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Welsh Ambulance Services
University NHS Trust

Welsh Ambulance Services University NHS Trust **Emergency Medical Technician Job Profile**

Business Case 2024/25



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[EMT 3 Business Case v0.6 FINAL](#)

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1. Context/Background

1.1 Introduction and Summary

The purpose of this proposal is to set out the case for funding an uplift to the current Emergency Medical Technician (EMT) workforce from a band 4 A4C grade to a band 5 based on an agreed national profile for the role. The case will set out the benefits of undertaking this change, and what the funding for this change will deliver, alongside the risks of not funding the uplift and subsequent disruption that could cause to patient care and partnership relations with staff and Trade Unions.

The overarching driver for this case were the national profiles that we agreed for this role in November 2023. We had for some time been discussing a role profile with Trade Union partners, for a lower number of staff as part of a strategic workforce plan aligned to our transformational aspirations, but this was not agreed. However, the national profile has forced our hand in expediting this case, not least because the role profile includes level 4 education which most of our EMTs already have. We can no longer justify our workforce being band 4 mainly due to this requirement within the band 5 profile, making us non-compliant with the adopted national profile if we maintain the status quo.

However, this presents an opportunity for WAST and the system. The two options set out in this case are:

1. Do nothing, which would undoubtedly result in the Trade Unions balloting members to request a review of the job description, without the benefits of any additional training and skills acquisition of this workforce. This would also come with a **significantly higher financial cost** to NHS Wales, from both recurrent uplift and a non-recurrent payment in arrears to when the Trade Unions first entered into discussion around a band 5 role. We would not be able to accept this position likely resulting in dispute and industrial action.
2. Having worked positively with our Trade Union partners, we have developed an option which increases the band in line with the national profile, but comes with a 5 week education and training package for staff which brings benefits not only to the staff themselves but to patients and the wider system. The training will allow the new role to act autonomously, making better use of resources and they will be able to refer to alternative pathways which will result in less conveyance by default to an Emergency Department (ED). This option is a **lower financial cost to the wider system** and would allow us to further develop resource efficiency within our strategic workforce plan.

There is a precedent for this case in that it is very similar to the case for uplifting paramedics to a band 6 which Welsh Government supported and funded in 2017 due to the change in national profile for those roles. The case stated:

“If Wales were not to implement the Band 6 job profile the Trust would expose itself to legal challenge, poor staff relations, poor staff morale and also to the loss of Paramedics to neighbouring English ambulance trusts.”

Many of the same challenges exist in this case for the uplift of band 4 EMT to band 5.

This is a short summary of the risks, benefits and the case for change. This case will go into detail about the strategic and operational environment in which EMTs operate, the restrictions on their current role and the benefits of adopting our preferred option 2.

Our view is that this is the best case scenario of a difficult set of scenarios in which we can take advantage of the opportunity to upskill dedicated technicians to be able to undertake tasks which benefits patients and the wider system, as opposed to a scenario where there would be pressure from staff and Trade Unions to increase pay without these additional skills being available.

The implementation plan for this case assumes commencement from October 2024 with courses starting in November 2024. It is important to note that this is factored in over an 18month period as each course requires the abstraction of current EMTs from frontline duty for 5 weeks at a time. This is important in terms of the benefits plan and the timing of benefits realisation.

1.2 The Strategic Environment

National Workforce Policy Context

In November 2023 the NHS Job Evaluation Group reviewed the National Profile for Ambulance Services which included an updated band 4 Ambulance Practitioner and Ambulance Practitioner-Higher Level role at band 5. These profiles work on the basis that the posts in the NHS which are standard have many common features, and this has been accepted nationally and adopted across UK ambulance services, creating a scenario and extreme pressure for WAST to follow suit. This is due to the inclusion of level 4 education in the national band 5 profile, which is currently a feature of our band 4 workforce role.

National Strategic Context

Alongside the change in the national job profile, the key national strategy and policy drivers that support this proposal are A Healthier Wales, specifically the Quadruple Aim, as well as the quality standards that sit behind the six goals programme for Urgent and Emergency Care in Wales. This proposal also takes into account the Duty of Quality in determining the key benefits of moving staff to an EMT3 role.

The Quadruple Aim considers not only patient health, quality of care, safety and experience but also staff motivation, well-being and resource efficiency. This case is predicated on the need to meet the national profile whilst taking the opportunity to enhance scope of practice for the benefit of both patients and staff, and this can be resource efficient within the required envelope and in terms of our future developing workforce models.

In support of the Six Goals for Urgent and Emergency Care, WAST seeks to provide the system with the right care, in the right place, first (*and every*) time. Increasing the range of skills the workforce has available to them presents opportunity for individual career development and increased job satisfaction; changes that will be welcomed by a workforce compelled to deliver an increasingly safe and effective patient experience to all those they encounter.

Specifically for goals 3 and 4, this proposal will place EMT3s in an ideal position with the skills and leadership capability to be able to respond quickly in emergencies, provide the required clinical care and ensure quick decision making, with the ability to refer patients to the most appropriate resource for their needs, including direct access pathways (goal 4) which they cannot currently do. Their enhanced scope of practice will also enable them to refer to wider appropriate pathways, including alternatives to an emergency department such as falls services, Hypoglycaemia pathways, primary care services etc. (goal 3), again which they cannot currently do.

Furthermore, as WAST has repeatedly demonstrated, it aims to create a clinical practice environment that allows all clinicians to work at the very top of their scope of practice, where this can be illustrated as safe, effective and in the interests of better patient care.

As a (now) named body under the Wellbeing of Future Generations Act, WAST is bound to ensure collaborative working continues with TU partners under the Social Partnership Duty as well as our duty to deliver drive practices which support people to take advantage of wealth generated through 'decent work'¹. The TUs have been championing the rights of their members and the wider workforce in respect of the adoption of a band 5 EMT role in Wales, as has been done across other UK ambulance services.

As such, there is an opportunity to align the strategic intentions and clinical ambitions of the organisation, and support the continued skills escalation of a large proportion of our frontline clinical resource.

National Commissioning Context

WAST is a commissioned organisation. There was a move to a more clinical focus, rather than simply a performance focus, in 2015 which was accompanied by WAST becoming a commissioned service through the Emergency Ambulance Service Committee (EASC), made up of the seven Local Health Board CEOs, supported by a Chief Ambulance Service Commissioner (CASC) and using the 5 Step Ambulance Care Pathway.

The committee has since joined with Welsh Health Specialised commissioning and 111 commissioning from the Joint Commissioning Committee of the seven Local Health Boards, but the 5 step model is still relevant to the commissioning of emergency ambulance services.

Figure 1 – Ambulance Care Pathway



Designed with permission using the CAREMORE® 5 steps. Copyright, 2017 WAST

¹ [FINAL-Prosperous-Wales-Topic-2.pdf \(futuregenerations.wales\)](#)

The strategic aim of the emergency ambulance commissioning framework is to maximise the number of patients safely managed within Steps 1-4 of the pathway reserving step 5 for those with a clinical need where management en route and at hospital is clinically appropriate.

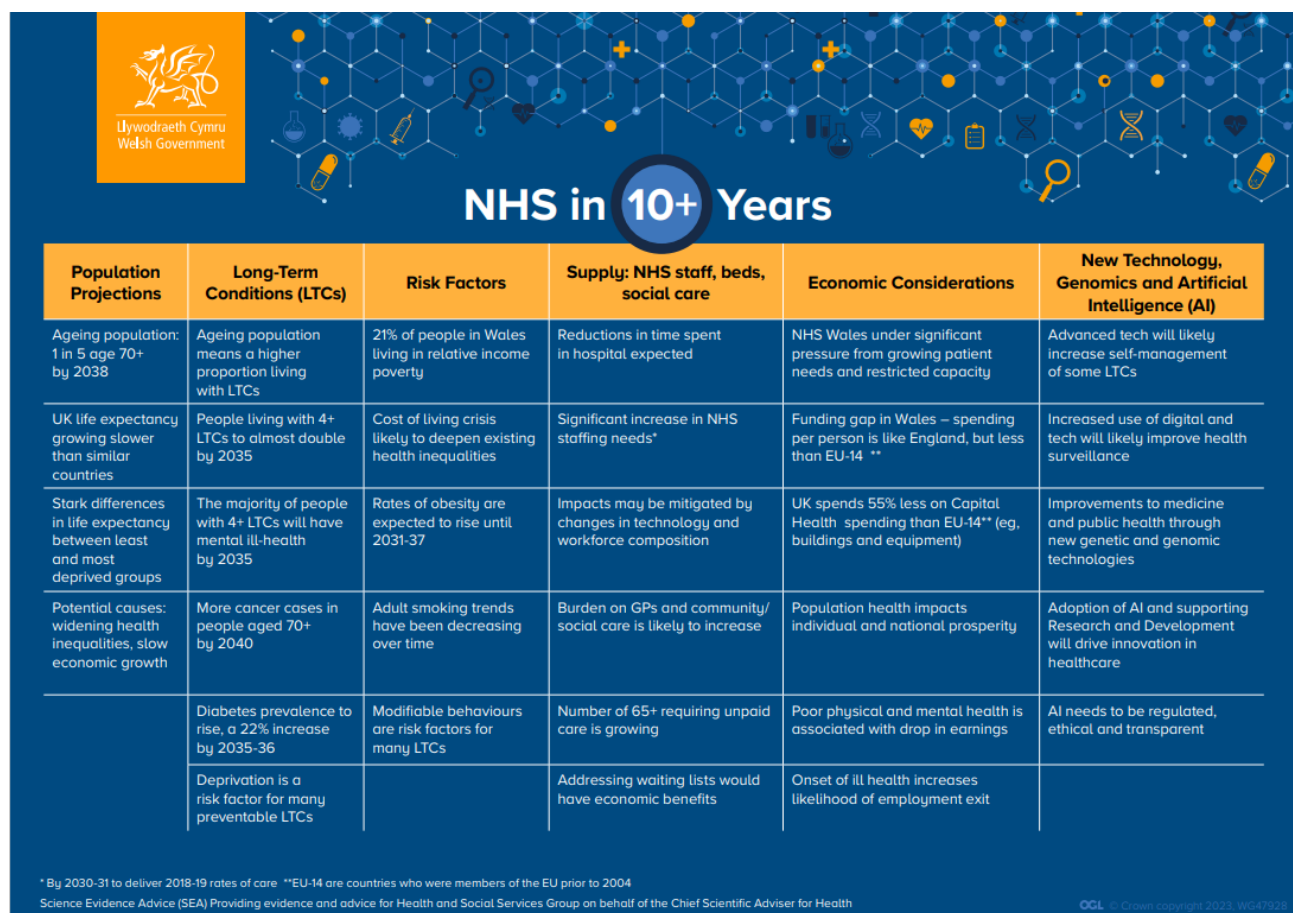
The current EMT2 role is restricted in its ability to shift left in this pathway. Often the only option is to call for senior clinical back up delaying care for the patient, or convey to the nearest emergency department which may not be the best location for their definitive care e.g. PPCI centre. Furthermore, these restraining factors lead to increased on scene times, a reduction in ambulance capacity and a high degree of frustration from the clinicians involved, who feel that with an enhanced scope of clinical practice, coupled with the organisational support, could offer a significantly enhanced level of care for the patients they serve.

National Demographic and Demand Drivers

The **Emergency Medical Service (EMS)** continued to be under pressure during 2023/24. Demand has increased year-on-year, with a changing profile of healthcare needs impacting on the way in which WAST needs to respond.

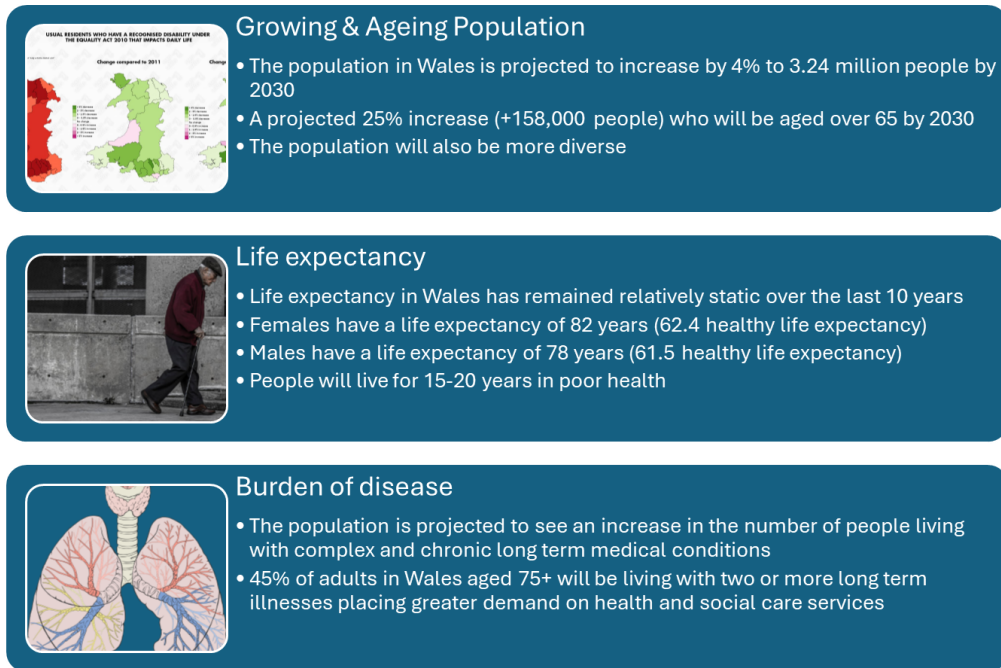
The national profile for the NHS in Wales over the next 10 years as set out by the Chief Scientific Advisor for Wales Dr. Rob Orford painted a bleak picture of continued pressure on our services.

Figure 2 - Challenges NHS Wales will face over the next 10 to 25 years



In some work commissioned in 2023, WAST looked at some of the key issues that will affect demand for its services.

Figure 3 – demographic challenges for WAST as a national provider of ambulance services



Source: Public Health Wales

The complexity of future health and care requirements drives a change in the clinical response needed. The national profile enables WAST to implement a clinical role which responds to more complex patients, whilst balancing the role and pipeline of paramedics and advanced paramedics who will also be crucial in meeting these challenges going forward.

Organisational Strategies

WAST launched its strategy Delivering Excellence in 2019. The proposal to move EMT2s to an EMT3 role aligns with the WAST strategy and our six strategic objectives:

Figure 4 – Delivering Excellence



Underpinning the long-term strategy, our Clinical Strategy published in 2020 set out four aims for developing the clinical model across paramedicine, nursing, technician, urgent care and volunteering roles:

- Aim 1: Using excellent clinical leadership
- Aim 2: Responding to our population’s changing care needs
- Aim 3: Embedding a Value Based Healthcare approach
- Aim 4: Improved use of clinical data and information

Within each aim there were a number of objectives and those that link most closely to the need to develop this role in line with the national profile can be seen in the following table.

Table 1 – Clinical Strategy objectives

Aim	Relevant Objectives	How a role based on national profile would support this objective
1	Ensure that we have the skills and knowledge to access, refer and signpost patients to appropriate local services	The new role would have the ability to refer directly to approved pathways, avoiding the need for an emergency department attendance where possible
	Develop our clinical practice & career frameworks	A new role at Band5 would enable clinical career pathways from band 3 to band 8D
	Empower clinicians to make more informed clinical decisions	The education comprising of new knowledge, understanding and skill development required to move to the new role would enable this role to undertake higher scope clinical practice
	Develop clinical roles with a focus on patient safety, organisational learning, clinical supervision & peer support	The new role has a strong element of leadership, peer support and mentoring of other clinical staff to complement the paramedic and senior paramedic structures
2	Work to provide an equitable service across our diverse population	EMTs work the length and breadth of the country, we would anticipate the retention benefits of this proposal would provide sustainable support across the whole of Wales
	Develop care services to meet more complex needs	The role profile complements senior clinical roles in being able to interpret more complex information about the patient to make decisions on scene
3	Develop value-based decision making	Adopting the national profile will enable staff in this role to make more prudent decisions, resources would be deployed more efficiently, and patient outcomes and experience would improve
	Reduce pressure on emergency departments	This role would have opportunities that do not currently exist at scene to refer to alternatives to EDs including primary and community services
4	Contribute to high quality data linkage across systems to support improved clinical audit and analysis	The role will make better use of electronic records to ensure that decision making across the system can be improved

The Trust’s Clinical Response Model has been in effect since 2015, when the Welsh Government endorsed a change to a more clinically focused model of ambulance care in Wales.

Figure 5 – Clinical Response Model

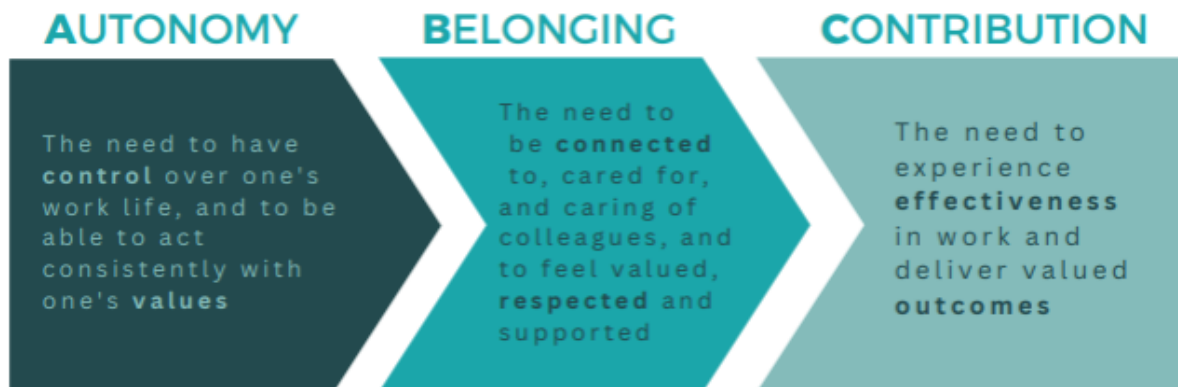
Emergency Call Categories	Performance Measures
<p>Immediately Life Threatening - RED These patients are very seriously ill or injured and in imminent life-threatening danger. As an example, the person may be experiencing a respiratory/cardiac arrest.</p>	<p>Immediate time critical response 8 minute response target</p>
<p>High Clinical Priority – AMBER 1 This category is for all other life threatening emergencies. As an example, the person may be experiencing cardiac chest pains or a stroke.</p>	<p>A range of clinical outcome indicators are in place to measure the quality, safety and timeliness of care being delivered alongside patient experience information.</p>
<p>Urgent Clinical Priority – AMBER 2 This category is for serious, but not immediately life threatening situations. As an example, the person may be experiencing diabetic problems.</p>	
<p>Non Urgent Clinical Priority – GREEN 2 This priority is for neither serious nor life threatening incidents. As an example, the person may have fainted and be recovered and alert.</p>	<p>A range of clinical outcome indicators are in place to measure the quality, safety and timeliness of care being delivered alongside patient experience information.</p>
<p>Suitable for Clinical Telephone Assessment – GREEN 3 This priority is for neither serious nor life threatening incidents. As an example, the person may be suspected to have been poisoned but is not showing any priority symptoms.</p>	

The proposed changes to the EMT role are entirely consistent with the model and EMTs are an important resource in responding to red calls, but the majority of their work is in the amber categories, which is where most harm occurs to our patients. Whilst this harm is predominantly due to ambulance availability due to delays at hospitals, there are also delays in getting the right decisions at the right time for the patient when an EMT2 is deployed due to the restricted clinical scope of practice they operate under. Whilst they are educated to level 4 practitioner level over an 18 month period, there remain restrictions to what EMTs are able to do at this level. The move to an EMT3 role will require additional training and skills enhancement which will remove the restrictions and allow patients to receive timely, safe and effective care from this grade of staff, getting them to the right place first time to ensure their outcomes are improved.

WAST is currently reviewing its clinical response model as part of its strategic development and transformation programme to provide care closer to home for those requiring an urgent response, enabling those requiring an emergency response for serious or life-threatening conditions to receive rapid, timely care and conveyance to the appropriate secondary or tertiary setting. The EMT role is a key part of this evolution of the clinical response model and by enhancing their skills and leadership capability they will be a crucial part of the model we deploy over the next few years. Further development of the clinical response model will allow the organisation to become increasingly judicious in its deployment of resources, offering the ability to match patient need to not only the speed and timeliness of response, but crucially to the desired skill level of the attending ambulance clinician. Therefore, allowing the organisation to have a diversity of responses, where patient need and clinical skill more closely aligns.

As part of the strategic direction to 2030, our People & Culture Plan, 2023-2026, focusses on our commitment to our staff and volunteers. The plan is the result of extensive collaboration between our leadership team, our staff, and external experts. It outlines our strategic priorities and initiatives for the coming years, which are designed to support our staffs' growth, development, and wellbeing. We know that the world of work is rapidly evolving, and our commitment to adapt and innovate ensures that we remain a great place to work. Our core areas of focus - the 3 Cs – Culture, Capacity and Capability are within the context of the King's Fund ABC framework and enable us to realise our strategic workforce plan commitment to having the right care, available in the right place to meet the needs of our patients.

Figure 6 – ABC framework



The Kings Fund 2022

The Job Description and Scope of Practice, aligned to the new national profile, that have been refined for this role provide us with the opportunity to reflect what this means to us within the Trust.

We have pledged to colleagues that to support their autonomy **'they will become more competent and confident in their roles and feel they have more control over their daily tasks, improving team effectiveness and innovation.'** We have also stated for us the deep need of making a difference in the work we do **'will also forge a stronger link between belonging and our organisational performance by strengthening colleagues' connections with their teams and developing their sense of contribution to meaningful, shared goals.'** Likewise, we see this development as an articulation of recognition of contribution by providing **'high quality development opportunities are supported by our organisation.'**

This key strategic plan enables the ambitions in our 2030 Strategy by aligning the 3 Cs – Culture, Capacity and Capability, to organisational themes, as we evolve toward realisation of our vision that **'We will all enjoy a long, healthy and happy working life.'**

The plan translates this as follows:

Culture: 'We will be recognised and renowned as being an exceptional place to work, volunteer, develop and grow'

The National Profile and role we have devised to match it enables more of our people to develop. We recognise that the learning that accompanies transition into the new role will present a rich opportunity for personal and professional growth. We have taken the time to redesign this job, in partnership, to meet the changing need of the people we serve, the changing environment we operate in and our active contribution to sustainable delivery of

care closer to home and use of better alternatives for patients. All whilst providing more opportunities to more people to operate at the top of their Scope of Practice.

Capacity: 'Our future workforce will be agile, highly skilled and capable'

Having the right people in the right place at the right time is a core principle of our operation of our National Ambulance Service. This development provides the Trust with the opportunity to look at our skill mix as we will have more people available to us who are able to access care pathways previously closed to them.

Capability: 'Our leaders will be compassionate, collaborative and courageous'

The development programme that forms induction to this role includes Level 4 education to enable acquisition and delivery of additional clinical knowledge, understanding and skills. The National Profile charges the role with additional responsibilities for clinical and professional supervision and so the Trust is including a Level 3 qualification in Mentoring to enable confident delivery of this role.

Our 2024/27 IMTP includes 2 objectives for year 1; our Strategic Workforce Plan and our People Development Plan. The commitment to developing career pathways that strengthen the Trust and continuously improve our patients experience lies behind both key dynamic documents. Mapping our professional career pathways and refining the composition of our skilled workforce to provide our communities with excellent clinical service, an excellent corporate workforce serving the clinical frontline as well as vibrant future employment opportunities is key to both in the face of a reducing available future labour market and a growing population with increasing health and care needs.

2. Case for Change

The overarching driver for the case to invest in an EMT3 role is clearly the change to the national profile for the role in November 2023 and the call from staff and Trade Unions for the banding to be adopted. Furthermore, other ambulance Trusts across the UK have already adopted this job description and increased the band of their technician grade staff.

This is a similar situation to the uplift of paramedics from band 5 to band 6 in 2017, whereby if Wales did not implement the Band 6 job profile the Trust would have been exposed to legal challenge, poor staff relations, poor staff morale and in that case a loss of Paramedics to neighbouring English ambulance trusts. Therefore there is a precedent for Welsh Government supporting this case.

It is not an option for WAST to ignore the national profile and the existing job description would be subject to a review as it stands, with no additional training to develop enhanced skills in the EMT workforce. WAST would not be able to adopt this position, leading to dispute and likely industrial action.

However, we are presented with an opportunity through this situation and there are also clear benefits for patients, staff and the wider system of moving to a new band 5 role with built in additional training and enhanced skills.

In short, this proposal would provide an opportunity for existing EMT2 staff to develop personally and professionally into the EMT3 role. This will involve additional training and

education to develop their patient assessment, management and clinical skills to provide a positive impact on the patients they interact with as well as supporting and mentoring less qualified or less experienced colleagues.

At present, the EMT2 role, whilst an important key clinical role within the Trust, is restricted by:

- Being unable to make direct referrals and take accountability for direct referrals to approved care pathways.
- The inability to make decisions on referral to approved care pathways and specialist care such as falls, PPCI, major trauma.
- A scope of practice that does not allow EMT2's to undertake certain practical tasks, such as interpretation of 12 lead ECG, which can result in delays whilst waiting for a senior clinical decision makers to support the EMT. For example, when a patient who is experiencing Cardiac chest pain with irregular arrhythmias showing up on a 3 lead ECG the EMT2 has to wait for back up from a senior colleague, or be forced to transport to a potentially wrong destination, who then will ask the EMT2 to undertake a 12 lead ECG for the senior clinician to then make an informed decision on the best care for the patient. From a prudent healthcare and Duty of Quality perspective this is not in the interests of the patient (experience, outcomes and safety), the staff experiencing the delay nor an efficient use of resources.
- The inability to develop and display leadership, planning and decision making on scene in the absence of paramedic or advanced paramedic colleagues.

By developing technicians through a significant focus on additional training and education, there is safety built into the role which will then be able to assess and refer suitable patients to alternative pathways other than emergency departments which include but are not limited to:

- Taking an active role in using referral through approved pathways when in the best interest of patient care, taking responsibility for such referrals and being accountable for the referral for example: - Falls Referrals, Resolved Epilepsy Referrals, Hypoglycaemia referrals, GP. EMT 3 can refer a patient to any agreed pathway (listed in Consultant Connect) with documented clinician to clinician discussion.
- Undertake referral to specialist centres (including, for example, PPCI, MTC and soon to include hyperacute stroke units) where appropriate e.g. decision making around need for Primary Percutaneous Coronary Intervention (PPCI), ECG interpretation, Stroke, TIA and the diagnosis treatment and referral to specialist centres or the requirement for specialist clinical support for a range of conditions when appropriate.
- EMT 3 is responsible and accountable for making such referrals to other clinicians inside and outside the organisation.
- When attending a patient in the absence of more senior clinicians there will be a necessity to plan, organise and take responsibility for other members of the clinical team with on the scene activities.

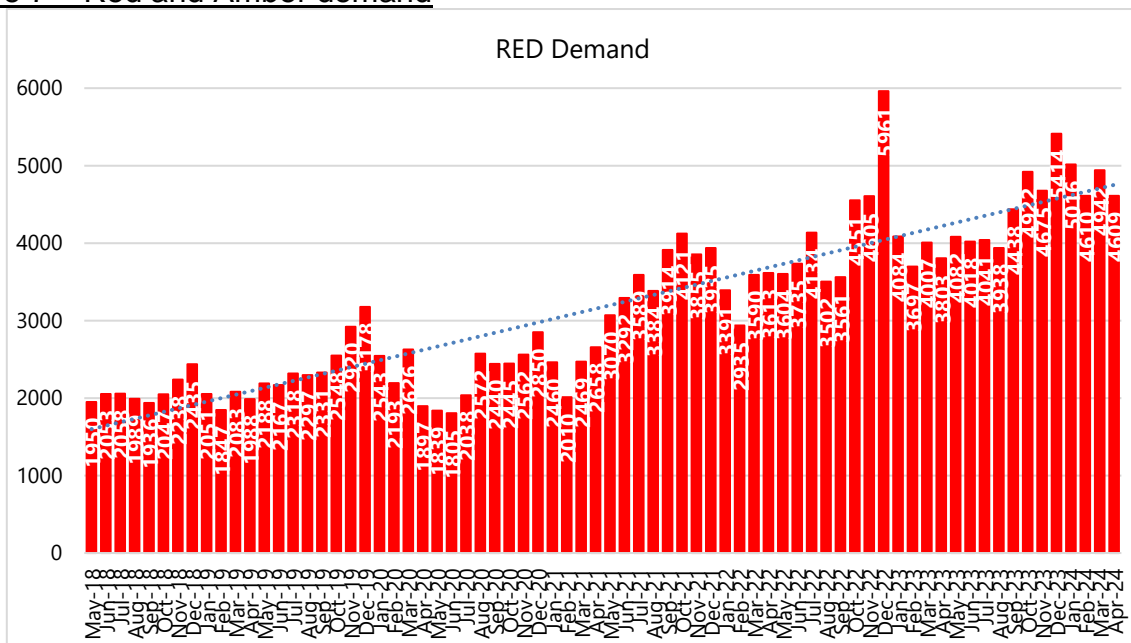
This proposal also builds on the development of a clear, clinical career pathway for EMT staff. This proposal provides clarity on a seamless clinical career pathway through a trainee EMT role, a higher level of practice role with EMT3 onto a paramedic role should they wish to take this opportunity.

2.1 Service Demand and Capacity Analysis

The operating context for the Trust remains challenging. The graphic overleaf summarises some of the headline performance challenges we are facing (based on December 2023 data), with many of the areas of poor performance triangulating with information from our patients and our people.

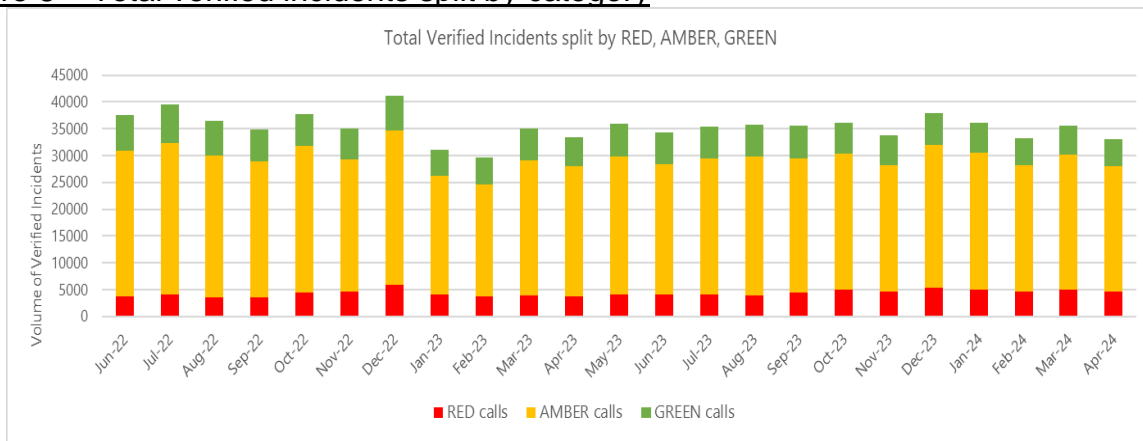
Red demand has significantly increased from 5% of verified demand in 2018 to 14% in 2024 of incidents, whereas the majority of work, where most of our patient safety incidents occur, are in the amber category which accounts for around 71% of incidents.

Figure 7 – Red and Amber demand



Source: WAST Monthly Integrated Quality & Performance Report

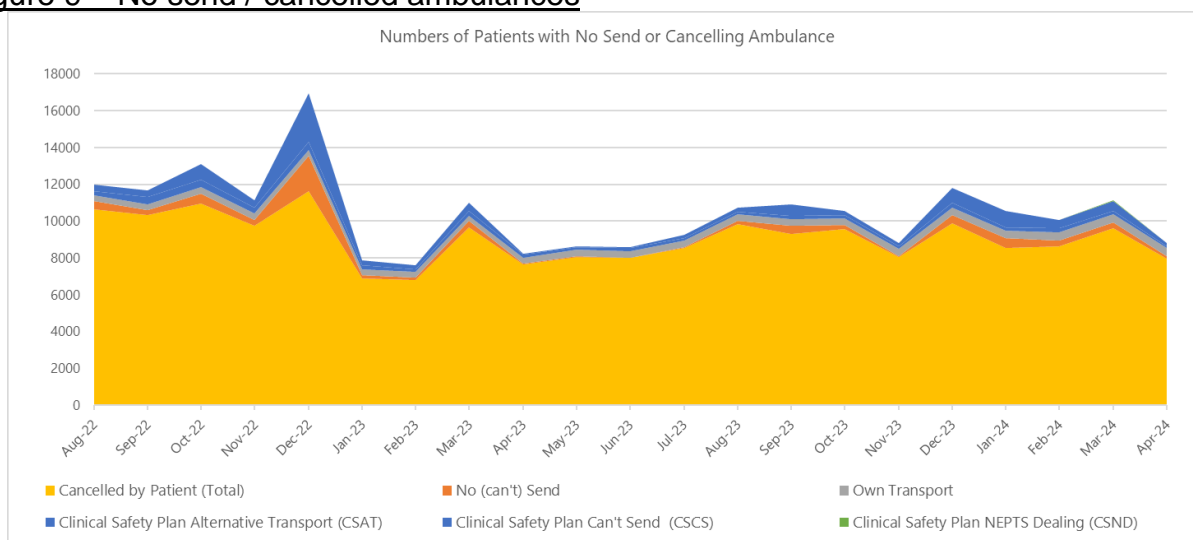
Figure 8 – Total verified incidents split by category



Source: WAST Monthly Integrated Quality & Performance Report

Hospital handover delays are causing between a quarter and a third of conveying ambulance resource produced each month to be unavailable to respond to patients. It is acknowledged as the root cause for ambulance performance being off target. As well as causing long waits outside hospitals, handover is also causing longer waits in the community, with Red 8 minute performance at around 50% (target 65%) and Amber 1 median performance of more than one hour (ideal 18 minutes). In addition, the Trust has started to see a significant increase in the number of patient cancellations/no sends i.e. unmet demand, which anecdotal evidence suggests is leading to patients popping up elsewhere in the unscheduled care system. Over 100,000 ambulances are cancelled each year by patients themselves. This presents a challenge to the system where patients arrive at ED unexpectedly with serious conditions, such as STEMI and Stroke, creating further delays in the system and driving patient harm.

Figure 9 – No send / cancelled ambulances



EMTs spend a lot of their time in the red and amber categories, dealing with ever increasing complexity of the patient conditions. By empowering this tier of around 660 clinicians across Wales to be able to make quicker decisions at scene will free up resources, particularly senior clinicians and some of our specialist resources. Additionally, by enabling EMTs to have greater access and authority to refer to pathways that are not necessarily through an ED, where the current default would be to convey to ED, there will be the potential to make more resources available for more red and amber calls, reducing the need for patients to cancel.

In terms of capacity, this case has used actual staff in post for financial calculations of c660 FTE.

3. Investment Objectives and Benefits

3.1 Investment Objectives

Table 2 – Investment Objectives

IO1	Competent and enhanced trained workforce
IO2	Advanced clinical and leadership skills
IO3	Improved quality, patient safety and experience
IO4	Avoid dispute with TUs and good staff relations (<i>Social Partnership Duty</i>)
IO5	Balance between EMT role and paramedic role and pipeline for the future (<i>A Healthier Wales, A Prosperous Wales</i>)
IO6	Manageable financial appraisal

This role supports individual clinical development and career progression choices as well as enabling the delivery of high standards of evidence based clinical care and providing appropriate alternatives to traditional conveyance decisions when safe to do so. The role is aligned to the trusts ambitious plans which support career pathways and retention of staff.

EMT3s continue to be recognised as a valued and important part of the workforce and this current offer will see the role being part of a broader career offer and opportunity for staff, continuing to strengthen and grow the career structure we offer for our people beyond other roles we have added in the last couple of years such as Senior Paramedics.

EMT3's will play a key role in the assessment, treatment, and subsequent management of patients across a range of urgent and emergency settings. EMT3 will be a clinical lead role and will assume a clinical supervisory and mentorship role for less experienced staff.

Summary Benefits Plan

Table 3 – Benefits Plan

Benefit ID	Benefit	Proposed Metrics	Linked to Investment Objective	WAST Strategic Alignment	Linked to Commissioning Intentions	Linked to Quad Aim
B01	Increase number of patients who are referred to alternatives to ED	See & treat metrics Referral rate to alternatives to ED	IO2, IO3	✓	✓ Optimising conveyance	✓
B02	Reduction in unnecessary conveyance	Conveyance rate	IO2, IO3	✓	✓ Optimising conveyance	✓
B03	Improved patient experience	Surveys and Peci engagement data	IO3	✓	✓ Value based healthcare	✓
B04	Improved clinical outcomes: stroke, chest pain, falls, major trauma	AQIs Clinical indicators	IO3	✓	✓ Clinical Indicator Plan	✓
B05	Increased staff morale, motivation	Staff survey and pulse survey results Cultural metrics Productivity metrics	IO1, IO2, IO4	✓	✓ Workforce modernisation	✓
B06	Maintained commissioned staffing levels	Staff in post v establishment	IO1, IO5, IO6	✓	✓ Utilisation	✓
B07	Improved staff retention and career development opportunities	Staff retention metrics	IO1, IO5	✓	✓ Workforce modernisation	✓
B08	Improved staff and TU relations	Pulse surveys TU engagement	IO4	✓		✓

Staff Engagement

Figure 10 – Staff feedback 2023/24



Patient facing roles such as EMTs have reported frustrations (through pulse surveys and staff survey evidence) with the current status quo, driven by handover delays, and feeling the desire to do more and better by their patients, acknowledging that they are aware that the nearest local emergency department is not necessarily the right place for the patient to go.

We set out in our IMTP for 2024-27 the key issues that staff face and EMTs desire to move to a band 5 role would be driven not least by their own wellbeing, their career progression aspirations, strain across the system and personal financial issues.

We also held some specific engagement events with staff around the move to the national profile role and what our offer could be to staff within the context of a financially challenged NHS. Feedback from the sessions was positive and TU partners will be holding ballots of their members to determine the requirement of the ask in this proposal. One particular piece of feedback summed up in a couple of sentences some of the key the clinical benefits to patients of this proposal.



“Having read the job description and associated scope of practice. I think this will be hugely beneficial to our patients, to the care we can provide, our knowledge base, and reduced the impact of having delay as we are now able to make more informed choices and provide better care. And hopefully better outcomes overall. I am aware it won't always be the outcomes we would like but giving us as EMT's extra skill's and responsibility, it will only improve our patient care. After all this is why we work in the industry that we do.”

EMT2 from Llanrwst

4. Option Development and Appraisal

4.1 Overview of the options

This proposal is presenting the only two options available to us, driven by the national profile change and adoption in UK ambulance services, feedback from our people, challenges in meeting the needs of patients and providing safe and effective services and the viewpoint of our TU Partners.

Option1 – Do nothing

Doing nothing in this case means not adopting the national profile and continuing to employ EMTs at a band 4.

Benefits

- Subject to the risks set out below, this would be cost neutral as there would be no increase in band and no requirement to pay arrears to the date of the national profile for qualifying members of staff.
- There is less of a risk of de-stabilising the pipeline of paramedic recruitment into the Trust, and provides a status quo in which we are able to plan workforce and service models around an existing known workforce, albeit noting the risk around recruitment and retention.

Risks

- Reduction in motivation and morale of staff, which would require engagement and further commitment through our People & Culture plan to mitigate, but it would not be possible to entirely mitigate this risk.
- Ability to recruit and retain staff in these roles may be negatively impacted, which could be a slightly higher risk in border areas with England that have already adopted the band 5 role.
- Unlikely to realise the benefits of the new national profile for patients, our people or the wider system as set out in the table 4 above, without a change in the scope of practice of the current EMT1 and EMT2 workforce.
- TU partners will recommend to their members to ballot for a review of their current job description. This would return us to the December 2023 position, requiring external input from the NHS Wales Job Evaluation lead. A likely outcome of this would be to re-enter negotiations to agree a new job description. TUs have also expressed their resolve for industrial action if necessary.
- Should a new job description be developed and evaluated itself as a band 5, not then requiring staff to undertake the training that is set out below in option 2, there would be a cost to NHS Wales dating back to in our view 2021 and in TU partners' view 2019 – both of which are a significant cost to the system, as per table 5 below.
- This scenario would not then give the benefit of the education, skills acquisition and enhanced scope of practice for this cohort of staff, meaning that benefits set out above would not be realised and staff would continue working as they do now, at a higher page grade and significant cost to NHS Wales.
- Should we enter this scenario then it is likely that funding this increase in cost would be extremely problematic in the current financial climate and we would have to dispute the revised job description as unaffordable, which has a detrimental impact on the relationship building that has taken place over the last 3 years with Trade Union partners and will then likely see industrial action taking place.

Whilst we have appraised this option below, our view is that this is not really an option we could support as not putting the national profile in place does not appear to be an option given this profile is confirmed as adopted in Wales. Furthermore, we provide training at Level 4 which is a key component of the band 5 profile, so this cannot be changed for our existing workforce.

Option 2 – adopt the national profile into a WAST JD for band 5

Move into band 5 in line with the national profile with additional training to be provided whereby:

- Those who were EMT2 as at 30.11.2023 would transition immediately with training to a band 5 role with backpay to 30.11.2023;
- Those who were EMT1 as at 30.11.2023 would transition to Band 5 on successful completion of a programme of induction, with no backpay to 30.11.2023;
- Those who were EMT1 as at 01.04.2024 would transition to Band 5 on successful completion of a programme of induction, with no backpay to 30.11.2023.

This option has been developed through joint working and negotiation with TU partners, for which they will ballot their staff. As stated above, there has been positive feedback from direct staff engagement sessions, and this option provides significant and immediate benefit to staff in EMT roles.

The financial appraisal below has assumed conservatively that this proposal will be based on all staff in post, with no turnover or return to band 4 built into the financial model at this stage.

Benefits

- On the whole the benefits set out in table 4 above would be realised, albeit we have appraised this cautiously as we would need to ensure there is a clear baseline and evidence built up through a logic model evaluation methodology in the next stage of the detailed benefits realisation plan.
- These benefits will be seen in terms of patient care, their experience, the safety and timeliness of services and in the quality of care they receive. But our people will also see significant benefits including career progression, motivation and morale. This would create a more sustainable workforce in WAST which would deliver wider system benefits.
- There will be a 5-week band 5 conversion programme to develop and enhance the skills of the EMT role which will include additional drugs administration not previously available to EMTs and further practical clinical and assessment skills, such as the interpretation of 12 lead ECG. The course is also an opportunity as a University Trust to equip band 5s with future learning and research techniques for those who wish to progress further in their clinical career.
- Whilst also a risk, we can use the opportunity of these skilled clinicians to support our strategic workforce plan, ensuring there is a pipeline of paramedics available for the strategic transformation required across WAST, but also an opportunity to

consider efficiencies going forward in our workforce plan, within the funding envelope available.

- As a newly named body under the Wellbeing and Future Generations Act, this investment will support WAST in developing our wellbeing objectives particularly in relation to A Healthier Wales with benefits spanning the Quadruple Aim, but also A Prosperous Wales where we are able to drive career opportunities for this cohort of staff, offering 'decent work' opportunities, with 'skills for the future'
- This meaningful development opportunity and enhanced career pathway, will not require colleagues to leave their local area i.e. we will be enabling colleagues to achieve their career goals within their local communities. This enhances job satisfaction, employee experience and retention but also in terms of our potential future workforce, it will be beneficial to have positive, successful role models in local communities (especially rural areas) who can inspire others to consider a career within the NHS and emergency service. It also means we will be able to retain some excellent talent and a lot of experience.
- Whilst not direct benefits listed in the benefits plan, this ability to retain people in their local areas will support our decarbonisation plan in reducing the journey times and distance of people driving out of area for advanced career opportunities. It will also provide a better work/life balance for people working closer to home and for those living in predominantly Welsh speaking communities it will be beneficial for those EMTs who are Welsh speakers to remain in those communities to support our Active Offer to Welsh speaking patients.
- This investment will show commitment to WAST being able to meet the duties and tests of our duty to work in Social Partnership with Trade Unions strengthening staff and Trade Union relations.

Risks

- TUs do not agree the proposal and encourage their members to vote against this proposal, which would return us to the same position as option 1. We have tried to mitigate this through staff engagement events and regular senior meetings with TU partners to outline the clear benefits of moving to a JD that is entirely consistent with the
- Funding availability. Whilst this is a much more palatable financial appraisal there is still a significant cost of moving the workforce to band 5. This proposal seeks to mitigate that risk by working with government to secure funding in light of the nationally agreed job profile.

4.2 Financial appraisal of options

Each option assumes a transition to entry point of Band 5 from start date and then progresses through the scale (5 year progression with salary increase at start of yr 1, 3 & 5). Costs include the additionality of salaries from B4 to B5 and then applying estimated unsocial hours at 21% and on costs at 26%. No assumption has been included for turnover, step backs, what changes will be required in clinical model etc. and assumes a stable FTE number from 1st July 2023 of c660wte. Prior costing from December 2023 has been calculated at actual FTE in post.

Options from 1/12/19 & 1/12/21 are then based on roll back of the 2023 option as difficulty obtaining actual FTE by month.

As noted for option 1/12/23 there is a further breakdown in table 6 to take into account training abstraction over a 2 year period (from 1/9/24) for the 660FTE. Also included 6FTE B7 training staff (ESM) for a similar 2 year period and then retain 3FTE recurrently and also Digital support of 3FTE B5 recurrently. Registration and other costs (travel, accommodation etc) included at £1k per employee, again over a 2 year period.

Table 4 – financial appraisal

Overall Summary - Options											
	2019/20	2020/21	2021/22	2022/23	2023/24	Arrears	2024/25	2025/26	2026-27	2027-28	2028-29
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Additional Cost Tech Band 4 to 5 (from 1/12/19)	652	2,131	2,964	4,483	5,825	16,055	8,507	8,507	8,507	8,507	8,507
Additional Cost Tech Band 4 to 5 (from 1/12/21)			652	2,131	2,964	5,747	4,483	5,825	8,507	8,507	8,507
Additional Cost Tech Band 4 to 5 (from 1/12/23)					652	652	3,493	5,298	5,627	6,119	8,801

Table 5 - Analysis of option 2 from 1/12/23 cost

	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
	£000	£000	£000	£000	£000	£000
Additional Cost Tech Band 4 to 5	652	2,131	2,964	4,483	5,825	8,507
Education Support Manager B7	0	196	336	243	176	176
Digital Support Staff B5	0	64	109	114	118	118
5 Weeks Training covered on Over Time over 2 Years	0	910	1,559	650	0	0
Registration and Other Costs (£1,000 per person) 660 WTE	0	193	330	138	0	0
	652	3,493	5,298	5,627	6,119	8,801

Our commissioner supported IMTP was clear that the cost for this uplift could not be accommodated within the IMTP financial plan even within the uplift available which is balanced on the basis of our significant savings target and unavoidable costs that have been covered through the plan.

The source of funding is therefore requested through additional central funding from Welsh Government. The preferred option will be assessed against the most affordable of the options (i.e. manageable financial appraisal in the investment objectives), noting that option 1 (do nothing) would have not only a higher immediate recurrent cost but also a extreme non-recurrent arrears payment. Option 2 is the better of the two options available to us financially. It also gives us the opportunity to consider further resource efficiency within our strategic workforce plan in our next IMTP period, which is not so easily afforded by option 1.

4.3 Benefits Appraisal

Table 6 – Benefits

Investment Objectives	Option 1	Option 2
Competent (per profile) and enhanced trained workforce	x	✓
Advanced clinical and leadership skills	x	✓
Improved quality, patient safety and experience	x	✓
Avoid dispute with TUs (<i>Social Partnership Duty</i>)	x	✓
Balance between EMT role and paramedic role and pipeline for the future (<i>A Healthier Wales, A Prosperous Wales</i>)	✓	✓
Manageable financial appraisal	x	✓
Benefits		
Increase number of patients who are referred to alternatives to ED	x	✓
Reduction in unnecessary conveyance	x	✓
Improved patient experience	x	✓
Improved clinical outcomes: stroke, chest pain, falls, major trauma	x	✓
Increased staff morale, motivation	x	✓
Maintained commissioned staffing levels	✓	✓
Improved staff retention and career development opportunities	x	✓
Improved staff and TU relations	x	✓

4.4 Preferred Option

Based on the appraisal of options against benefits and investment objectives the preferred option is option 2 adopt the national profile into a WAST JD for band 5

4.7 Service Impacts

Duty of Quality

We will undertake a full QIA as required against strategic decisions, but in summary the table below sets out some of the key quality improvements and enablers against the Health Care Quality Standards.

Table 7 – Quality impacts

Safe	The role, training and enhanced scope of the preferred option set out below would improve patient safety through development of this highly skilled staffing tier
Timely	Patients should get a timelier journey to their next point of care, without delays awaiting a senior clinical decision maker
Effective	The ability to utilise an enhanced scope of practice will mean patients get more effective care than the current scope of EMT practice available

Person-centred	EMTs would be able to make decisions and refer to care pathways not currently available to them according to the patient needs
Equitable	c660 EMTs across Wales will mean the benefits of the proposal will be equitably dispersed across Wales, with some potential benefits for rural communities and Welsh speaking communities
Efficient	There will be a more efficient use of resources, including where we would not need to deploy back up clinicians as well as future potential workforce planning within our evolving clinical model

Leadership	The role will be more focussed on clinical leadership for EMTs, empowering them to make decisions but also additional responsibilities for clinical and professional supervision, and so the Trust is including a Level 3 qualification in Mentoring to enable confident delivery of this role
Culture	The new role will present a rich opportunity for personal and professional growth, enabling people to operate at top of their scope of practice and a culture of peer support and mentoring which will ultimately benefit patient outcomes and staff wellbeing
Learning Improvement Research	As a University Trust we have the opportunity to democratise learning through our educational and academic structures now in place, enabling a pipeline into future paramedic roles
Workforce	This development provides the Trust with the opportunity to look at our skill mix as we will have more people available to us who are able to access care pathways previously closed to them.
Whole system approach	Taking an active role in using referral through approved pathways when in the best interest of patient care, including specialist pathways and alternatives to ED will support our ability to not clog up the system by defaulting to ED conveyance on every occasion.
Information	There has been strong engagement in developing this proposal with our people and it is based on balanced and accurate information, through a partnership approach with our trade union colleagues.

Infrastructure, fleet and digital impacts

Integrated Technical Planning Group will assess further impacts across our strategic programmes of capital developments and digital plan aligned to workforce requirements. It is not anticipated that there will be an impact on station numbers or vehicle numbers. The wider strategic transformation across the Trust will consider the planning assumptions for fleet and estate across our entire integrated service offers.

5. Implementation Plan

The implementation plan assumes commencement from October 2024 with courses starting in November 2024. It is important to note that this is factored in over an 18month period as each course requires the abstraction of current EMTs from frontline duty for 5

weeks at a time. This is important in terms of the benefits plan and the timing of benefits realisation.

Table 8 – Implementation Plan

ID	Task Description	Named Lead	Estimated start date	Estimated finish date	Dependent on any preceding task/s	Status
1.	Alter ESR to show date effective as 30.11.2023 or date EMT2 role commenced for those EMT1s as of 30.11.2024	Julie Stokes	June 2024			Amber
2.	Planning logistics for abstraction	Sonia Thompson	In progress			Amber
3.	Select and develop Operational Clinical Instructors	Jo Kelso	June 2024	Oct 2024	No conditional dependency	Green/Amber
4.	Complete curriculum development to support Induction Programme	Jo Kelso	In progress	Sept 2024	Co-dependency with (additional CIs)	Green
5.	Commence delivery of EMT3 Induction Programme	Jo Kelso	Nov 2024	Nov 2026	Dependent on delivery of abstractions, CIs & curriculum	Not Started
6.	Support any remaining eligible staff who were unable to progress due to absence from work	Jo Kelso	Nov 2026	Dec 2026	Return to work of colleagues, delivery of previous training	Not started

6. Post Implementation Evaluation

The implementation of this project will report through the directorate Local Delivery Plans for Operations and People & Culture Directorates, who provide assurance to the Strategic Transformation Board on IMTP deliver through the Integrated Strategic Planning and Development Group. A detailed benefits realisation plan and a benefits scorecard will be developed and reviewed in light of this additional investment. Strategic Transformation Board, in turn reports IMTP and programme delivery into Finance and Performance Committee, Trust Board and the JCC committee structures to ensure full scrutiny across the system and throughout Wales.

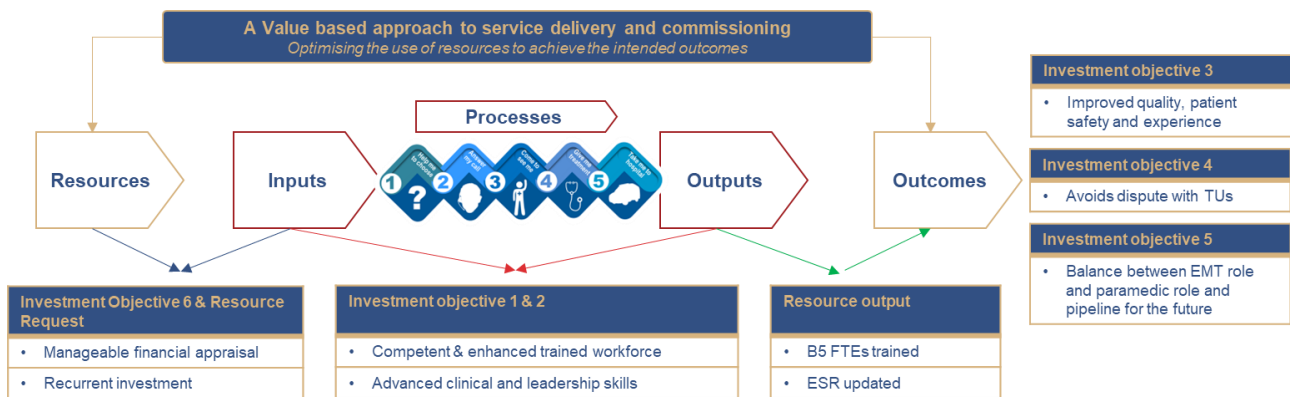
Updates will also be given to Welsh Government through IQPD meetings and JET.

Table 9 – monitoring and oversight

Board/Committee	Purpose	Frequency
Senior Operations Team (SOT)/ Operations Senior leadership team (SLT)	<ul style="list-style-type: none"> Escalation point for implementation of plan from operational perspective 	Quarterly
Operations Quarterly Assurance	<ul style="list-style-type: none"> Review of Operations Directorate LDP 	Quarterly
People & Culture Directorate Business meetings	<ul style="list-style-type: none"> Review of P&C Directorate LDP 	Monthly
Integrated Strategic Planning and Development Group (ISPD)	<ul style="list-style-type: none"> AD level IMTP and LDP delivery and assurance 	6 weekly
Strategic Transformation Board	<ul style="list-style-type: none"> Exec level IMTP and LDP delivery and assurance 	6 weekly
Finance and Performance Committee	<ul style="list-style-type: none"> IMTP delivery and benefits reporting 	Every 2 months
Trust Board	<ul style="list-style-type: none"> Board assurance of IMTP delivery Receive updates on major programmes (ad hoc) 	Every 2 months
Integrated Quality, Performance and Delivery meetings (IQPD)	<ul style="list-style-type: none"> Meeting with Welsh Government around quality and performance delivery 	Every 1 month
Joint executive team meetings (JET)	<ul style="list-style-type: none"> Executive to executive scrutiny meetings with Welsh Government 	Every 6 months

It is proposed that a value-based approach to benefits monitoring is taken using a logic model methodology as set out below (*diagram template developed by National Collaborative Commissioning Unit and WAST*), focussed on where the investment delivers the investment objectives set out in this case in order to realise benefits.

Figure 11 – Value based evaluation and benefits realisation approach



7. Conclusion and Recommendation

Following an extensive period of negotiation and engagement with our Trade Union colleagues and our EMT staff we are presenting this case to Welsh Government to provide additional funding to support the uplift in EMT band from band 4 to band 5. This has been driven not by WAST service developments or its strategy, but by a national profile which has been agreed at government level and adopted in other UK ambulance services.

Whilst not directly driven by national or WAST strategy, the move to an EMT3 role as per the national profile, with additional training, has additional strategic, system, patient and

staff benefits. This is entirely in keeping with a Healthier Wales and the wider Wellbeing of Future Generations Act.

The option to do nothing would almost certainly result in challenge from Trade Unions for a review of the existing job description, a prohibitively costly option which could result in dispute and industrial action.

We have therefore presented a preferred option for moving 660 band 4 EMTs to a band 5 EMT role, with a training and education programme which provides the EMTs with clinical and leadership skills which have huge benefit to patients and the wider system, as well as creating a sustainable and motivated workforce, with career progression pathways built in to enable workforce planning for a modern ambulance service.

The recurrent cost is £3.493m PYE in 2024/25 £5.298m FYE in 2025/26, with non-recurring arrears of £652k as a worst-case scenario that all EMTs move across to this band. The comparable worst-case scenario for reviewing the existing job description is £8.507m FYE recurring from 2024/25 with non-recurring arrears of £16.055m.

It is therefore recommended that Welsh Government accept the proposal at option 2 adopt the national profile into a WAST job description for band 5 EMT3 roles, making additional funding available as per the financial appraisal to move up to c660 EMTs into this role.