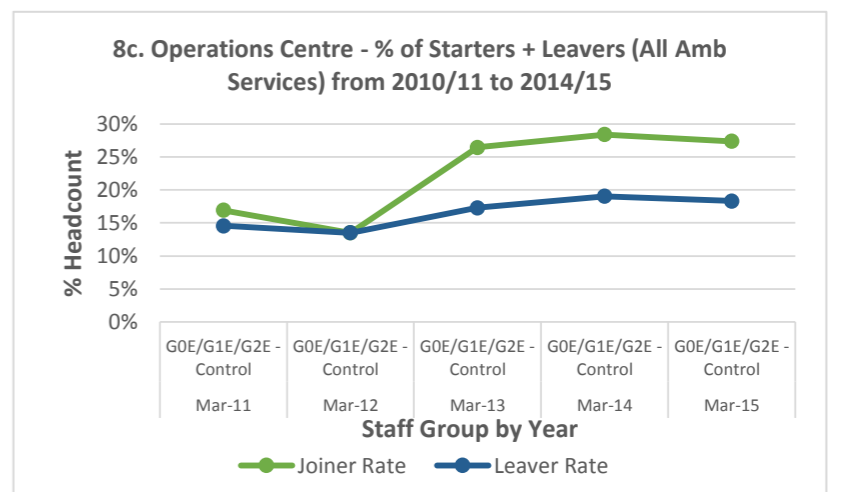
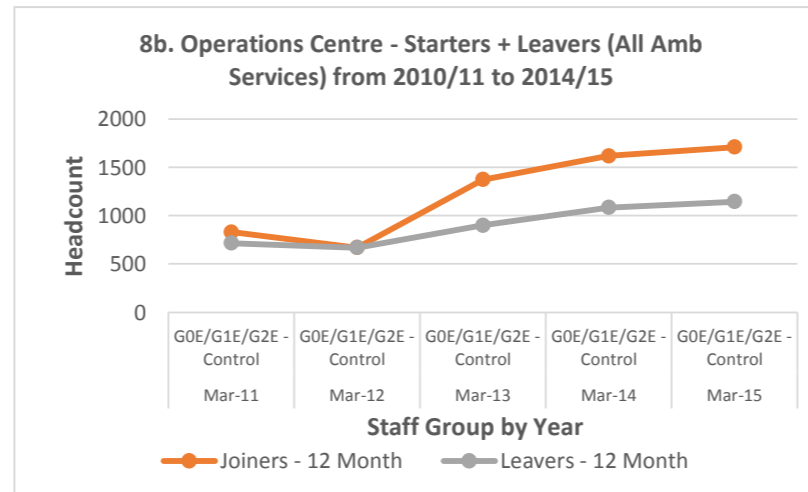




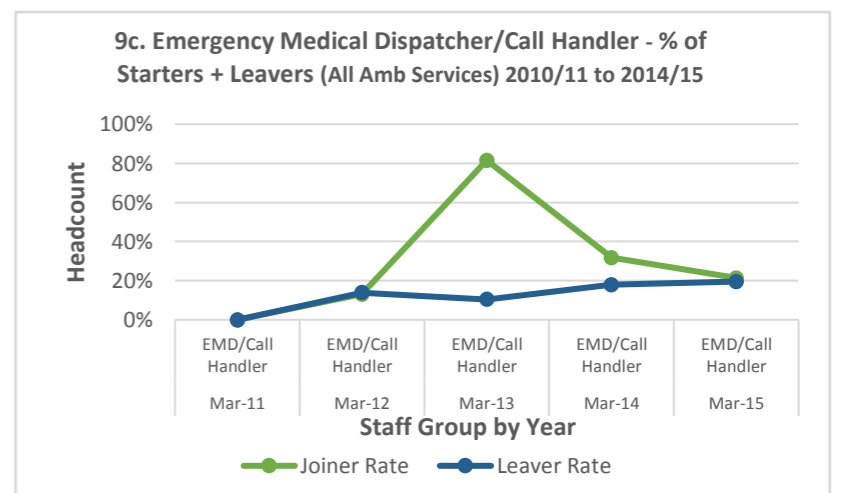
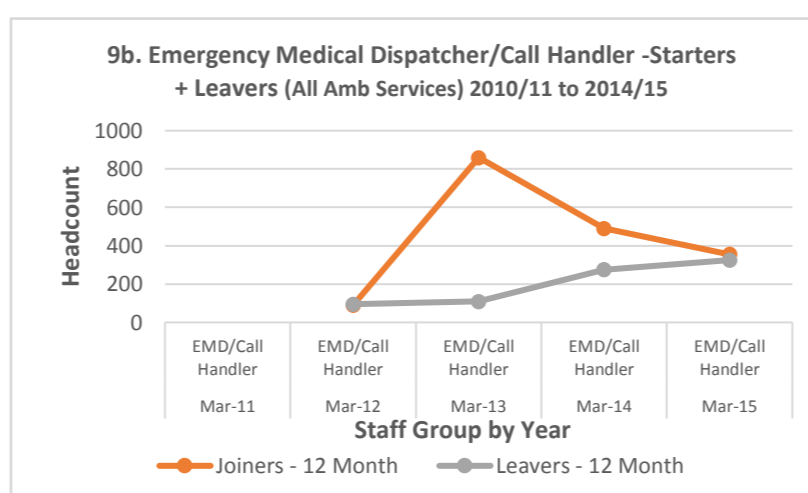
Includes staff who do not need to be clinically qualified. Staff who need to be clinically qualified to undertake their role should be coded in their relevant clinical area



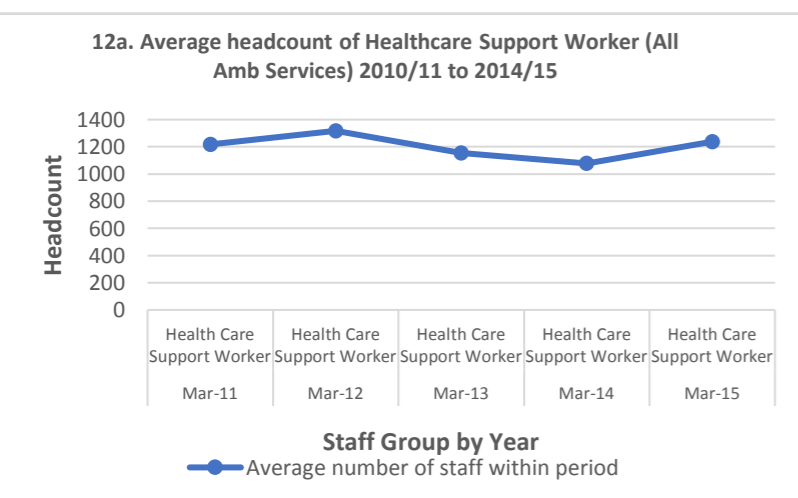
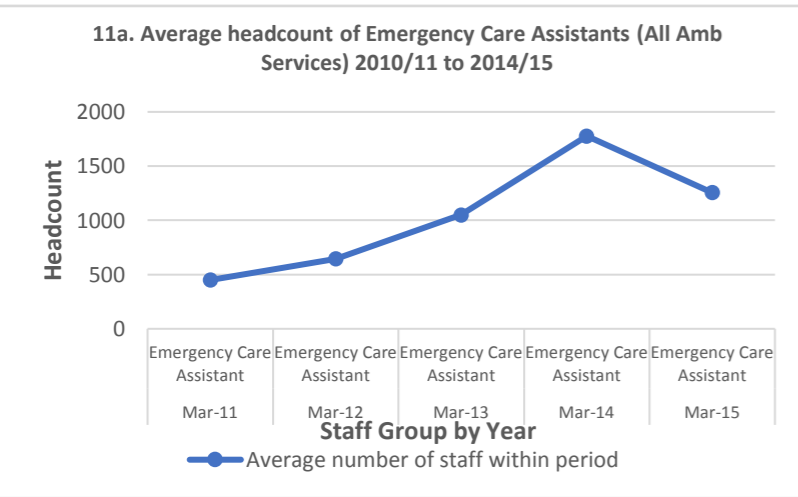
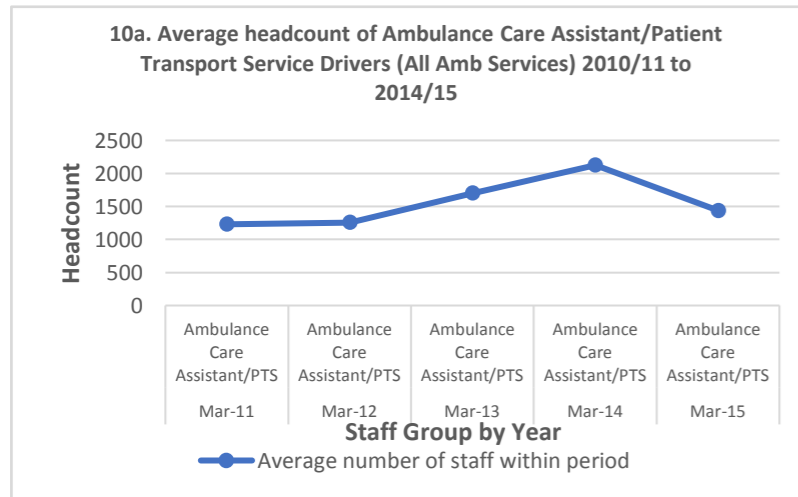
Includes ambulance staff in direct support of patient care staff (e.g. control assistants) G*E



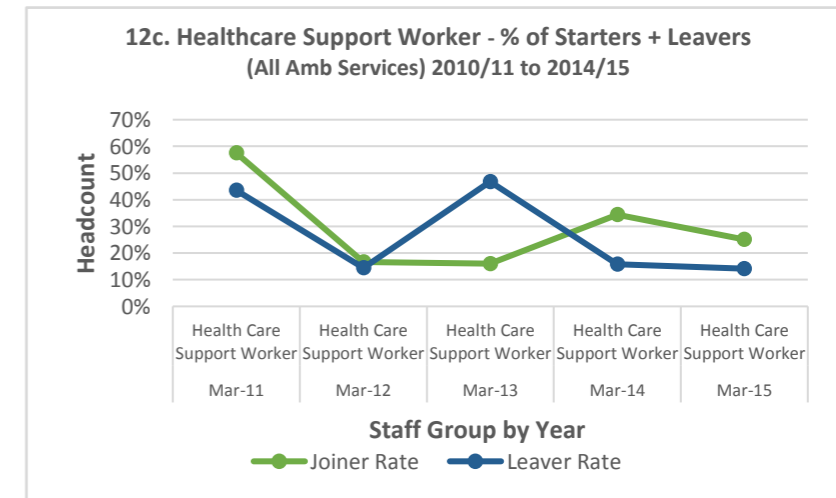
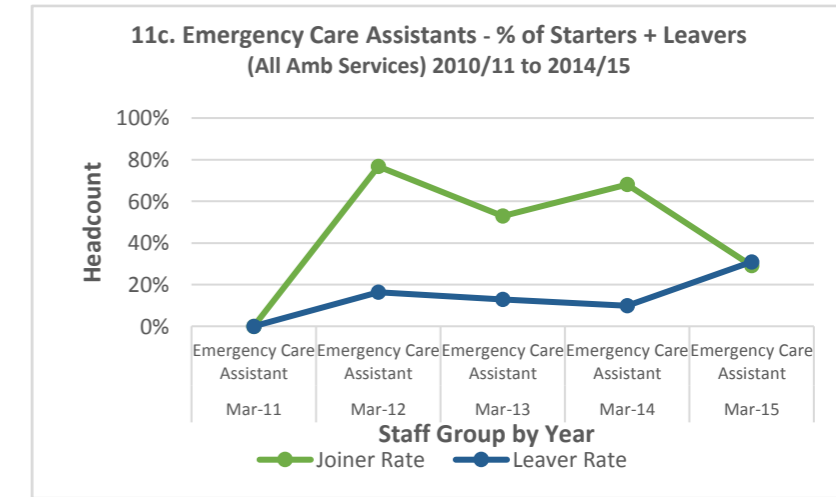
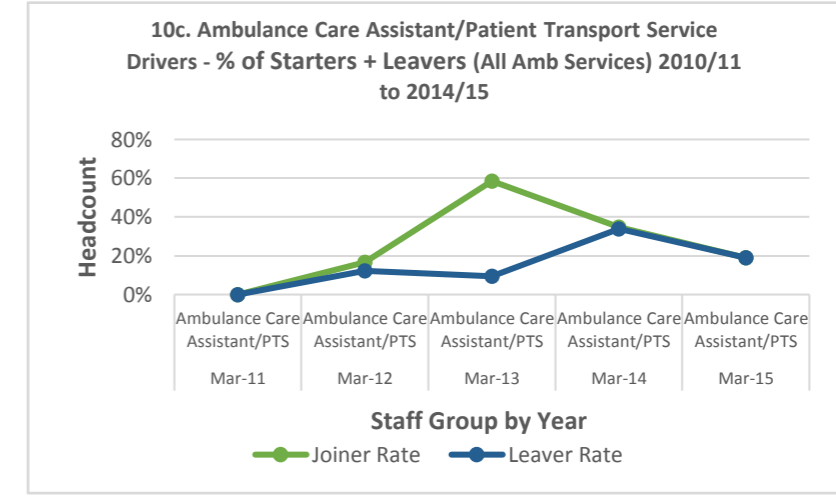
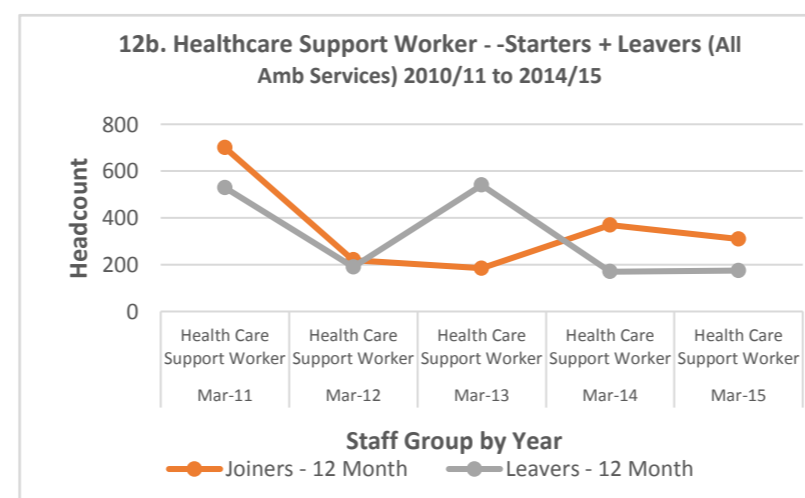
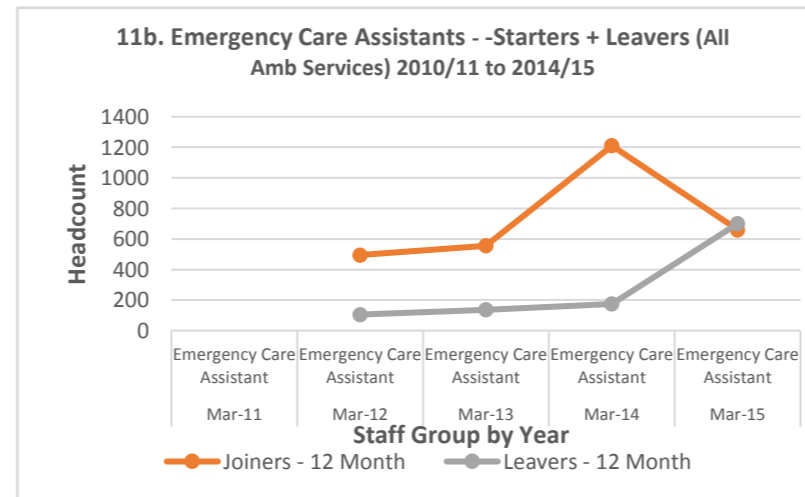
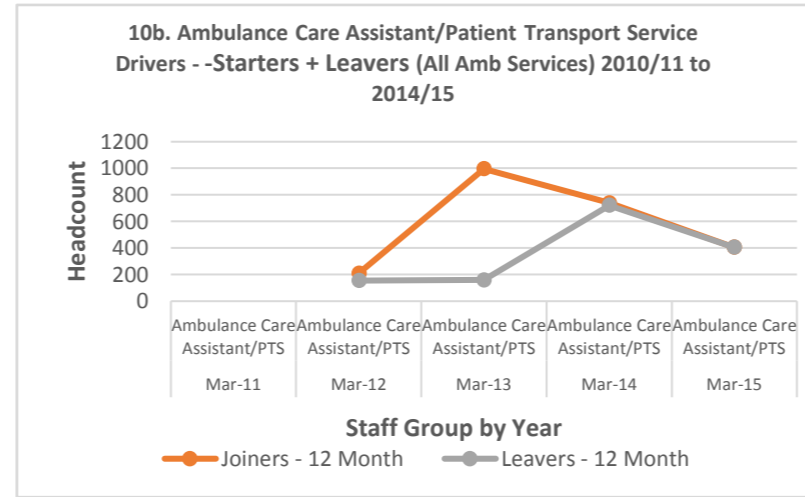
Occ codes G0E, G1E + G2E include control staff in EOC, PTS and 111. Using job role Emergency Medical Dispatcher/Call Handler introduced in 2010 drills down to Emergency



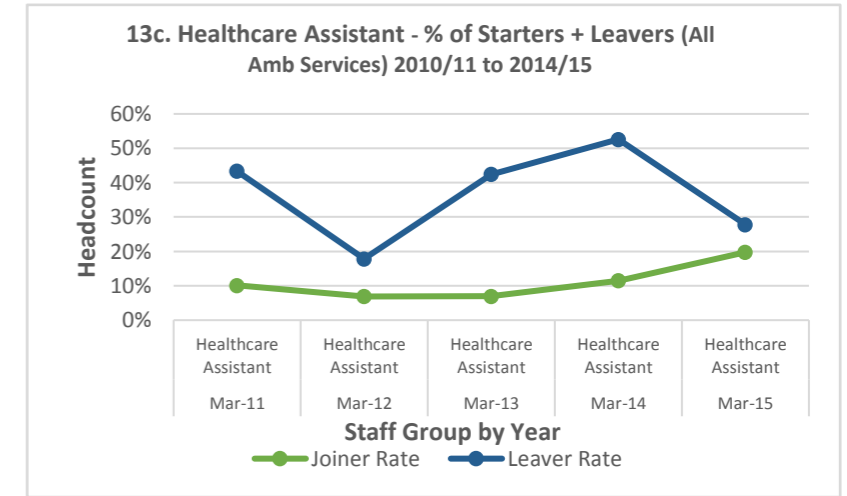
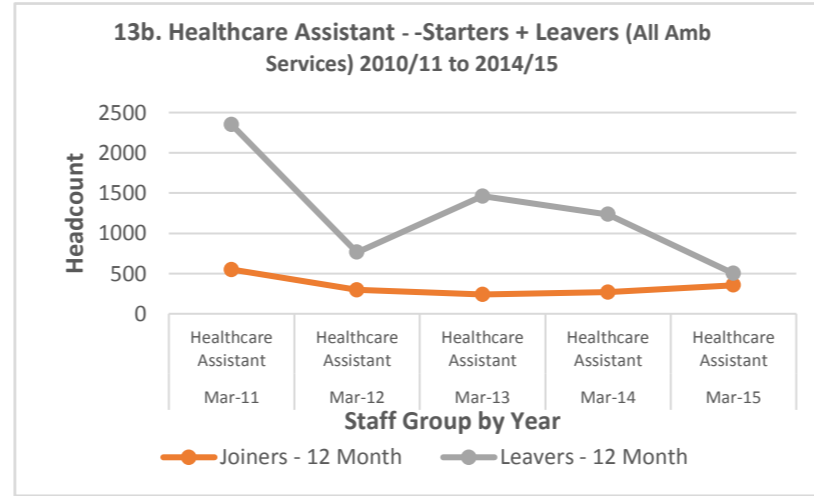
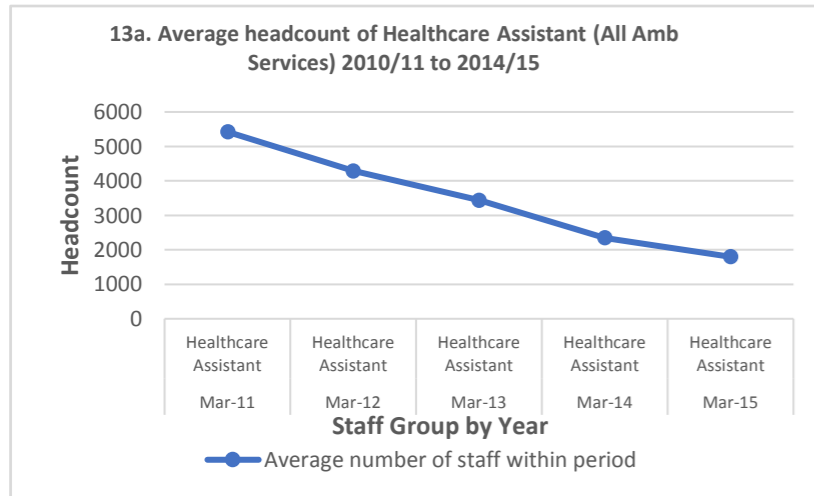
iView Turnover rates 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15 - Analysis Charts



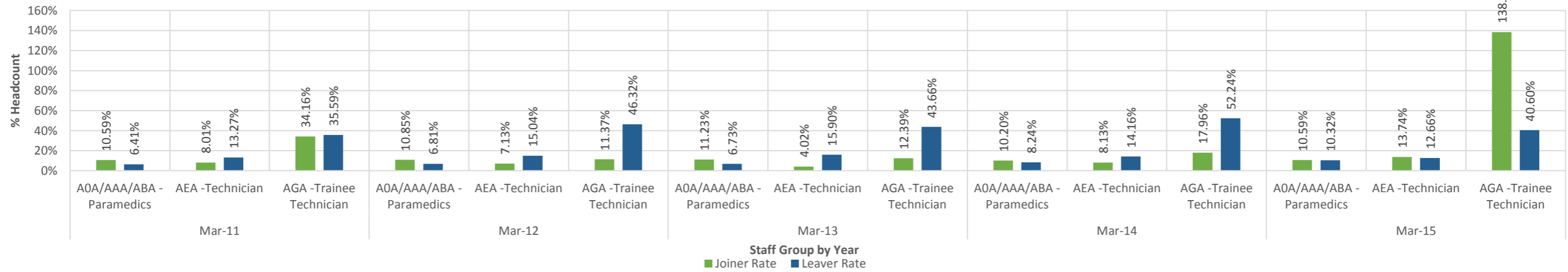
As noted above, analysis of the iView data shows a number of job roles recorded under the AZA occ code, predominately PTS, ECA, HCA and HCSW. These charts show the individual Job Roles. The PTS and ECA job roles were introduced during 2010.



iView Turnover rates 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15 - Analysis Charts



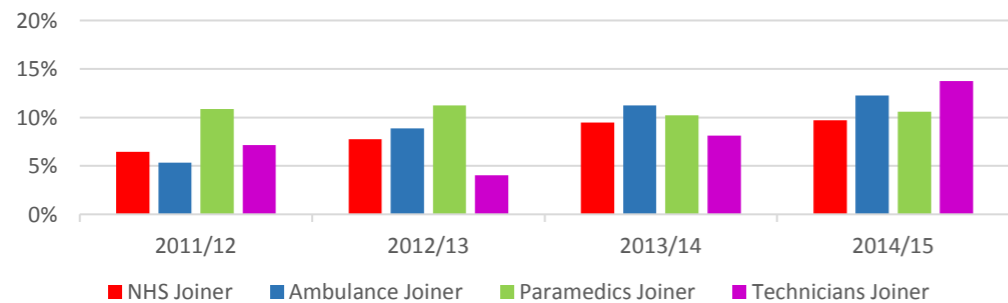
14. Clinical Staff - % of Starters + Leavers (All Amb Services) from 2010/11 to 2014/15



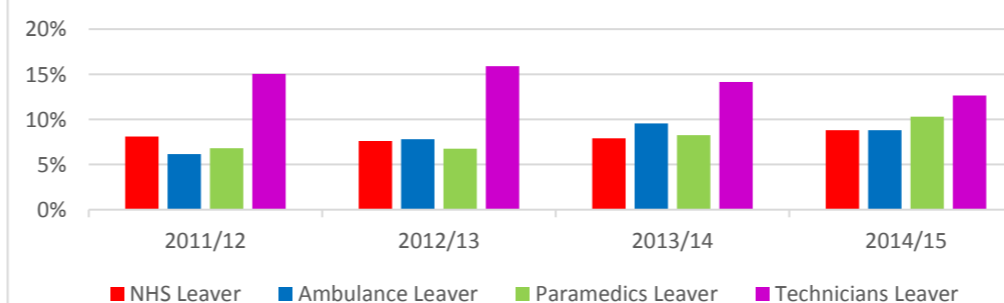
Workforce Turnover looks at staff at the end of the period. It then looks back at staff 12 months before the selected date and shows how many joiners or leavers there are to that group. A "Joiner" or "Leaver" may be someone who has joined or left an organisation or simply someone within the organisation whose situation has changed, based on the criteria selected. For example, an ABA Paramedic, a "Joiner" to an organisation could have joined that group from outside the organisation or by moving from an AEA Technician post within the same organisation. The chart shows AGA Trainee Technicians have high leaver rates, but they are also involved in career progression to AEA Technicians, who in turn progress to ABA Paramedics. A review of the staff in post within each staff group shows the this progression and growth in paramedic numbers and corresponding reduction in AEA and AGA numbers - see the charts on page 1

15a. Rate	Turnover Rates																
	NHS		Ambulance		Paramedics		Technicians		Trainees		ECAs		PTS		EMD/Call Handler		
	Joiner	Leaver	Joiner	Leaver	Joiner	Leaver	Joiner	Leaver	Joiner	Leaver	Joiner	Leaver	Joiner	Leaver	Joiner	Leaver	
12 months																	
2010/11	6.91%	7.48%	6.56%	5.80%	10.59%	6.41%	8.01%	13.27%	34.16%	35.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
2011/12	6.46%	8.11%	5.34%	6.16%	10.85%	6.81%	7.13%	15.04%	11.37%	46.32%	76.74%	16.28%	16.70%	12.33%	13.14%	13.87%	
2012/13	7.74%	7.61%	8.85%	7.79%	11.23%	6.73%	4.02%	15.90%	12.39%	43.66%	52.86%	12.86%	58.53%	9.41%	81.52%	10.43%	
2013/14	9.46%	7.89%	11.25%	9.53%	10.20%	8.24%	8.13%	14.16%	17.96%	52.24%	68.07%	9.85%	34.82%	33.88%	31.82%	17.86%	
2014/15	9.70%	8.82%	12.25%	8.80%	10.59%	10.32%	13.74%	12.66%	138.35%	40.60%	29.17%	30.94%	19.01%	19.01%	21.32%	19.52%	

15b. Joiner Rates 2011/12 to 2014/15
NHS, Ambulance Service + Clinical Staff



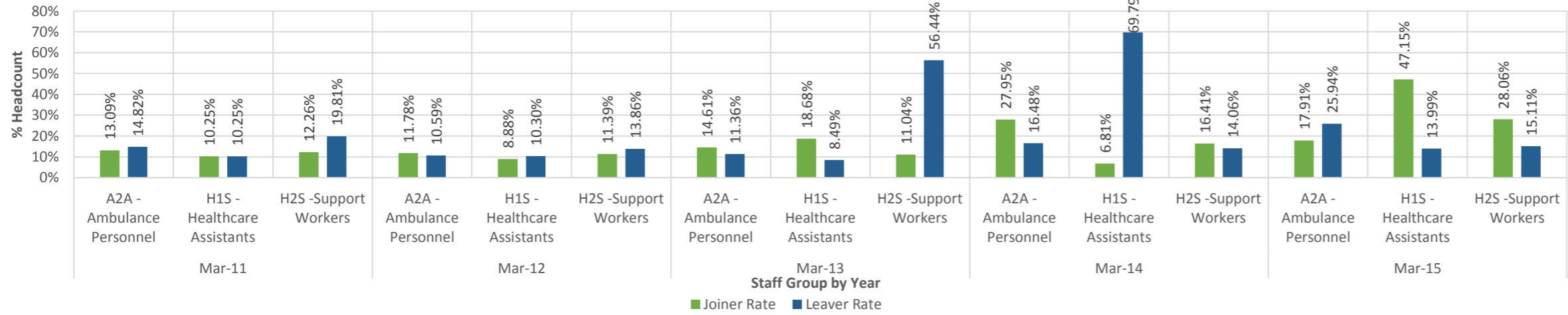
15c. Leaver Rates 2011/12 to 2014/15
NHS, Ambulance Service + Clinical Staff



The % of Paramedics joining is higher each year than joining the NHS, whilst the % of leavers is lower in each year up to 2013/14. As previously noted some movement from technicians can be attributed to career progression to the next staff group.

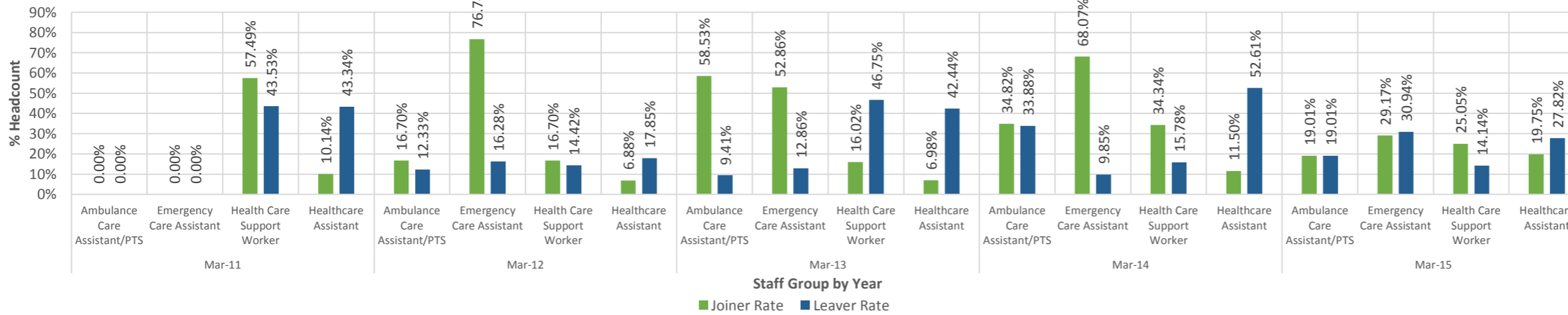
iView Turnover rates 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15 - Analysis Charts

16a. Support to Clinical Staff - % of Starters + Leavers (All Amb Services) from 2010/11 to 2014/15



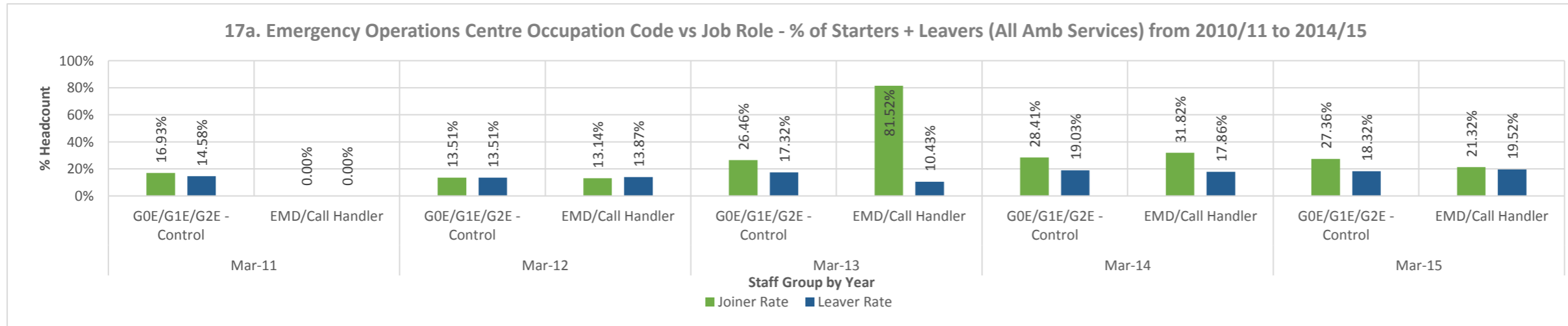
A comparison of these staff groups together is not appropriate because of the diversity amongst them - A2A is a catch all for ECA, PTS, HCA and HCSW. HIS provide clinical support to ambulance services, and H2S provides non-clinical support to ambulance services

16b. Support to Clinical Staff Job Role - % of Starters + Leavers (All Amb Services) from 2010/11 to 2014/15

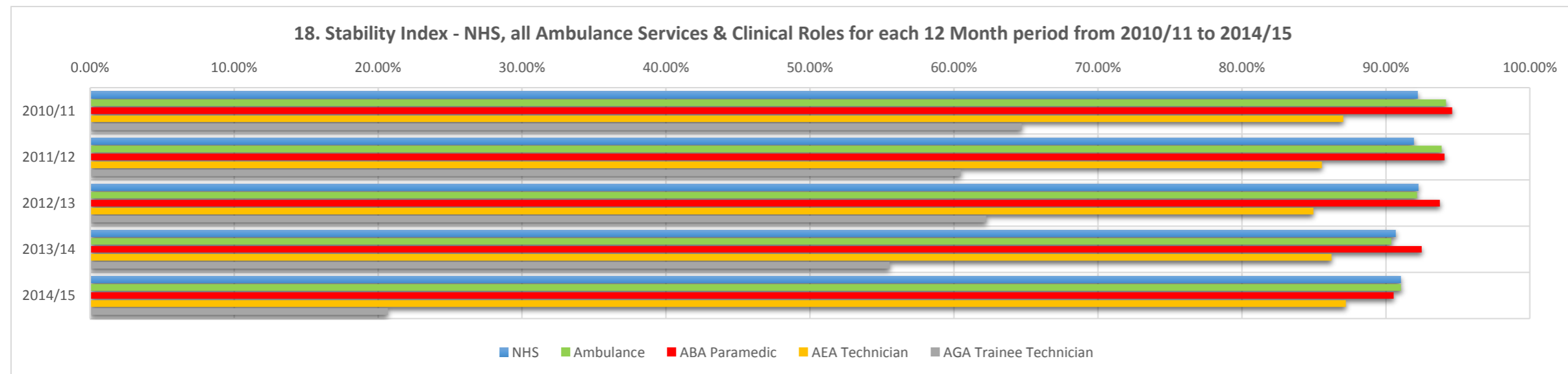
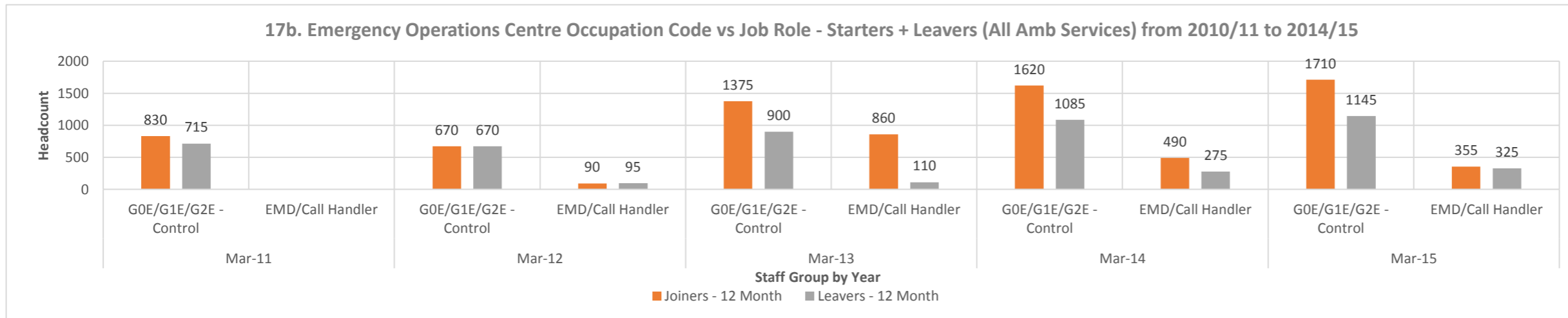


A comparison of these job roles allows for clearer understanding of the number of PTS staff and ECAs. These 2 job roles were introduced during 2010 to enable the A2A occupation code to be further interrogated.

iView Turnover rates 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15 - Analysis Charts



As noted above, Occ codes G0E, G1E + G2E include control staff in EOC, PTS and 111. Using job role Emergency Medical Dispatcher/Call Handler introduced in 2010 drills down to Emergency Operation Centres.



Stability is calculated by dividing the number of headcount or whole time equivalent (FTE) over a period, usually one year's service, since a given date, by the total headcount or FTE in post at the start of the period, again shown as a percentage.

Year	Occupation Code	Headcount - 12 Months Previous	Joiners - 12 Month	Leavers - 12 Month	Current Headcount - 12 Month	Average number of staff within period	Joiner Rate	Leaver Rate
Mar-11	A0A/AAA/ABA - Paramedics	12900	1395	845	13455	13177.5	10.59%	6.41%
	AEA - Technician	6925	540	895	6565	6745	8.01%	13.27%
	AGA - Trainee Technician	1415	480	500	1395	1405	34.16%	35.59%
	A2A - Ambulance Personnel	6400	830	940	6285	6342.5	13.09%	14.82%
	H1S - Healthcare Assistants	1415	145	145	1415	1415	10.25%	10.25%
	H2S - Support Workers	1100	130	210	1020	1060	12.26%	19.81%
	Ambulance Care Assistant/PTS				1230	1230	0.00%	0.00%
	Emergency Care Assistant				450	450	0.00%	0.00%
	Health Care Support Worker	1130	700	530	1305	1217.5	57.49%	43.53%
	Healthcare Assistant	6325	550	2350	4520	5422.5	10.14%	43.34%
	G0E/G1E/G2E - Control	4845	830	715	4960	4902.5	16.93%	14.58%
	EMD/Call Handler				690	690	0.00%	0.00%
	G2A Central Functions - Clerical & Admin	2270	690	395	2565	2417.5	28.54%	16.34%
Mar-12	A0A/AAA/ABA - Paramedics	13455	1490	935	14010	13732.5	10.85%	6.81%
	AEA - Technician	6565	450	950	6065	6315	7.13%	15.04%
	AGA - Trainee Technician	1395	135	550	980	1187.5	11.37%	46.32%
	A2A - Ambulance Personnel	6285	745	670	6365	6325	11.78%	10.59%
	H1S - Healthcare Assistants	1415	125	145	1400	1407.5	8.88%	10.30%
	H2S - Support Workers	1020	115	140	1000	1010	11.39%	13.86%
	Ambulance Care Assistant/PTS	1230	210	155	1285	1257.5	16.70%	12.33%
	Emergency Care Assistant	450	495	105	840	645	76.74%	16.28%
	Health Care Support Worker	1305	220	190	1330	1317.5	16.70%	14.42%
	Healthcare Assistant	4520	295	765	4050	4285	6.88%	17.85%
	G0E/G1E/G2E - Control	4960	670	670	4960	4960	13.51%	13.51%
	EMD/Call Handler	690	90	95	680	685	13.14%	13.87%
	G2A Central Functions - Clerical & Admin	2565	425	415	2570	2567.5	16.55%	16.16%
Mar-13	A0A/AAA/ABA - Paramedics	14010	1610	965	14655	14332.5	11.23%	6.73%
	AEA - Technician	6065	230	910	5385	5725	4.02%	15.90%
	AGA - Trainee Technician	980	105	370	715	847.5	12.39%	43.66%
	A2A - Ambulance Personnel	6365	945	735	6575	6470	14.61%	11.36%
	H1S - Healthcare Assistants	1400	275	125	1545	1472.5	18.68%	8.49%
	H2S - Support Workers	1000	90	460	630	815	11.04%	56.44%
	Ambulance Care Assistant/PTS	1285	995	160	2115	1700	58.53%	9.41%
	Emergency Care Assistant	840	555	135	1260	1050	52.86%	12.86%
	Health Care Support Worker	1330	185	540	980	1155	16.02%	46.75%
	Healthcare Assistant	4050	240	1460	2830	3440	6.98%	42.44%
	G0E/G1E/G2E - Control	4960	1375	900	5435	5197.5	26.46%	17.32%
	EMD/Call Handler	680	860	110	1430	1055	81.52%	10.43%
	G2A Central Functions - Clerical & Admin	2570	705	410	2870	2720	25.92%	15.07%
Mar-14	A0A/AAA/ABA - Paramedics	14655	1510	1220	14945	14800	10.20%	8.24%
	AEA - Technician	5385	425	740	5070	5227.5	8.13%	14.16%
	AGA - Trainee Technician	715	110	320	510	612.5	17.96%	52.24%
	A2A - Ambulance Personnel	6575	1950	1150	7380	6977.5	27.95%	16.48%
	H1S - Healthcare Assistants	1545	80	820	805	1175	6.81%	69.79%
	H2S - Support Workers	630	105	90	650	640	16.41%	14.06%
	Ambulance Care Assistant/PTS	2115	740	720	2135	2125	34.82%	33.88%
	Emergency Care Assistant	1260	1210	175	2295	1777.5	68.07%	9.85%
	Health Care Support Worker	980	370	170	1175	1077.5	34.34%	15.78%
	Healthcare Assistant	2830	270	1235	1865	2347.5	11.50%	52.61%
	G0E/G1E/G2E - Control	5435	1620	1085	5970	5702.5	28.41%	19.03%
	EMD/Call Handler	1430	490	275	1650	1540	31.82%	17.86%
	G2A Central Functions - Clerical & Admin	2870	820	615	3075	2972.5	27.59%	20.69%
Mar-15	A0A/AAA/ABA - Paramedics	14945	1585	1545	14985	14965	10.59%	10.32%
	AEA - Technician	5070	700	645	5120	5095	13.74%	12.66%
	AGA - Trainee Technician	510	1380	405	1485	997.5	138.35%	40.60%
	A2A - Ambulance Personnel	7380	1270	1840	6805	7092.5	17.91%	25.94%
	H1S - Healthcare Assistants	805	455	135	1125	965	47.15%	13.99%
	H2S - Support Workers	650	195	105	740	695	28.06%	15.11%
	Ambulance Care Assistant/PTS	2135	405	405	740	1437.5	19.01%	19.01%
	Emergency Care Assistant	2295	660	700	215	1255	29.17%	30.94%
	Health Care Support Worker	1175	310	175	1300	1237.5	25.05%	14.14%
	Healthcare Assistant	1865	355	500	1730	1797.5	19.75%	27.82%
	G0E/G1E/G2E - Control	5970	1710	1145	6530	6250	27.36%	18.32%
	EMD/Call Handler	1650	355	325	1680	1665	21.32%	19.52%
	G2A Central Functions - Clerical & Admin	3075	620	675	3015	3045	20.36%	22.17%

Note: The data in the table has been used to compile the various charts and tables in the supportig documents.
It shows data by both occupation code AND job role, the two sets of data should not be used together as there will be double counting

Analysis of NHS iView Workforce Monthly Data for Staff Turnover – 2010/11 to 2014/15

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Background

The data used for this analysis has been taken from iView, a resource of the Health & Social Care Information Centre (HSCIC) that provides flexible access to a wide range of health and social care data. iView Workforce contains data held in the ESR Data Warehouse (DW) which is taken from the Electronic Staff Record (ESR), the combined payroll and HR system for the NHS and is updated on a monthly basis, 7 to 8 weeks after the end of the month.

iView holds data from a number of areas, including for the purposes of this paper:

- Staff-In-Post (headcount, FTE, Assignments)
- Staff Turnover (headcount, joiners, leavers, stability index)

Data held in iView has been extracted and used in this analysis to review staff turnover for the whole of the Ambulance Service in England and Wales. Information is available on request should the group need to see data drilled down to individual Trust level.

The iView data has been used as it allows for consistency of data being reviewed and is not an onerous task to access. It uses Job Role and Occupation Code as key comparison fields. Guidance is given to all Trusts on how to code positions in ESR based on a number of datasets determined by the National Workforce Data Set (NWD) and made available to ESR. More information on these datasets can be given if required.

The information in iView is used by NHS organisations for benchmarking and comparisons across the sector, and is therefore the rationale for its use in this analysis of staff turnover in the Ambulance sector since 2010/11.

Methodology

The analysis includes a review of:

- Staff in post by headcount – average for each 12 month period
- Joiners by headcount – the number of staff who joined in the preceding 12 months
- Joiner rate – the number of joiners divided by the average number of staff within the period
- Leavers by headcount – the number of staff who left in the preceding 12 months
- Leaver rate - the number of leavers divided by the average number of staff within the period

Workforce Monthly Turnover looks at staff at the end of the month with any criteria select. It then looks back at staff with the same criteria 12 months before the selected date and shows how many joiners or leavers there are to that group.

A "Joiner" or "Leaver" may be someone who has joined or left an organisation or simply someone within the organisation whose situation has changed, based on the criteria selected. For example, if you select a Band 5 Paramedic, a "Joiner" to an organisation's Band 5 Paramedic could have joined that group from another organisation or by moving from a Band 4 post within the same organisation.

Staff have been analysed either by occupation code or job role:

- **Occupation Codes** are a long established set of codes used to classify NHS staff. They provide a consistent means of comparison of broad staff groups across sectors and patterns of change over time. The occupation codes assigned to the Ambulance Service are limited with for example, the code A2A including all non acute patient transfer staff who are not trained to IHCD (or equivalent) standard. This includes Emergency Care Assistants, Patient Transfer Staff (PTS) amongst others.
- **Job Role** can be used alongside Occupation Codes as a complementary coding scheme and to add a further dimension to the classification of the workforce. The following job roles were introduced in August 2010: Ambulance Care Assistant/Patient Transport Service Driver, Emergency Care Assistant, Emergency Care Practitioner, Emergency Medical Dispatcher/Call Handler.

The following groups of staff have been analysed:

- Paramedics – occupation codes A0A, AAA, ABA grouped
 - all managers who need to be trained ambulance personnel should be included in the ambulance staff matrix of the NHS Occupation Code Manual (A0A)
 - staff who need to have full paramedic skills, are registered with the Health Care Professions Council and have completed a post registration Emergency Care Practitioners course should be coded as AAA

- staff who need to have full paramedic skills, are registered with the Health Care Professions Council and have not completed a Emergency Care Practitioners course should be coded as ABA
- Technicians – occupation code AEA
 - staff who need to have completed IHCD Ambulance Technician award (or equivalent) training (and no higher clinical ambulance qualification) should be coded as AEA
- Trainee Ambulance Technician – occupation code AGA
 - staff who are training towards completion of an IHCD (or equivalent) award who are employed by the organisation should be returned here. Ambulance personnel training to become an Ambulance Technician should be returned in this grouping (AGA)
- Ambulance personnel – occupation code A2A*
 - includes all non acute patient transfer staff who are not trained to IHCD (or equivalent) standard. This will include Emergency Care Assistants, Patient Transfer Staff (PTS) amongst others.
 - staff training to be Ambulance Personnel who are employed by the NHS trust should be returned as A2A
- Health Care Assistants – occupation code H1S*
 - if they are part of specific clinical teams, or working in a specific patient care area. HCAs and support workers who carry out duties crossing patient care areas should be coded to their prime area of work

**from analysis of the data some Trusts appear to be using occupation code H1S rather than A2A. In order to drill down to the specific job roles the analysis therefore also includes the job role classifications 'Emergency Care Assistant', 'Ambulance Care Assistant/Patient Transport Service Driver', 'Health Care Support Worker' and 'Healthcare Assistant in addition to the occupation code.*

- Support Workers – occupation code H2S**
 - support workers to the Ambulance Service who work entirely outside of patient care areas should be included
- Administration & Estates – occupation code G2A**
 - a number of staff in support of Ambulance workers should be coded within the administration and estates staff matrix (G), those working in central functions (such as administrative & clerical staff or administrative managers) should be coded as G*A according to their level of work. Those working within hotel, property & estates (maintenance of the buildings and the vehicles) should be coded as G*B

***from analysis of the data it is not clear if Trusts are using G2A or G2B where H2S could be used. G codes form part of the high level grouping for NHS Infrastructure, sub group Central Functions, and the H codes are detailed at the high level grouping of Support to Clinical Staff, with H1S and H2S being in the sub group Support to ambulance staff. For the purpose of this analysis occupation codes G2B (Clerical & Admin/Hotel, property & estates, NHS Infrastructure) and G3B (Maintenance & Works/Hotel, property & estates, NHS Infrastructure) are excluded.*

- Ambulance control staff – G0E, G1E, G2E***
 - staff in direct support of patient care staff (such as control assistants) should be coded G*E, part of the administration and estates staff matrix (G).

****the occupation code G0E is detailed as staff who are senior managers/Ambulance Service Support and are part of the NHS Infrastructure. G1E is detailed as staff who are managers/Ambulance Service Support and are also part of the NHS Infrastructure. G2E is detailed as Clerical & Admin/Ambulance Service Support, but forms part of the high level grouping Support to Clinical Staff, of which Support to ambulance staff.*

Staff coded as G2E will include those working in Emergency Operations Centres, PTS Controls and 111. In order to drill down to those staff who are working in Emergency Operations Centres only the job role classification of 'Emergency Medical Dispatcher/Call Handler' has been included.

Benchmarking

To be able to assess how each staff group compares against the leaver turnover rate for the whole NHS or Ambulance sector the following rates have been drawn from iView:

Rate	Turnover Rates			
	NHS		Ambulance	
	Joiner	Leaver	Joiner	Leaver
12 months				
2010/11	6.91%	7.48%	6.56%	5.80%
2011/12	6.46%	8.11%	5.34%	6.16%
2012/13	7.74%	7.61%	8.85%	7.79%
2013/14	9.46%	7.89%	11.25%	9.53%
2014/15	9.70%	8.82%	12.25%	8.80%

Analysis by occupation code/job role

Table to show changes in staff numbers (by occ code) during the period 2010/11 to 2014/15

by Occupation Code - Headcount	Staff in Post (12 month average)				Joiners	Leavers	Net change
	2010/11	2014/15	Diff	% diff	2010/11 to 2014/15	2010/11 to 2014/15	2010/11 to 2014/15
A0A/AAA/ABA - Paramedics	13178	14985	1808	13.72%	7590	5510	2080
AEA -Technician	6745	5120	-1625	-24.09%	2345	4140	-1795
AGA -Trainee Technician	1405	1485	80	5.69%	2210	2145	65
A2A -Ambulance Personnel	6343	6805	463	7.29%	5740	5335	405
H1S -Healthcare Assistants	1415	1125	-290	-20.49%	1080	1370	-290
H2S -Support Workers	1060	740	-320	-30.19%	635	1005	-370
G0E/G1E/G2E - Control	4903	6530	1628	33.20%	6205	4515	1690
G2A Central Functions -Clerical & Admin	2418	3015	598	24.72%	3260	2510	750
Total	37465	39805	2340	6.25%			

There has been an increase in the overall staff in post from 2010/11 to 2014/15 of 6.25%. The largest percentage increase is seen in staff coded to ambulance controls. Some of this increase may be attributable to the introduction of 111 into many Ambulance Services.

The number of Ambulance Personal (A2A) has increase by 7.29%. From the table below it can be seen that both ECA and PTS numbers have increased. ECA increases may be attributable to workforce planning intentions. PTS increases may be attributable to contact changes.

Paramedic numbers have grown in the period by 13.72% and Trainees by 5.69%, whilst Technicians have decreased by 24.09%. This pattern is in line with workforce planning intentions across the Ambulance sector to increase the paramedic skill mix.

Table to show changes in staff numbers (by job role) during the period 2010/11 to 2014/15	Staff in Post (12 month average)				Joiners	Leavers	Net change
	2010/11	2014/15	Diff	% diff	2010/11 to 2014/15	2010/11 to 2014/15	2010/11 to 2014/15
by Job Role - Headcount							
Ambulance Care Assistant/PTS	1230	1438	208	16.87%	2350	1440	910
Emergency Care Assistant	450	1255	805	178.89%	2920	1115	1805
Health Care Support Worker	1218	1238	20	1.64%	1785	1605	180
Healthcare Assistant	5423	1798	-3625	-66.85%	1710	6310	-4600
EMD/Call Handler	690	1665	975	141.30%	1795	805	990
Total	9010	7392.5	-1617.5	-17.95%			

Increases and decreases across these job role classifications may be attributable, in addition to workforce plans and contract changes, to recoding exercises following their introduction in August 2010 and therefore should be used with caution when making assumptions about any changes.

- **Paramedics – occupation codes A0A, AAA, ABA**

Charts 1a, 1b & 1c

The number of staff in post has increased by 13.72%. There were 7590 joiners and 5510 leavers. Year on year the leavers rate has been lower than the rate for all ambulance staff and the NHS. In 2014/15 the leavers rate for paramedics rose to 10.32%, 1.5% above the NHS rate. The joiners rate into this staff group is higher than the NHS and lower than the overall rate for the Ambulance service. The rate of growth in 2014/15 has been marginal compared to previous years.

- **Technicians – occupation code AEA**

Charts 2a, 2b & 2c

The number of staff in post has decreased by 24.09%. There were 2345 joiners and 4140 leavers. The rate of leavers from this group is high. As well as attrition out of the ambulance service this figure will also include staff who have moved to the next group through planned career progression.

- **Trainee Ambulance Technician – occupation code AGA**

Charts 3a, 3b & 3c

The number of staff in post has increased by 5.69%. There were 2210 joiners and 2145 leavers. As well as attrition out of the ambulance service this figure will also include staff who have moved to the next group through planned career progression. The number of joiners is high and is indicative of workforce planning arrangements. As a training role, movement out of this occupation code would be expected within 12 months. The rate of joiners and leavers is higher

than any of the other clinical roles, the ambulance service and the NHS. The number of staff in this group will fluctuate based on workforce plans and associated recruitment & selection plans and education & training plans. Following a steady decline in numbers between 2010/11 to 2013/14, there was a sharp increase in the number of staff in this group in 2014/15.

- **Ambulance personnel – occupation code A2A**

Charts 4a, 4b & 4c

The number of staff in post has increased by 7.29%. There were 5740 joiners and 5335 leavers. As noted above, Emergency Care Assistant and Ambulance Care Assistant/Patient Transport Service Driver are included in this code, making it difficult to analyse reasons for the increase. An analysis of staff by job role in Charts 10 to 13 yields a more detailed breakdown.

- **Health Care Assistants – occupation code H1S**

Charts 5a, 5b & 5c

The number of staff in post has decreased by 20.49%. There were 1080 joiners and 1370 leavers. As noted above, a review by the job role classification in charts 10 to 13 instead of occupation code is a more suitable analysis.

- **Support Workers – occupation code H2S**

Charts 6a, 6b & 6c

The number of staff in post has decreased by 30.19%. There were 635 joiners and 1005 leavers. As noted above, this occupation code is suitable for those providing support to the Ambulance Service who work entirely outside of patient care areas. It is a more appropriate code for drivers and ambulance fleet assistants than using the G2A occupation code. However, given the increase in G2A it can be inferred that not all Trust are using this code.

- **Administration & Estates – occupation code G2A**

Charts 7a, 7b & 7c

The number of staff in post has increased by 24.72%. There were 3260 joiners and 2510 leavers. As noted above for staff coded as H2S, some Trusts may be coding staff under G2A which is noted in the NHS Occupation Code Manual as those staff who are working in the NHS Infrastructure/Central Functions.

- **Ambulance control staff – occupation codes G0E, G1E, G2E**

Charts 8a, 8b & 8c

The number of staff in post has increased by 33.20%. There were 6205 joiners and 4515 leavers. Staff coded here could be working in Emergency Operations Centres, PTS Operations Centres or 111. An analysis using the job role classification of Emergency Medical Dispatcher/Call Handler will show a more informed breakdown of those in the Emergency Operations Centre.

- **Emergency Medical Dispatcher/Call Handler – job role**

Charts 9a, 9b & 9c

The number of staff in post has increase by 141.30%. There were 1795 joiners and 805 leavers. As noted above, this analysis shows those working in the Emergency Operations Centre. The high increase maybe due to recoding following introduction of the new job role.

- **Ambulance Care Assistant/Patient Transport Service Driver – job role**

Charts 10a, 10b & 10c

The number of staff in post has increased by 16.87%. There were 2350 joiners and 1440 leavers. This staff group is influenced by changes to commercial contracts, including the TUPE in and out of staff from the NHS. Changes should be reviewed in the light of this.

- **Emergency Care Assistant – job role**

Charts 11a, 11b & 11c

The number of staff in post has increased by 178.89%. There were 2920 joiners and 1115 leavers. Workforce planning intentions will influence the number of staff in this group.

- **Health Care Support Worker – job role**

Charts 12a, 12b & 12c

The number of staff in post has decreased by 1.64%. There were 1785 joiners and 1605 leavers. Classification of staff in this group may be subject to interpretation by individual Trusts. Some staff may have been recoded into the either the PTS or ECA job role above following their introduction, and recoding may be appropriate for some still in this group.

- **Healthcare Assistant – job role**

Charts 13a, 13b & 13c

The number of staff in post has decreased by 66.85%. There were 1710 joiners and 6310 leavers. As with the HCSW above, given the high number of leavers from this group, some staff may have been recoded into the either the PTS or ECA job role above following their introduction, and recoding may be appropriate for some still in this group.

- **Analysis of Clinical staff**

Chart 14

This graph shows the turnover of paramedics compared to Technicians and Trainee Technicians, and would suggest that there has been career progression from the latter two in line with workforce plans.

- **Benchmarking of Turnover Rates**

Table 15a, chart 15b & 15c

These charts show a comparison between the NHS, the whole Ambulance Service, the clinical occupation codes of Paramedic, Technician and Trainees, and job roles of ECAs, PTs and EMD/Call Handler, of joiner rates and leaver rates.

- **Comparison of Support to Clinical Staff by Occupation Code vs Job Role**

Chart 16a & 16b

As noted previously, the use of A2A and H1S occupation codes do not provide an ideal analysis given the number of staff groups that could be contained in them due to the limit number of occupation codes assigned to the ambulance service. A review of the data by using job role allows for the split between PTS and ECAs to be more easily analysed.

- **Comparison of Operations Centre Staff by Occupation Code vs Job Role**

Chart 17a & 17b

As above, following the introduction of the Emergency Medical Dispatcher/Call Handler job role, analysis is possible for the group of staff who work in the Emergency Operations Centre providing support to clinical staff.

- **Stability Index for NHS, all Ambulance Services & Clinical Roles**

Chart 18

iView provides data on the Stability Index.

The stability index indicates the loss after a certain period. It shows the tendency for longer-service employees to remain with the organisation and thus the degree to which there is stability or continuity of service. This index is determined by the 'number of staff in the group at both the start and end of the period divided by the number of staff present at the start of the period'.

In understanding this data it should be noted that it does not necessarily reflect the different situations that may exist between Trusts with accumulations of long-service employees in comparison with one where the majority of employees have short service.

The table below shows a pattern of stability for the NHS, Ambulance sector and clinical staff.

Stability Index - 12 Month	NHS	Ambulance	ABA Paramedic	AEA Technician	AGA Trainee Technician
2010/11	92.20%	94.18%	94.61%	87.05%	64.69%
2011/12	91.95%	93.87%	94.08%	85.56%	60.46%
2012/13	92.24%	92.17%	93.74%	84.97%	62.24%
2013/14	90.68%	90.38%	92.49%	86.23%	55.52%
2014/15	91.04%	91.05%	90.53%	87.23%	20.67%

The stability index for all groups has fallen over the 5 year period with the exception of the technician role (AEA), which reduced in 2012/13 to a low of 84.97% and returning to a similar level of 87% in 2014/15 as in 2010/11.

The significant drop in the stability index for occupation code AGA in 2014/15 is due to the higher number of joiners in the year. The lower stability index compared to the other groups over the 5 year period, as noted above, is because generally this occupation code is used to identify staff in a training role and movement out of it would be expected to be within 12 months.

For the first time, the stability index for paramedics (ABA) in 2014/15 was below that of the whole ambulance sector. There has been a steady decline in the stability index for this group over the 5 year period.

When interpreting this data, it is worth remembering a few (statistically valid) predictors:

- size of the organisation – generally greater staff numbers correlate with higher turnover rates;

- age profile – younger staff tend to be less settled and are more mobile. Older staff tend to be looking towards retirement;
- length of service profile – characteristically there are three phases in terms of retention and leaving patterns. These are induction, settlement and retirement (including early retirement). Understanding the transition patterns of these can make all the difference between making invalid assumptions about workforce dynamics and identifying the appropriate organisational issues to address;
- age and length of service against grade profiles – this analysis is likely to demonstrate and explain career blockages that can affect retention particularly in the mid-career period.

Source: NHS National Workforce Projects: Measuring turnover and wastage

Further analysis on turnover, looking at the length of service and age profile of leavers may be useful to understand the factors affecting turnover and stability.

iView Data

iView is updated on a monthly basis, 7 to 8 weeks after the end of the month. It is recommended that data is taken from iView rather than from each ambulance service being requested to provide their data. This will help to reduce the burden on Trusts to complete returns and ensure consistency of data used and analysis.