



#NHSPay15

23rd March 2021

GMB EVIDENCE - NHS PAY REVIEW BODY (PRB)

Today, on the anniversary of the first day, of the first national lockdown due to Covid-19, Rachel Harrison (GMB National Officer) and Rehana Azam (GMB National Secretary) gave oral evidence to the NHS Pay Review Body (PRB) on behalf of all GMB members working in the NHS and Ambulance Services.

This was GMB's opportunity to talk in more detail about our written submission to the PRB and also raise other key issues on behalf of our members. Issues such as Covid-19, low staff morale, mental health, disproportionate impacts on Black Asian and Minority Ethnic workers, impacts of the last pay deal for all members, and specifically for those working in the ambulance service.

You can read a summary of GMB's oral evidence session to the PRB in the box below.

Opening Remarks.

Rachel Harrison, GMB National Officer:

GMB was the only union who said NO to the last three year pay deal and we believe we have been proven right to do so on several occasions since.

GMB members rejected the pay deal because it was overly complex and difficult for individuals to understand exactly what it meant for them. This has resulted in us still taking queries on pay issues related to the deal now, almost three years later.

It was to be a real terms pay cut for dedicated NHS staff, over half of who were at the top of their pay band. A 6.5% uplift over the three year term was forecast to be a real terms pay cut.

We believed it to be unreasonable for NHS staff to be expected to pay for their own pay rise by taking cuts to unsocial hours and sick pay.

Cuts to enhanced unsocial hours payments for new ambulance staff and those changing roles would cause a divide in the workforce and discourage people from applying for promotions.

GMB has always argued that incremental pay increases should be kept separate from annual pay increases. The right pay rate for the job is the one at the top of the band and automatic pay progression is a way for people to get smoothly to the correct rate for the job. Introducing a pay progression system that is linked to appraisals, leaves many workers vulnerable and at risk of being held back by managers for unreasonable reasons. A fear felt most by our lower paid workers and those of black Asian and minority ethnic backgrounds.

Staff morale and motivation is at an all time low with staff at absolute breaking point.

As an NHS Staff Council Executive member I have spent the last twelve months meeting with NHS employers, and representatives from the Department of Health and Social Care and NHS England & Improvement to ensure our members are protected at work. In order to fully understand the issues on the ground, I am in daily contact with reps and members from all job across the NHS and ambulance services. And I can tell you, they have had enough.

Not only is staff morale at an all time low, there is a mental health crisis looming.

GMB has just closed a mental health survey of our members, which also included questions on long covid.

Out of 3,110 responses with approximately a 60/40 split between the NHS and Ambulance Service, almost 70% of members stated that their work was causing them stress or impacting on their mental health. Amongst the top reasons for this stress and mental health impacts was fear of taking Covid home, fear for their own safety, trying to balance work and caring responsibilities and financial pressures. 52% stated that their employer didn't provide adequate support for workers who returned to work after a mental health issue. 76% stated that their employer has not appropriately or adequately supported or managed changes in their working environment or job role during covid.

Long covid is also a very real issue for many NHS staff. Its reasonable to expect that in the early days of the pandemic, when staff were fighting to get access to PPE, those that caught covid, did so at work. Some of these people are still having to take time off work now with long covid symptoms and are not being sufficiently supported by their employer.

Over 41% of those who completed our survey stated that they had contracted covid and they believed that they were now suffering with long covid. Over 33% of these had resulted in having to take further time off work, some on lower pay than they would receive if they were able to be in work and some unpaid. It's a disgrace that these key workers are not being shown the care and respect that they deserve.

There are workers being forced into situations of overtime at lower rates of pay or unpaid.

Car parking charges have been re-introduced in some areas, despite the NHS people plan stating it should remain free for staff for the duration of the pandemic.

Some of our members are still having to fight to get adequate Personal Protective Equipment to protect themselves.

The lowest paid in the NHS are now on less than the Foundation Living Wage.

NHS staff are seeing their colleagues ill, at breaking point, suffering emotionally, physically, and financially and they are angry. They are rightly calling for the recognition they deserve. They want pay justice and that is a restorative pay increase of 15% or £2 per hour, whichever is the greatest.

Rehana Azam, GMB National Secretary:

We are concerned about a statement made in the NHS England PRB submission:

'A significant number of Agenda for Change staff earn below £24,000, and for them the Spending Review committed to provide a £250 pay rise.'

This statement is inaccurate as only staff who earn below £24,000 Full Time Equivalent are covered by the policy. It excludes part-time NHS staff who are below the threshold.

If staff who earn below the threshold on a part-time basis are excluded, then it will create perverse outcomes and a sense of unfairness, and also 1.1% to 1.4% would not be an adequate settlement for staff who do earn below that amount FTE.

We are also concerned that the evidence submitted by the Department of Health and Social Care does not rule out a pay freeze for some workers. While vacancies are particularly acute in some occupations, this is a relative measure - recruitment and retention problems are pronounced across the NHS.

The Treasury's own Equality Impact Assessment from November, which GMB got under the Freedom of Information Act, said that:

'In order to ensure the NHS is robustly resourced and equipped, it is not appropriate to impose a pay freeze on NHS workers at this point in time.'

We agree with the Treasury on that point - and we think that any attempt to freeze NHS workers' pay or otherwise cut it in real terms would be misguided.

Another regrettable issue is the Department's failure to seize the nettle on High Cost Area Supplements (HCAS). We were grateful for the PRB's supportive comments in its last report and it is disappointing that the Department did not provide a remit for a review. The problems with HCAS are structural and long-term, and if the PRB would consider reiterating that there is a strong case for a review in this year's report then that would be appreciated.

I don't need to tell you that there were over 100,000 vacancies in our NHS before the pandemic.

Although, NHS and ambulance service workers have been recognised as the key workers we always knew they were, years of underfunding and undervaluing these workers before the pandemic had led to chronic staffing shortages and a workforce and system already at breaking point. Government was wholly unprepared to protect our NHS and its workers.

People from Black Asian and Minority Ethnic backgrounds have been impacted the most during this pandemic. GMB has just submitted evidence into the European Court of Human Rights (ECHR) which is specific to racism and racial inequality across the NHS and social care. We can provide you with a copy.

PPE has been one of the most shocking failures of this government's handling of the pandemic and continues to be. Out of date PPE was sent to workers on the frontline - masks out of date by years, goggles that were that old the elastic band straps disintegrated when workers tried to put them on. PPE of inferior quality and insufficient to protect workers - paramedics attending to covid patients with flimsy aprons you find people wearing who work in your local sandwich shop.

PPE guidance changed at least 40 times in the first six months of the pandemic, leaving employers and workers completely confused and scared. This led into a huge distrust amongst workers and a belief they were being lied to about how safe they were. Guidance was changed to meet supply with advice issued over one weekend when supplies ran out, advising workers to wash and reuse items that should be disposed.

It is only now being reported of the money wasted on PPE - warehouses full of supplies that were bought without proper checks and of inferior quality and therefore can't be used. Contracts given to Ministers friends without checks and transparency.

GMB is campaigning for Covid to be classified as an industrial disease. Needless lives have been lost and government has to take responsibility.

GMB is calling for a fully independent public inquiry into covid and the governments handling of it. The government have lost their way. We need a coherent strategy with all key stakeholders at the table.

All devolved countries have recognised the efforts of their health and social care workers with financial bonus payments. Wales went one step further and topped up the payment to account for tax and national insurance deductions. These are payments in addition to any pay award yet to be offered. England is the anomaly.

GMB is clear that the pay award must be one that is consolidated and fully funded. One off lump sum payments are not the answer. However, the fact that the Government in England has failed completely in providing a bonus of this type for recognition of Covid efforts, speaks volumes.

They have failed to do anything other than clap. Instead, they have recommended 1% which is a complete insult.

This is why GMB is calling for a restorative pay award of 15%, or £2 per hour, whichever is the greatest.

Our members know their value, even if government don't and they are prepared to fight for it if they have to. If we need to go down the route of industrial action in the coming months if there isn't a satisfactory offer, we will do.

Everyone is watching and waiting to see what the PRB will do. GMB is calling on you to do the right thing and recommend a real terms pay increase.”

Read GMBs written submission into the PRB at: [Evidence submissions | GMB](#)

The PRB panel focussed their questions on four key areas. Details of these are listed below with brief comments highlighting GMBs response.

1. Affordability of the pay award, & simplicity of the offer

- Affordability of the pay award is one of choice for the Government. They have wasted £36 Billion on Test and Trace alone. The question is whether Government can afford not to give a decent pay award.
- We are asking for a restorative pay award, to make up for a decade of real terms pay cuts.
- GMB represents workers in all job roles, across all pay bands. The 15%, £2 per hour hybrid claim, is the fairest way to give pay justice by addressing real terms pay losses, as well as increasing pay for the lowest earners. The lowest paid are now earning below the Foundation Living Wage.
- Can we afford not to give pay justice if we want to retain staff.

2. Impact of the three year deal - specifically on ambulance workers

- Ambulance workers were further disadvantaged by the last deal due to changes to unsocial hours payments under section 2. This has created a divide in the workforce who are now on different terms and has negatively impacted numbers of people pursuing promotions. Career development amongst the ambulance workforce is crucial to the future of the service.
- This has caused anger and further distrust by ambulance workers, who previously fought to protect their unsocial hours enhancements and won. To have had them

removed a few years later anyway sends the message that they are not a valued part of the workforce.

- We dispute the Department's evidence that states unsocial hours payment have remained constant at around 15% of salary for qualified staff. We believe this figure to be much higher.
- There are also many outstanding issues regarding the application of Section 2 which remain unresolved. GMB will outline these in supplementary evidence to be sent to the PRB.

3. Equalities

- GMB has done extensive work on the disproportionate impact of Covid-19 on workers from a Black, Asian and Minority Ethnic background. We have submitted evidence into the European Court of Human Rights on the impact on the health and social care workforce and will submit a copy of this to the PRB as part of our supplementary evidence.
- NHS staff have suffered from institutional racism.
- Insufficient protective measures were put in place for these workers.
- Workers outsourced to private contractors were denied sick pay and PPE. Workers who are predominantly from a Black, Asian and Minority Ethnic background.
- There continues to be disproportionate representation amongst senior people.
- GMB is calling for Covid-19 to be an industrial disease.
- We have also done some research into representation of women in the ambulance service and the gender pay gap. Details of this will be provided to the PRB in our supplementary evidence.
- We need Race Pay Gap monitoring to be mandatory.

4. Retention

- In response to the question: 'What is the risk of retention for AfC staff this year compared to last year? Low, Medium or High?' - GMB response: very high.
- Staff are sticking out the next few months due to feelings of supporting patients and their colleagues through the pandemic, but will leave afterwards if not rewarded with pay justice.
- Staff burnout and exhaustion is a real issue that needs addressing.
- Flexible working options are not yet a reality for the majority of NHS workers.
- The effects of pension contribution increases could mean that many NHS staff are set to actually receive another pay cut. The pension remedy arrangements as a result of the McCloud judgment, may result in more people retiring early - this is of particular concerns in the ambulance service due to the long standing grievance of their retirement age not being equal to that of other emergency services.

What's Next?

GMB will now provide further written evidence into the PRB on areas that were discussed today. These include:

- European Court of Human Rights Evidence: Impact of Covid-19 on the Health & Social Care Workforce.
- On-going Section 2 issues for ambulance service workers.
- Gender pay gap reporting in the ambulance services.

It is expected that the PRB will review all evidence received and issue their report to Government, who will then respond with their pay offer.

This is when GMB members will be consulted on that offer. Therefore, it is essential that all GMB members details are up to date and permissions given to allow us to communicate with them by email, mobile phone and post.

Members can check their details and make any amendments by contacting local branch's, representatives or GMB offices, or online at: <https://gmb.org.uk/mygmb-edit>

All resources for our pay campaign can be found on the GMB NHS Hub, including links for non members to join - [We're campaigning for pay justice in our NHS | GMB](#)