GMB written evidence
NHS Pay Review Body 2021/22
January 2021

Executive summary

- NHS workers have made – and are making - extraordinary sacrifices during the coronavirus pandemic. The Pay Review Body should recommend a substantial pay increase in recognition of NHS workers' essential role in combating the disease.

- GMB believes that NHS pay should at least be restored in real terms to its 2010 levels. In line with this principle, we are calling for a one-year fully-funded headline increase of **15 per cent** or **£2 an hour** – whichever is highest.

- The last NHS pay settlement continues to have negative consequences that are particularly acute for NHS workers at the top of their pay band, and/or those who work in ambulance services.

- A wide range of non-pay issues are also having a negative impact on recruitment and retention trends.

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Notes on submission

GMB, incorporating the Ambulance Service Union, is proud to represent NHS workers in England, Wales, Scotland, and Northern Ireland.

In keeping with GMB's previous submissions to the Pay Review Body, our evidence here focuses on the NHS in England. We remain concerned about pay trends in the devolved nations and differentials between Agenda for Change bands (including where they affect recruitment and retention challenges in border areas).

GMB recently conducted a representative survey of NHS members which has informed this response. The survey was conducted in December 2020 and it received 2,018 responses. A summary of results can be found in the appendix.

All quotes presented in orange bands are taken from this survey (example below):

'I have always enjoyed my work within the NHS. However, I am very unhappy with my level of pay to the point where I feel undervalued for the amount of work I do, especially when NHS workers are putting themselves and their families at a higher risk of contracting Covid-19.'

Introduction

GMB, the union for NHS staff, represents more than 600,000 workers in the public and private sectors. We are the largest union in ambulance services.

This submission is additional to, and supportive of, the joint Staff Side evidence, which GMB is a signatory to. GMB was the only union that rejected the last pay settlement and this submission reflects that stance. It remains our view that the settlement was inadequate, unnecessarily complex, and damaging to all workers (and in particular to long-serving workers at the top of their pay bands, and to ambulance workers).

The Department for Health and Social Care's delay in sending the remit letter for this year's pay round was regrettable. The delay will likely result in a recommendation being deferred to May.[1] NHS workers deserve better than a delayed pay award – GMB urges the PRB to do all in its power to ensure that the process is not delayed further.

GMB believes that the Secretary of State's remit letter painted an inaccurate picture of pay in the NHS. Earnings remain well below pre-pay constraint levels in real terms, resulting in a serious decline in our members' quality of life. Contrary to the Government's claims, gross public sector earnings are below comparable private sector rates. Meaningful increases are required if NHS pay rates are to be competitive.

The NHS and NHS workers have been pushed to – and in some cases beyond - their limits in 2020/21. Too many NHS workers have lost their lives to this terrible disease. PPE is still insufficient. Dedicated professionals are buckling under extreme pressure and accumulated fatigue. The mental and physical health impacts of coronavirus are translating into serious retention pressures. A meaningful pay rise is both necessary and the right thing to do.

As we argued last year, the flawed pay settlement continues to have adverse effects on workforce morale. This is particularly true of top of band workers and ambulance workers. We also ask the PRB to consider non-pay factors that are having a negative impact on recruitment and retention. These issues are explored in more detail in this submission.

The state of NHS pay

The value of NHS pay

NHS pay is worth significantly less than it was ten years ago. Almost a decade of pay constraints has had a serious and detrimental impact on our members' quality of life, their ability to afford necessities, and family relationships.

> *'I am skint every month. I desperately need more pay.'*

The NHS Regulator, Monitor, noted in 2013 that historically 'periods of wage restraint are generally followed by periods of "catch up" with their trend level in subsequent years.'[2] There has been no such period of 'catch up' in the NHS following years of real terms pay cuts.

Against the RPI, the trade unions' preferred measure of inflation, average real earnings have fallen by 11 per cent since 2010. Even on the Government's preferred measure of the CPI, the real value of average earnings has fallen in real terms.

Real terms changes to average NHS earnings[3]

	Actual earnings		Real terms loss (£)		Real terms loss (%)	
	2010	2020	CPI	RPI	CPI	RPI
All staff	£29,134	£33,999	-£1,235	-£4,064	-3.5	-10.7
Hotel, property & estates	£16,224	£19,273	-£348	-£1,923	-1.8	-9.1
Nurses & health visitors	£29,599	£33,895	-£1,901	-£4,775	-5.3	-12.3
Midwives	£30,527	£33,788	-£3,129	-£6,094	-8.5	-15.3
Ambulance staff	£35,801	£41,906	-£1,389	-£4,866	-3.2	-10.4
Scientific, therapeutic & technical staff	£31,446	£35,062	-£2,968	-£6,022	-7.8	-14.7

These headline summaries in changes in gross earnings do not tell the whole story. Our members tell us that they are forced to work more unsociable hours to make ends meet. The figures in the table above will also incorporate the effects of additional overtime worked during the

coronavirus pandemic, further disguising the true erosion of the value of basic earnings.

'I don't want more than I'm entitled to, just in line with what it should be.'

The levels of dissatisfaction with pay levels reported through the NHS Staff Survey remain at unacceptable levels. 36 per cent of NHS workers reported being 'very dissatisfied' or 'dissatisfied' with their pay, rising to 47 per cent of ambulance workers.[4] The 2020 Staff Survey results, which were not available at the time of writing, will reflect the impacts of the coronavirus outbreak, and they should be studied careful.

As we argued in our 2020 evidence submission to the PRB, the results of the NHS Staff Survey have one important drawback: they cannot be used to disaggregate the 44 per cent of NHS workers who are at the top of their pay band. Top of band workers received a lower increase totalling 6.5 per cent over three years, which was lower than forecast inflation (RPI) at the time. This has had a disproportionate negative effect on long-serving, experienced NHS workers.

'I have always enjoyed my work within the NHS however I am very unhappy with my level of pay. To the point where I feel undervalued for the amount of work I do, especially when NHS workers are putting themselves and their families at a higher risk of contracting Covid-19.'

Top of band workers have experienced sharp cuts in the real value of their pay, and top of band data remain the best means of measuring changes in the value of pay over time. Outside of the old Band One, GMB analysis of spine point values reveals that the basic earnings of long-serving top of band workers will have been devalued by between 13.3 per cent and 16.8 per cent from April 2010 to the end of the current settlement in April 2021. Even on the Government's preferred CPI measure of inflation, most top of

band earnings will have been devalued by 10 per cent over the same period.

Changes in the real terms value of top of band FTE annual basic earnings, April 2010 to April 2021[5]

	RPI		CPI	
	£	%	£	%
Band 1	-£1,123	-5.9	£323	1.8
Band 2	-£2,972	-13.3	-£1,285	-6.2
Band 3	-£3,596	-14.5	-£1,726	-7.5
Band 4	-£4,871	-16.8	-£2,676	-10.0
Band 5	-£6,051	-16.5	-£3,278	-9.7
Band 6	-£7,639	-16.8	-£4,195	-10.0
Band 7	-£8,973	-16.8	-£4,929	-10.0

This dynamic was reflected in the responses to our recent survey. According to the results of our members' survey, NHS workers at the top of their pay band are more likely to report that they had considered leaving the NHS in the next six months (by 66 per cent to 59 per cent), and top of band workers who had considered leaving were more likely to cite pay as a reason for doing so (by 67 per cent to 62 per cent).

'I have been top of band 6 for the past 12 years and am only earning £200 a month more than I did in 2008 for the same job and hours.'

In previous reports, the PRB has 'pointed to the retention and motivation risks of higher proportions of staff reaching and remaining on the top of their pay bands … [and] request[ed] further insights from the parties into the way in which trusts are incentivising these staff through training and development to support their careers and personal aspirations.'[6] In our experience, such initiatives are inconsistent and have in any event fallen in relevance since March 2020.

Our members tell us through our lay structures that inadequate pay for top of band workers remains a significant driver of poor retention (and in the case of ambulance workers, the imposition of Section 2 terms and conditions upon a change in contract is an active barrier to career development and progression).

NHS pay and the National Living Wage

The NHS is no longer a Living Wage employer following the November 2020 uprating of the Foundation Living Wage rate to £9.50 outside London. We note that Living Wage Foundation urges all accredited employers to implement the new rates as soon as possible.

By NHS Employers' own calculation, Band One workers and Band Two workers of up to 1 to 2 years' experience no longer earn the UK Foundation Living Wage rate.[7] This means that approximately 38,000 NHS workers in England no longer meet the independently calculated national rate for a minimum income standard.[8]

GMB believes that it is essential that all directly and indirectly employed NHS workers receive at least a basic hourly rate that is sufficient to live on, and that the NHS must never again fail to be a Living Wage employer. GMB policy as determined by our annual Congress is to campaign for a real living wage of at least £10 an hour.

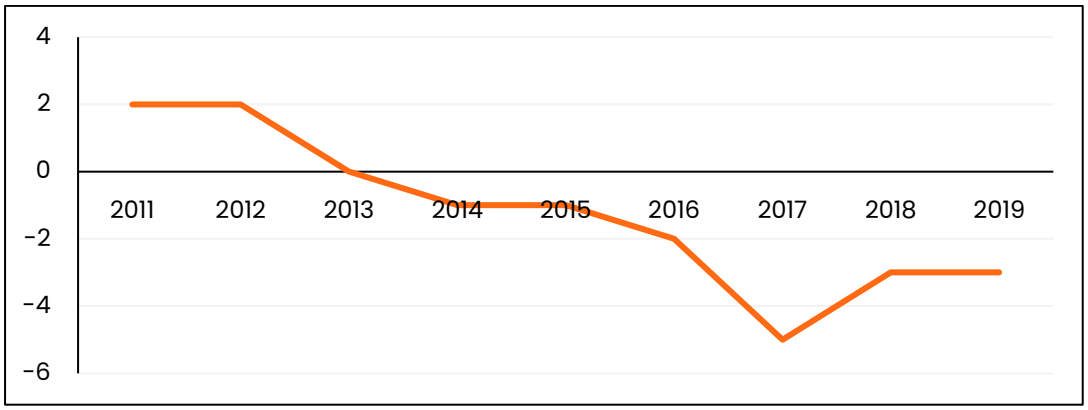
Public sector pay differential

Following the Covid outbreak, Ministers argued (as they did during the post-2010 period of pay restrictions) that there is a positive public sector differential for comparable jobs. In doing so, the Government has cherry-picked its data and created a misleading impression (including in the Secretary of State's remit letter to the NHS PRB).

There is a longstanding debate over whether the inclusion of employer pension contributions in these estimates is appropriate. Our members cannot eat their pension, and average *employee* pension contributions are much higher than in the private sector. When the ONS modelled the differences in gross pay (including bonuses and overtime payments), which we believe is the best method of estimating actual pay as it is experienced in the real world, the estimated differential fell to -3 per cent.

The negative differential was reported in the same publication as those cited by Ministers, but it has been ignored in public statements. We also note that the predictive power of the ONS regression model cited by Ministers was only moderately good, accounting for 57 per cent of variation in outcomes.

ONS modelled public/private pay differential - gross pay including overtime and bonus pay (%)[9]



The ONS analysis was based on administrative data from the Annual Survey of Hours and Earnings (ASHE), which is generally seen as the most accurate source of incomes data. We note that an Institute for Fiscal Studies analysis using self-reported Labour Force Survey data found that the differential, when controlling for workforce characteristics, was close to zero.[10]

Government pay policy – targeted pay awards

In the rest of the public sector, the Treasury is seeking to impose zero pay rises for most workers, and a consolidated £250 uprating for workers who earn less than £24,000 FTE.[11] The Secretary of State's remit letter states that NHS staff who earn less than £24,000 should 'expect to receive pay increases no lower than this level.' GMB believes that this policy is inappropriate for the NHS and the wider public sector, and we urge the PRB to reject any suggestion that the Government's wider pay policy should be applied to the health service.

'I feel that NHS staff deserve to be paid fairly for the work they do regardless of pay band. Claps do not pay the bills.'

A £250 uplift would represent an increase of between 1.1 per cent and 1.4 per cent to the basic earnings of Agenda for Change workers who earn below £24,000 FTE. This would represent another real terms pay cut for most low-paid Agenda for Change workers, and the policy excludes low-paid part-time workers who in practice earn below £24,000. It is also unclear how workers with irregular hours would be accounted for. If the £250 policy was applied to the NHS then it would provide an inadequate uplift for many low-paid workers, and it would be a cause of resentment and dissatisfaction among other low-paid workers who are excluded.

GMB calls on the PRB to recommend that all NHS workers should receive a substantive pay rise in 2021, in line with the case set out in this submission.

Summary

In summary:

- Outside of band one, top of band basic earnings have been devalued by between **13 per cent** and **17 per cent** for most NHS workers since 2010

- The NHS in England is no longer a Living Wage employer

- Average public sector gross earnings are **3 per cent lower** than comparable private sector rates

- It would not be appropriate to apply the Government's wider pay policy on workers who earn below £24,000 FTE to the NHS

In the circumstances, GMB believes that its call for a one-year fully-funded increase of 15 per cent or £2 an hour (whichever is higher) is reasonable and proportionate.

The NHS and the labour market

Recruitment and retention

The NHS continues to face acute recruitment and retention challenges. While there may be more applicants per job in the overall economy, pre-existing difficulties have continued during the pandemic – and in some cases, those challenges have been exacerbated by the outbreak.

> *'In my life there is always a dilemma to just leave and go and do a better paid job. The NHS is continually losing people with skills and expertise..'*

There was an NHS vacancy rate of 6.9 per cent in September 2020 (or 87,237 FTE positions).[12] While this represented a fall on the pre-pandemic period, the rate was substantially higher than vacancies across the economy as a whole (at 1.7 per cent). Overall, human health and social work activity had the highest vacancy rates of the categories tracked by the ONS.[13]

Some traditional recruitment activities have been prevented or curtailed by Brexit and Covid restrictions. For example, London Ambulance Service recently said that:

'International recruitment had been negatively impacted by COVID-19 as the Trust was unable to conduct its usual recruitment exercise in Australia and Australian Paramedics have been unable to travel to the UK for work.'[14]

The Bank of England's Agents recently confirmed that the sector is facing acute recruitment challenges. According to the Agents' reports, while 'recruitment difficulties have eased significantly' across the wider economy 'shortages persisted for highly skilled and experienced professionals, particularly in health and social care.'[15]

Alongside recruitment issues, there is strong evidence that the NHS is failing to retain staff in sufficient numbers. 74,871 NHS workers left their jobs

in the second quarter of 2020 – this was the highest number of leavers during the second quarter on record, and a 13 per cent increase on the second quarter of 2019.[16]

61 per cent of respondents to GMB's members' survey said that they had considered leaving the NHS in the last six months. As discussed below, many ambulance workers report that they cannot afford to take promotions due to the closure of Annex 5, which will likely translate into a growing shortfall in senior positions and retention problems as ambulance workers seek alternative employment.

Summary

High unemployment rates in the general economy have not translated into a resolution of the longstanding recruitment problems in the NHS. Vacancies remain high, there is some evidence that the number of people leaving the NHS rose during the first three months of the coronavirus pandemic.

Pay is not the only factor that influences recruitment and retention trends, but it is the variable that the Government and employers have the most immediate control over. The structural problems that inhibit recruitment and retention are persistent, even in a much-changed labour market. Significant pay rises would go a long way towards addressing the recruitment and retention challenges that are inhibiting patient care.

Covid-19 – the impact on NHS workers

Infection and absences

Medical staff are assessed to have some of the highest occupational exposure rates to Covid-19.[17] This exposure is reflected in the mortality rates among health workers. According to the ONS, 618 health and social care workers' deaths in England and Wales were linked to Covid-19 up to 30 June 2020 (more recent figures are not currently available).[18]

'NHS staff have worked above and beyond during this period, risking lives and their families and are still fighting

for a pay rise. A pay rise that may make the difference between not having to pick up extra bank shift and becoming burnt out on the job.'

673 NHS workers in England died in service of all causes during the first six months of 2020. While it is not known what proportion of these deaths in service were linked to Covid-19, this was the highest number of total deaths recorded since the current data series started in 2011/12, and it was 46 per cent higher than the number of NHS workers that died in service in the first six months of 2019.[19]

'NHS staff stood firm in the pandemic. We looked after the population and stood ready to give our all should the need arise. We should be rewarded for this act of group bravery and we deserve a pay rise.'

A large number of staff have also been forced to take time away from their workplace, either because they have contracted coronavirus disease, or because they were required to shield or self-isolate. 1.6 million FTE working days were lost across the NHS in England between March and August 2020 due to Covid-19.[20] A GMB Freedom of Information Act survey of NHS ambulance trusts revealed very high rates of sickness absences during the early months of the pandemic. More recent reporting suggests that absence rates have again reached the 12 per cent level at some sites and trusts.[21]

English ambulance trusts with absence rates exceeding 10 per cent (not including normal leave) in the week commencing 18 May 2020[22]

Employer	**Absence rate (sick leave plus self-isolation / shielding)**
North East Ambulance Service	13.1
East Midlands Ambulance Service	11.2
London Ambulance Service	10.5

In some occupational groups, the absence rates have been even higher – a fifth of London Ambulance Service Emergency Operations Centre staff were on sick leave, or were self-isolating or shielding, by the end of March 2020.[23] In common with the wider workforce, the effects of Covid infections have been particularly acutely felt among BAME NHS workers and workers who share other at-risk characteristics.

Resources, PPE and operational changes

Since March 2020, NHS workers have saved patients' lives and battled to contain the virus without access to adequate protection. Absent, inadequate, and even improvised PPE has continued to characterise the protection available to NHS workers long after the initial outbreak. GMB recently wrote to the Secretary of State to call for full level 3 PPE to be made available to all NHS workers at risk of infection.[24]

Particularly in the early stages of the pandemic, operational changes (such as the deep-cleaning of ambulances and requirements to regularly change PPE) reduced response times, which added to workload backlogs and pressures on staff. These operational challenges have tended to coincide with spikes in demand for ambulance and other NHS services.

The NHS's capacity to limit the spread of coronavirus has also been undermined by cuts in resources. According to figures reported by trusts under the Estates Return Information Collection (ERIC), the number of NHS cleaners (both directly employed and outsourced) fell by 800 in England between 2010/11 and 2019/20, and expenditure on cleaning fell by £38 million in real terms.[25] During the Covid outbreak, this has meant that cleaning staff have been expected to do even more with fewer resources.

Mental health

Independent academic research has indicated that the impact of Covid-19 on many NHS workers' mental health has been severe. Anonymised survey research of Intensive Care Unit workers conducted in June and July 2020 found that 40 per cent of respondents self-described symptoms that were consistent with a diagnosis of Post-Traumatic Stress Disorder (PTSD) – a higher rate than military veterans. According to the study, nurses were

more likely than doctors to meet the thresholds for depression (moderate and severe), probable PTSD and anxiety (moderate and severe).[26]

'There is nowhere near enough support for staff at work. The pay for what we have to cope with is appalling. And [I] feel that time off for stress and the like is not allowed. No support for returning to work.'

Similar responses are reported by our members. In a GMB mental health survey completed by 761 NHS workers in September to October 2020, 75.5 per cent of respondents agreed that their work during Covid-19 had had a serious negative impact on their mental health.

'This has been a particularly trying few months for everybody, but the longer-term issues which have affected both myself and the patients we see are completely overwhelming at work. We have reduced staffing, without the pay to reflect any of this stress or overworking.'

Standardised ONS questions on mental health and wellbeing were also included in GMB's NHS members' survey, the results of which are reported in the appendix to this submission. The results can be compared to published scores for employees across the whole economy. GMB members in the NHS report being 14 per cent less happy, and 23 per cent more anxious, than all workers. Stress and poor mental were frequently named as reasons for workers considering leaving the NHS.

Standardised wellbeing scores (mean averages out of 10)
See the survey results appendix for more information

Measure	GMB NHS survey respondents	All employees (ONS)	% difference
Life satisfaction	6.16	6.97	-11.6
Worth	6.44	7.39	-12.9

Happiness	5.85	6.78	-13.7
Anxiety	5.15	4.19	22.9

Summary

NHS workers have risen to the challenge of Covid-19 at great personal cost.

The effects of bereavement; the ongoing health effects of long Covid; fear of infection and taking the virus home; the often-traumatic nature of work during the pandemic; additional workload and inadequate cover: all these factors combine to undermine the health and wellbeing of NHS workers.

At the time of writing, when many segments of the NHS are operating at (or beyond) their full capacity, these strains are already translating into retention challenges. While operational challenges should be addressed by employers and funders, a meaningful pay rise for all NHS workers would recognise the extraordinary contribution they have made and mitigate retention challenges arising from Covid-19.

Implementation of the pay settlement

Annex 5 closure and Section 2

As we warned last year, changes to unsociable hours payments for ambulance workers are having a substantial adverse impact on existing staff.

Under the terms of the 2018/19 to 2020/21 pay settlement, which GMB opposed, Annex 5 terms and conditions are closed to all new starters. This provision also applies to changes of contract, so ambulance workers who transfer between employers or take a promotion are compelled to accept inferior Section 2 terms and conditions.

> *'Section 2 needs to be scrapped. I make less money as a paramedic on this deal than I would as a tech on the old deal.'*

Under Section 2, fewer hours are classified as unsociable during the working week (Monday to Friday), and the maximum enhancement is reduced from 25 per cent of total basic pay to 30 per cent of time worked. In practice, this change in terms and conditions represents a significant loss in earning potential.

Unsociable hours payments are especially important for ambulance staff. On average, 27.4 per cent of ambulance workers' earnings are made up of non-basic payments (of which shift payments are by the far the most significant component). By contrast, non-basic payments account for 13.9 per cent of average earnings for all staff. Ambulance workers are the second most dependent group on additional payments after specialist registrars.[27]

'Section 2 is wholly unfair. Promotions are being hindered, staff are leaving because of it and staff are going into work when unwell due to it.'

The closure of Annex 5 to new entrants is an issue of serious concern for GMB's ambulance members. Excluding 'don't know' responses, 58 per cent of ambulance members say that they have not pursued a promotion in order to protect their unsociable hours payments. This figure is essentially unchanged on 2019, when 57 per cent of ambulance members said they had not pursued a promotion due to the change in terms and conditions.

The changes to unsociable hours payments are having serious workforce impacts, and we ask that the Pay Review Body investigates this area and makes recommendations.

Other issues

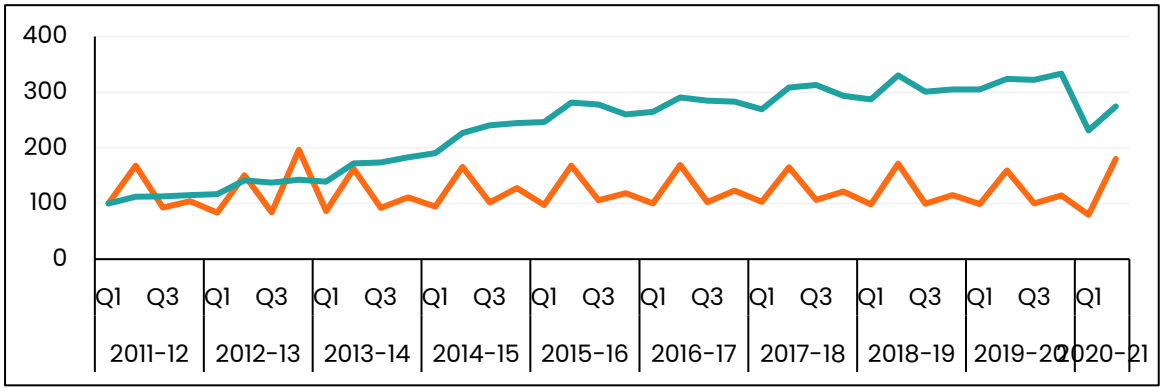
Workload

The most commonly raised complaint by our members is workload. Seeking a better work/life balance continues to be the most frequently recorded reason for staff leaving the NHS (excluding factors outside the control of employers, such as workers reaching retirement age and relocating).

'Nurses work over and above our contracted hours to ensure our patients are cared for and to support our colleagues, in many cases without pay. However, it would be nice to be able to get a good cost of living wage, in order to feel safe in the knowledge that we can go to work and earn a decent wage.'

While overall levels of staff leavers have remained broadly stable (if subject to a high degree of seasonal fluctuation), exits attributed to the desire for a better work/life balance have increased almost threefold since 2011/12.

Indexed reasons for leaving[28]
Where Q1 2011/12 = 100



Unmanageable workloads are leading to very high rates of unpaid overtime working, especially during the coronavirus pandemic. 71 per cent of our members report regularly working overtime, of which 14 per cent are not paid for these hours. The average GMB respondent who regularly works unpaid overtime contributes on average 3.6 additional hours each week. It is time that both the recorded an hidden contributions of NHS workers is recognised.

'We have experienced and continue to experience immense pressures with less staff. My caseload has nearly doubled in

the last 6 months but have had staff taken away from us. We deserve this pay rise.'

Inadequate protection for sickness and caring responsibilities

It is increasingly recognised that loss of earnings during periods of sickness among health and care workers can be a cause of higher infection rates, as infected staff feel compelled to attend work to make ends meet.

'The three year pay deal is very unfair. More unfair is the fact that if I broke my leg tomorrow, I would instantly lose my unsocial hours pay for three months, and would seriously struggle.'

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39 per cent of our members report that they lose their unsociable hours payments when they are on sick leave. When 'don't know' and 'not applicable' responses were excluded, the figure rose to 60 per cent. In addition, 31 per cent of respondents said that they would not receive support or pay protection if they had to take time off to care for dependents. The absence of pay protection represents a threat to public health as some staff will inevitably attend work when they should be in isolation.

GMB believes that there has never been a more important time for normal earnings to be fully protected during periods of sickness absence or caring responsibilities, and we ask that the PRB investigates this issue and makes recommendations.

Car parking charges

Car parking charges have long represented a 'stealth tax' on NHS workers, many of whom work at locations that are not easily accessible by public transport or walking or cycling. NHS trusts in England raised £90 million in revenues from staff car parking in 2019/20, with staff charged up to £2.50 an hour to park.[29]

In March 2020, the Government said that it was providing 'free car parking for NHS and social care staff'[30] during the pandemic, although it would be up to trusts to implement the policy at a local level. Worryingly, 7.8 per cent of respondents to our survey said that their employer was still charging for car parking – and a further 6.3 per cent said that their employer had reinstituted charges, having initially suspended them during the pandemic.

High Cost Area Supplements (HCAS)

In the 2020 joint staff side evidence, the trade unions argued that the HCAS system that replaced London weightings in 2004, was no longer working as initially intended. While HCAS is nominally a percentage system with minima and maxima boundings, in reality it has become a two-tier system for almost all recipients, and the value of the payments bears little resemblance to the true costs of living in London. The provision in the Agenda for Change handbook for HCAS payments to be applied outside of the London commuter belt has also never been drawn upon (although the inconsistent application of Recruitment and Retention Premia is a source of frustration and resentment for a number of our members).

In addition, some areas that are excluded from the fringe system are clearly experience costs comparable to the wider commuter belt (such as Crawley, Dartford, and High Wycombe). Research for the Staff Side indicates that some of the geographical anomalies in the current structure date from a rushed implementation of the 1974 Pay Board report on London weightings, and that some features of the present system may even be traced back to the decision to use the Metropolitan Police Area as the basis for the original NHS London weighting scheme in 1948. There is a clear case for a thorough review of HCAS, with representation from staff, employers, and the DHSC as funder.

We welcome the PRB's helpful comments in its last report that:

'There is a clear case to review the geographical coverage, minima and maxima, and rates. Much of the structure derives from legacy arrangements for a range of healthcare staff groups from before Agenda for Change was introduced. … When mapped out these appear arbitrary

and the rationale for boundaries at that time has shifted with the organisational structure of the NHS.'

Little progress has been made on this issue in the intervening year. While HCAS may not be the immediate priority, it is important that the opportunity for reform is not lost. We ask that the PRB considers repeating its invitation that the DHSC considers this issue in its 2021 report.

Conclusion

2020/21 may be remembered as the single most challenging year for the NHS in its history. NHS workers have risen to the challenge at a great personal cost.

Past periods of pay constraints (such as those applied from 2010) have historically been followed by 'catch-up' pay awards in line with the cost of living. That has not happened in the NHS, and the 2018/19 to 2020/21 pay settlement has introduced new problems (particularly in ambulance services). Top of band values have been devalued by between 13 and 17 per cent over the course of the last decade.

Recruitment and retention pressures remain acute. Non-pay pressures on staff are also severe, but pay is the policy lever that is most immediately available to Ministers.

A fully funded one year pay settlement of 15 per cent (or £2 an hour, whichever is highest) would restore the value of lost earnings, and ensure that the NHS is able to reclaim and retain its status as a Living Wage employer. We ask that the Pay Review Body makes a recommendation in line with these principles.

Appendix – survey results

GMB conducted a survey of NHS members in support of this submission. The survey ran for a short window between 28 October and 03 December 2020. 2018 responses were received.

In these tables, ambulance worker responses ('ambulance service') have been displayed separately to all other NHS workers ('NHS trust'), in line with GMB's internal structures.

All values are percentages, unless otherwise stated.

Do you regularly work additional hours above your contract?

	Yes	No
Ambulance Service	28.6	71.4
NHS Trust	29.9	70.1
All responses	29.4	70.6

If yes, what do you get paid for those hours?

	Bank Rate	Normal Rate	Overtime Rate	Unpaid
Ambulance Service	9.0	15.8	59.8	14.6
NHS Trust	11.4	12.3	62.3	12.8
All responses	10.5	14.1	60.6	13.9

Do you receive unsocial hours payments when you are on sick leave?

	Yes	No	Don't Know	Not Applicable
Ambulance Service	46.1	31.5	18.9	3.5
NHS Trust	6.3	46.6	26.6	20.4
All respondents	25.9	39.0	22.8	12.3

Ambulance respondents only – Have you decided not to pursue a promotion in order to protect your unsocial hours payments?

	Not Applicable	No	Yes
Ambulance Service	24.9	31.1	44.0

Do you believe your workplace is suitable prepared for this winter and flu season?

	Don't Know	No	Yes
Ambulance Service	20.8	54.5	24.6
NHS Trust	19.0	53.4	27.6
All responses	19.9	53.7	26.3

Does your Trust charge staff for car parking?

	Not applicable	No	Not during Covid-19 but they have started to charge again	Yes	Yes, but not during Covid-19
Ambulance Service	4.3	60.8	6.3	8.0	20.6
NHS Trust	5.8	63.2	6.5	7.7	16.8
All responses	5.3	61.9	6.3	7.8	18.7

Do you feel there is adequate support and opportunities for you to progress your career in the NHS?

	Don't Know	No	Yes
Ambulance Service	13.7	56.6	29.8
NHS Trust	13.9	55.1	31.1
All responses	13.9	55.7	30.4

Do you get support or pay protection if you have to take time off for dependents?

	Not applicable	No	Yes
Ambulance Service	27.3	33.7	30.4
NHS Trust	30.9	28.9	33.1
All responses	29.2	31.0	31.9

Have you considered leaving the NHS in the last six months?

	No	Yes
Ambulance Service	39.1	60.9
NHS Trust	37.5	62.5
All responses	38.6	61.4

Of respondents who have considered leaving the NHS – what were the main reasons? (Select all that apply)

Reason	All respondents	Ambulance Service	NHS Trust	Top of band	Not top of band
Stress	73.7	72.5	74.9	74.1	74.2
Pay	64.1	62.6	65.5	67.3	62.5
Workloads	49.2	49.6	48.9	48.1	50.6
Mental Health	43.7	50.4	38.8	41.8	46.3
Covid-19 Pressures / Fears	35.2	31.7	38.6	37.1	32.5
Bullying	22.6	20.7	24.8	22.4	22.1
Other	21.4	21.6	21.2	21.6	20.0
Violence & Abuse	7.6	7.2	7.7	7.0	7.3

Standardised wellbeing and mental health questions – mean averages on a scale of 1 to 10

	Ambulance Service	NHS Trusts	Not top of band	Top of band	All survey respondents	All employees (whole economy)*
Life satisfaction	6.23	6.07	6.15	6.14	6.16	6.97
Worth	6.41	6.45	6.45	6.44	6.44	7.39
Happy	5.84	5.82	5.82	5.84	5.85	6.78
Anxiety	5.09	5.20	5.04	5.27	5.15	4.19

GMB members were asked four standardised questions which were replicated from ONS surveys. The questions are:

On a scale of 1 to 10, where 0 is 'not at all' and 10 is 'completely':

- Overall, how satisfied are you with your life nowadays?
- Overall, to what extent do you feel the things you do in your life are worthwhile?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?

Comparative data for all employees is taken from the ONS publication Personal and economic well-being in Great Britain: September 2020 - Employee and self-employed split estimates on personal and economic well-being across time, 10 September https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/personalandeconomicwellbeingintheuk/september2020

The ONS data is for the period 22 to 26 July 2020 – the latest period for which figures are available.

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