



GMB written evidence

NHS Pay Review Body 2022/23

January 2022

Executive summary

- NHS workers continue to make enormous sacrifices during the Covid-19 pandemic. The strain of two years of working under pandemic conditions is mounting, and retention pressures within a tight labour market are now acute.
- NHS workers should receive a significant pay uplift which includes fair overtime rates for all and absorbs cost of living and pensions increases. There should also be a catch-up settlement that makes substantial progress towards the restoration of the real earnings that have been eroded over the last decade.
- After more than a decade of real-terms pay cuts, the faith of GMB members in the effectiveness of the Pay Review Body has been seriously damaged. We ask that the PRB makes a recommendation that accounts for real-terms losses and the current cost of living crisis.
- A range of non-pay issues continue to impair goodwill and drive recruitment and retention pressures.

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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).

In support of this submission, GMB conducted a representative survey of NHS members between December 2021 and January 2022. The survey received 700 responses. A summary of results can be found in the appendix.

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

‘Staff have gone above and beyond to learn new systems and techniques to provide teletherapy to patients during the pandemic. We’ve enhanced our skills and should be rewarded.’

Introduction

GMB, the union for NHS staff, represents hundreds of thousands of workers across 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 rejected the 2018 and 2021 pay settlements, and it remains our view that the 2018 settlement was inadequate and contained serious flaws that continue to have a negative impact on recruitment, retention, and progression. In our view, reversing changes to Agenda for Change terms and conditions (including, in particular, in relation to unsociable hours' payments) should be an immediate priority. This submission reflects that stance.

The NHS faces complex challenges. These challenges are partly short-term, and linked to the pandemic response; they are also long-term, and in response to an aging society. Both require the retention of existing staff and additional recruitment. In the context of historically intense competition for workers, a significant pay increase is required if the NHS is to recruit and retain the workers it needs.

The value of NHS pay

NHS pay is worth significantly less than it was in 2010. More than a decade of pay constraints has had a serious and detrimental impact on our members' quality of life, and upon their ability to afford necessities.

'I'm a single parent and expenses are getting to the stage that I haven't enough to do anything nice or even have holidays anymore'

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.’¹ There has been no such period of ‘catch up’ in the NHS following years of real terms pay cuts. Whatever gains may have been associated with the 2021 pay settlement for some workers have been swiftly negated by higher than forecast inflation.

Average real earnings have fallen by more than 12 per cent since 2010, as measured against the RPI (the trade unions’ preferred measure of inflation). The value of average earnings has shrunk even against the Government’s preferred measure of the CPI. The real earnings gap has grown compared to a year ago, when average earnings had been devalued by 10.7 per cent (RPI) and 3.5 per cent (CPI).²

Real terms changes to average NHS earnings³

	Actual earnings		Real terms loss (£)		Real terms loss (%)	
	2010	2021	CPI	RPI	CPI	RPI
All staff	£29,134	£35,079	-£1,387	-£4,969	-3.8%	-12.4%
Hotel, property & estates	£16,224	£19,913	-£394	-£2,389	-1.9%	-10.7%
Nurses & health visitors	£29,599	£34,797	-£2,251	-£5,890	-6.1%	-14.5%
Midwives	£30,527	£34,606	-£3,603	-£7,356	-9.4%	-17.5%
Ambulance staff	£35,801	£44,051	-£760	-£5,161	-1.7%	-10.5%
Support to	£21,201	£27,767	£1,230	-£1,377	4.6%	-4.7%

¹ Monitor, Closing the NHS funding gap: how to get better value health care for patients, 09 October 2013, page 3

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/284044/ClosingTheGap091013.pdf

² GMB NHS PRB written evidence, January 2021, page 4

³ NHS Digital, NHS Staff Earnings Estimates – September 2021, Provisional Statistics, published 22 December 2022, Table 2b; GMB calculations based on the ONS consumer price inflation time series.

Earnings figures are 12-month averages as of August 2010 and August 2021. Inflation was estimated at 25.2% (CPI) and 37.5% (RPI) over the same period.

ambulance staff						
Scientific, therapeutic & technical staff	£31,446	£36,055	-£3,306	-£7,172	-8.4%	-16.6%

These headline figures do not fully reflect the significant increases in overtime working reported by our members as the increase in demand on the NHS has outstripped increases in resources. This trend has accelerated to acute levels during the pandemic.

'I love my job as a nurse. Patients are why I put up with the stress - knowing I make a difference means everything to me. Unfortunately this doesn't pay the bills so I have to do additional shifts to make ends meet.'

75 per cent of GMB NHS members reported that they regularly work additional hours above their contract in our 2022 survey (which was conducted during the Winter spike in Omicron variant cases). This was an increase on our 2021 survey, when 70 per cent of respondents said that they regularly worked hours that were additional to their contract.

Top-of-band workers have continued to experience sharp cuts in the real value of their pay. 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 16.2 per cent and 19.6 per cent since April 2010.

'I'm at the top of my band and bringing home less money than in August. How am I to survive with inflation? Petrol is more expensive so my commute is costing more - but I am earning less.'

Even on the Government's preferred CPI measure of inflation, most top of band earnings will have been devalued by 11 per cent over the same period. When measured against the CPI, only the top of the legacy Band

One has avoided a real-terms cut (and the band has barely maintained parity with the cost of living).

Changes in the real terms value of top of band FTE annual basic earnings, April 2010 to April 2022⁴

	RPI		CPI	
	£	%	£	%
Band 1	-£1,837	-9.0	£107	0.6
Band 2	-£3,855	-16.2	-£1,587	-7.4
Band 3	-£4,584	-17.4	-£2,070	-8.7
Band 4	-£6,050	-19.6	-£3,100	-11.1
Band 5	-£7,537	-19.3	-£3,811	-10.8
Band 6	-£9,487	-19.6	-£4,861	-11.1
Band 7	-£11,144	-19.6	-£5,710	-11.1

'I have been at the top of band 2 since 2012. My income is constantly being eroded and I feel totally demoralised.'

The true real-terms loss by this April is likely to be higher still, as inflation continues to outstrip projected rates (the Bank of England now expects CPI inflation to peak at 6% in April⁵). These figures also do not reflect the additional burdens imposed by the freezing of the income tax personal allowance or additional National Insurance contributions from April, nor the proposed NHS pension contribution increases.

NHS pay and the National Living Wage

⁴ GMB analysis of Agenda for Change spine points and ONS consumer price inflation indices. This exercise assumed inflation of 5 per cent (RPI) and 4 per cent (CPI) in 2022, in line with the forecasts set out in the OBR's Economic and Fiscal Outlook October 2022.

⁵ Bank of England, Bank Rate increased to 0.25% - December 2021, 16 December 2021
<https://www.bankofengland.co.uk/monetary-policy-summary-and-minutes/2021/december-2021>

The has once again fallen behind the Living Wage Foundation rate, following the increase of the hourly rate to £9.90 outside of London (and £11.05 in London). We note that the Living Wage Foundation urges all accredited employers to implement the new rates as soon as possible.

By contrast, the starting Band Two rate is £9.49 on the NHS Employers' own calculations.⁶ As a result, the NHS is no longer a Living Wage Employer.

GMB notes with alarm that the NHS has fallen into a cycle under which the lowest rates are raised (nominally in April) to marginally more than the Foundation Living Wage rate. These rates are then overtaken by the November Living Wage increase. It is unacceptable that the NHS fails each year to sustain its position as a Living Wage Employer.

GMB calls on the Pay Review Body to raise Band One and Band Two rates to a sufficient level to protect workers on these grades from falling behind the Foundation Living Wage rate.

Summary

In summary:

- Average NHS earnings have been severely devalued. In real-terms, total mean earnings have declined by **12.4 per cent** following the imposition of pay constraints, and the apparent gap is held down by a growth in overtime working.
- Outside of Band One, top-of-band basic earnings have been devalued by between **16 per cent** and **20 per cent** for most NHS workers since 2010, and the gap has widened since the last settlement was made.
- The NHS in England is no longer a Living Wage employer.

⁶ NHS Employers, Hourly pay scales 2021/22, 29 July 2021

<https://www.nhsemployers.org/articles/hourly-pay-scales-202122>

The NHS and the labour market

Recruitment and retention challenges

The NHS faces its most challenging recruitment and retention challenges for many years against the backdrop of unprecedented demand for workers.

Vacancy rates are rising within the NHS, following a fall during the first six months of the pandemic. There were 99,460 NHS vacancies in the second quarter of 2021/2022, which was equivalent to a return to pre-pandemic vacancy rates in the changed context of an exceptionally tight labour market.⁷ The imposition of an April deadline for compulsory vaccination – which GMB opposes – will likely lead to further pressures on NHS workers and services.

'I fear we will lose a lot of hard working and competent clinical and non-clinical staff in the coming year if something is not done to increase our pay and conditions.'

GMB analysis of ONS data shows that while – to an extent – Covid-19 pressures have become 'normalised,' retention pressures are rising. After a fall in 2020, average intentions to leave current employment returned to pre-pandemic levels in 2021. NHS workers' were also much likely to cite Covid-19 as a reason for wanting to leave the NHS in 2021 than they were in 2020 (see Appendix: the NHS workforce in Q3 2021 – evidence from the LFS).

These findings are matched by the results of GMB's member survey. 71 per cent of respondents said that they had considered leaving the NHS in the past six months (up from 61 per cent in our 2021 survey). Pay was cited as a factor by half of respondents who had considered leaving the NHS.

⁷ NHS Digital, NHS Vacancy Statistics England April 2015 – September 2021, 25 November 2021 <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---september-2021-experimental-statistics>

'It is very tempting to leave and get paid more somewhere else.'

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. Substantial pay rises would go a long way towards addressing the recruitment and retention challenges that are inhibiting patient care.

Covid-19: impact on workers

Mental and physical health

Health and care workers face a significantly raised risk of contracting and dying from Covid-19.⁸ More than twenty NHS Trusts declared critical incidents during the winter of 2021/2022 due to Covid pressures.

A total of 39,142 NHS staff in England were absent for Covid-related reasons on 02 January – an increase of 59 per cent on the previous week⁹ – and GMB members in ambulance Trusts reported that up to one in five colleagues were absent.¹⁰

⁸ ONS, Coronavirus (COVID-19) related deaths by occupation, England and Wales, 25 January 2021

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/coronaviruscovid19relateddeathsbyoccupationenglandandwales>

⁹ NHS England, NHS weekly winter operational update for the week ending 2 January 2021 [sic], 07 January 2022 <https://www.england.nhs.uk/2022/01/nhs-weekly-winter-operational-update-for-the-week-ending-2-january-2021/>

¹⁰ GMB, NHS covid staffing crisis 'bitter fruit of Conservative cuts', 07 January 2022 <https://www.gmb.org.uk/news/nhs-covid-staffing-crisis-bitter-fruit-conservative-cuts>

'I feel completely disheartened by pay. I was on £9.20 an hour up until the 3% rise taking me to £9.48, which is offensive after risking mine and my family's life through the pandemic'

The mental and physical strains associated with Covid care are exacerbating other pressures on the workforce and the delivery of patient care. As one study has found, workers in roles that deliver Covid-19 care, have PPE concerns, or are unable to take meaningful breaks are at an elevated risk of burnout, and that 'increased burnout can also lead to reduced quality of care and patient outcomes.'¹¹ It should be noted that the PPE concerns reported by GMB members range from an absence of PPE to inappropriate PPE, the risk of overheating, and longer turnaround times in critical situations.

'Being paid to reflect what we actually do would alleviate stress and anxiety and make employees feel appreciated.'

GMB assessed the mental health trends among NHS workers by asking standardised questions that have been developed by the ONS. NHS workers reported worse scores than employees across the whole economy (as surveyed by the NHS), including: 18 per cent lower happiness ratings, and 36 per cent higher anxiety ratings. On all standardised measures, the results of our 2022 members' survey represented a relatively small but consistent decline on a year ago (see Appendix: GMB survey results).

Retention challenges

At the time of writing, when many segments of the NHS are operating at (or beyond) their full capacity, these strains are translating into retention challenges. While operational challenges should be addressed by

¹¹ Gemine R, Davies GR, Tarrant S, et al. Factors associated with workrelated burnout in NHS staff during COVID-19: a cross-sectional mixed methods study. *BMJ Open* 2021;11:e042591. doi:10.1136/bmjopen-2020-042591

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.

Other issues

The Pay Review Body process

As described above, the last pay settlement has not resulted in any reversal against the real-terms devaluation of NHS wages. In fact, the long-term real earnings gap has widened.

Among GMB members, there is a growing perception that past Pay Review Body recommendations represented a prediction of what Ministers would be prepared to fund, and not an assessment of what NHS workers needed. The reluctance of the Pay Review Body to challenge Ministers has damaged its standing in the eyes of our members.

We urge the Pay Review Body to assess its independence and recommend a substantive pay increase that addresses the cost of living crisis, recognises the extraordinary sacrifices made by NHS workers during the pandemic, and provides restitution for the severe erosion of NHS workers' standard of living.

Agenda for Change coverage

As the Pay Review Body noted in its last report, there was widespread disappointment at the employers' failure to agree a minimum rate for apprentices, resulting in an NHS *'apprenticeship offer [that] risks having less impact than it should do. The failure to agree national apprenticeship pay rates is a missed opportunity for the NHS Staff Council.'*

Good quality apprenticeships can be an important route into many health occupations, but many NHS apprentices are routinely being paid just £4.30 an hour – raising the prospect of exploitation and job substitution. This group of workers is effectively excluded from Agenda for Change for pay, which is undermining confidence in the agreement as a whole.

The issue of the disparity in pay, terms and conditions between AfC and contracted-out staff remains a serious issue and a cause of resentment.

This issue may become more prominent in the coming years as historic PFI deals begin to expire. There is however an absence of official information in this area, which has been compounded since the ERIC data series stopped collecting information on contracted-out workers.

GMB believes that all workers that deliver NHS services should have access to the same pay rates and terms and conditions, and we urge the PRB – as a first step – to review the evidence in this area, and to request information from NHS employers if required.

Closure of Annex 5 / transition to Section 2

The closure of Annex 5 provisions for unsociable hours payments to new entrants has been one of the most detrimental conditions of the 2018 pay settlement, which was opposed by GMB members. Alongside the financial impacts of the loss of earnings per hour under Section 2, the enforced transition to Section 2 upon a change of contract has prevented promotions or relocations for many of our members.

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.

Ambulance workers are being pressed from both sides. Our members are under raised pressure to work additional hours during the pandemic, and they are compensated less for that time (or prevented from progressing). The unpopularity of the provision cannot be overstated (as reflected in a petition on the issue attracting more than 22,000 signatures).¹²

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

¹² <https://www.change.org/p/uk-parliament-restoration-of-original-unsocial-hours-payments-contracts-for-ambulance-workers-in-england>

High Cost Area Supplements (HCAS)

As GMB argued in our last evidence submission, and in the 2020 joint staff side evidence, the HCAS system that replaced the pre-AfC London Weightings system is no longer fit for purpose.

Ongoing problems include: the reduction of HCAS to a two-tier system (contrary to intentions in 2004); the failure of HCAS to reflect the additional cost of living in Greater London; HCAS's archaic boundaries; and the lack of application of HCAS outside of the Greater London area.

'I have been trying to relocate for the last 2 years to Wales so that I could have a low cost of living and better life for my family. Staff are being forced out of high priced areas.'

As a result of these anomalies, some areas that are excluded from the fringe system are clearly experiencing 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.

The PRB noted in its last report that:

'Reviewing the purpose of HCAS would allow a clearer view for all parties, AfC staff and trust management in determining how it might be revised to meet changed requirements. The purpose should focus on the drivers for HCAS, including compensating for cost of living and additional costs, what is needed to support recruitment and retention in high-cost areas, and what other support mechanisms might be needed (including significant drivers of costs such as housing and transport).' (6.32)

While this suggestion of a review was constructive, there has been little progress in this area in the intervening year. We note that the AfC handbook makes provision for *'the NHSPRB to make recommendations on the future geographic coverage of high cost area supplements and on the value of such supplements'* (4.8). Further investigation of this issue and a convening of direct discussions between the relevant parties would be welcome.

Ambulance - retirement age

The ambulance service is the only 'blue light' emergency service that does not offer an earlier retirement age. Our members report that they are increasingly leaving the service before the normal retirement age due to the increased physical and mental strains associated with heavy lifting, the risk of assault, extended shift working, and other formal or informal demands. On current plans, paramedics and other ambulance workers are expected to endure these pressures until they are up to 68, depending on when they joined the service.

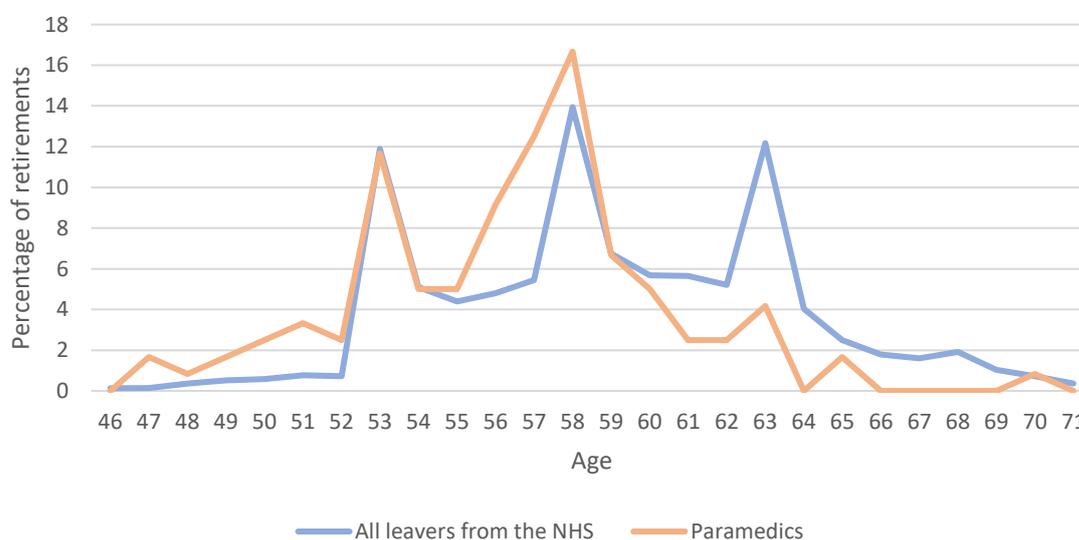
'A review of the retirement age within the service ... needs addressing. Our work is very physical and I believe expecting to work beyond 60 frontline is unrealistic both physically and mentally.'

The lack of a structured route to early retirement is leading to a premature loss of skills and institutional knowledge (as many workers feel that a career change is the only way to achieve financial security in retirement). There is also a profound sense of injustice among our members against the different treatment between blue light services, and against the Government's decision to raise the normal retirement age twice in ten years.

Member reports of early retirements is supported by pre-pandemic data obtained by GMB from NHS England. The data covered the NHS in England only in 2018/19. For all NHS workers in that year, 47.3 per cent of retirees

were in their sixties. By contrast, only 22.5 per cent of paramedics retired in their sixties. Non-paramedic ambulance workers were slightly more likely to retire in their sixties (at 52.3 per cent).

By contrast, 75 per cent of paramedics retired between the ages of 40 and 59, compared to 49.2 per cent of all NHS workers. Non-paramedic ambulance workers were slightly less likely than the national average to retire in this age bracket (at 43.7 per cent of retirements). The differing age profiles for retirements for paramedics and the NHS average are represented in the graph below:



These early retirements come at a significant individual financial cost. 17.5 per cent of paramedic retirements over the age of 50 in 2018/19 were early retirements with an actuarial loss, compared to just 2.8 per cent for all NHS staff.

This quantitative evidence is supported by a recent qualitative study, which was based on interviews with ambulance workers, which was funded by the Medical Research Council. The research found that, among participants:

'Apprehension that poor health will be an inevitable part of their older age, because of the pressures placed upon them ... is significantly impacting on [ambulance workers'] leaving intentions.

'There is considerable concern about the deleterious effect these pressures are having on their physical and psychological health and well-being, and some fear it may even shorten their life.

'Chronic staff shortages, increased clinical specialisation, and the added sense of injustice arising from further erosion to their pensions, collectively, are pushing older personnel to consider precarious decisions about their future financial and psychological well-being.

*'The rate at which paramedics are leaving the NHS continues to rise, and the concern is that this latest rise in occupational pension age for NHS Ambulance Personnel will mean that rates of leaving will only exacerbate the present shortage of qualified paramedics and technicians.'*¹³

GMB archival research suggests that the question of earlier retirement ages in the ambulance service has not been seriously considered in Westminster since the early 1990s, and that investigations faltered due to a lack of civil service resourcing and a perceived difficulty with obtaining relevant data (which would not apply in the present day).¹⁴

GMB believes that the issue of retirement ages in the ambulance service is posing serious operational challenges, and that the question requires urgent attention. We ask that, as part of its 2022/23 process, the PRB considers the current evidence base on ambulance retirements, 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 at least £5.4 million in revenues from staff car parking in 2020/21.

¹³ Roy, D., Weyman, A., & Nolan, P. (2020). Self-preservation comes at a cost – why British NHS Paramedics might be choosing a healthier, but poorer, retirement. Sage Open Medicine. <https://doi.org/10.1177/2050312120901545>

¹⁴ The National Archives, JA 236/4 to JA 236/51, 'Working Party on the Problems of Long Serving Ambulancemen [sic].'

'Car park fees normally are more than our hourly rate.'

While this figure was down substantially on the previous year due to Covid-19 relief schemes, staff were still being charged up to £7 an hour to park.¹⁵ Worryingly, however, nearly a quarter of respondents to GMB's 2022 survey said that Trusts had either started to reimpose charges or had only suspended charges during the pandemic.

GMB asks that the PRB investigates the hidden costs of working for the NHS, including parking charges.

Timing of the 2022/23 award

It is unacceptable that the PRB's recommendations are set to again be delayed until at least May as a result of the Government's delay in issuing a remit letter. The backdating of any award will not provide protection for NHS workers who face energy price rises and tax increases in April, and who may be forced into debt as a result.

We ask that the PRB makes provision for short-term costs arising from this delay in its recommendations, and that it considers expediting its recommendations or making an interim recommendation to avoid a damaging financial 'cliff edge' effect in April.

¹⁵ NHS Digital, Estates Returns Information Collection – Summary page and dataset for ERIC 2020/21, 14 October 2021 <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection/england-2020-21>

Appendix – GMB survey results

GMB conducted a survey of NHS members in support of this submission. The survey ran for a short window between late December 2021 and early January 2022. 700 responses were received.

All values are percentages, unless otherwise stated.

Do you regularly work additional hours above your contract?

Yes	No
74.9	25.1

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

Bank rate	Normal Rate	Overtime Rate	Unpaid
9.1	12.4	63.5	15
11.4	12.3	62.3	12.8
10.5	14.1	60.6	13.9

If you regularly work unpaid overtime, how many hours unpaid overtime do you work in a typical week?¹⁶

Mean average
4.5

Does your Trust charge staff for car parking?

No	Not during Covid-19 but they have started to charge again	Yes	Yes, but not during Covid-19	None of the above
66.6	6.2	7.5	17.1	2.6

¹⁶ Some extreme values (those above 20 hours a week) were excluded from this calculation.

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

Don't know	No	Yes
13.5	58.3	28.2
13.9	55.1	31.1
13.9	55.7	30.4

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

No	Yes	Yes, during Covid-19 only	Not Applicable
29.6	36.6	6.2	27.5

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

No	Yes
29.4	70.6

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

Reason	All respondents
Stress	54.9
Pay	50.9
Workloads	44.1
Mental Health	38.6
Covid-19 pressures / fears	31.0
Bullying	14.4
Violence and abuse	8.1

Standardised wellbeing and mental health questions – mean averages on a scale of 1 to 10 (with wider economy comparison)

2021 GMB results are given in brackets in column one.

	GMB respondents	All employees (ONS)	Difference between 2022 GMB NHS and ONS scores (%)	Difference between GMB NHS results 2021 and 2022 (%)
Life satisfaction	5.92 (6.16)	6.85	-13.6	-3.9
Worth	6.22 (6.44)	7.29	-14.7	-3.5
Happy	5.75 (5.85)	7.02	-18.1	-1.7
Anxiety	5.29 (5.15)	3.88	36.4	2.8

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 estimates by employment status, across time, published 25 May 2021

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/employeeandselfemployedsplitestimatesonpersonalandeconomicwellbeingacrosstime>

The ONS data is for the period 14 to 18 April 2021 – the latest period for which figures are available

Appendix: the NHS workforce in Q3 2021 - evidence from the LFS

Summary

- ONS data indicates that NHS workers had – to an extent – ‘normalised’ Covid-19 related pressures by the Autumn of 2021 compared to a year before.
- Indicators of retention pressures are rising: after a fall in 2020, average intentions to leave current employment returned to pre-pandemic levels in 2021. NHS workers’ were also much likely to cite Covid-19 as a reason for wanting to leave the NHS in 2021.

Introduction

This evidence in this section is based on the Labour Force Survey (LFS).¹⁷ The LFS is a general survey, and it is the source of many of the ONS’s labour market statistics.

NHS workers were identified based on the self-identification of a respondent’s public sector employer as a ‘health authority or NHS trust.’ Queries were not limited to England, and it is believed that many outsourced workers self-identify as public sector workers in surveys.¹⁸ There will therefore be some variation between the LFS sample and the parameters of the Agenda for Change agreement. In general, GMB accepts that the NHS Staff Survey to be a more comprehensive source of information.

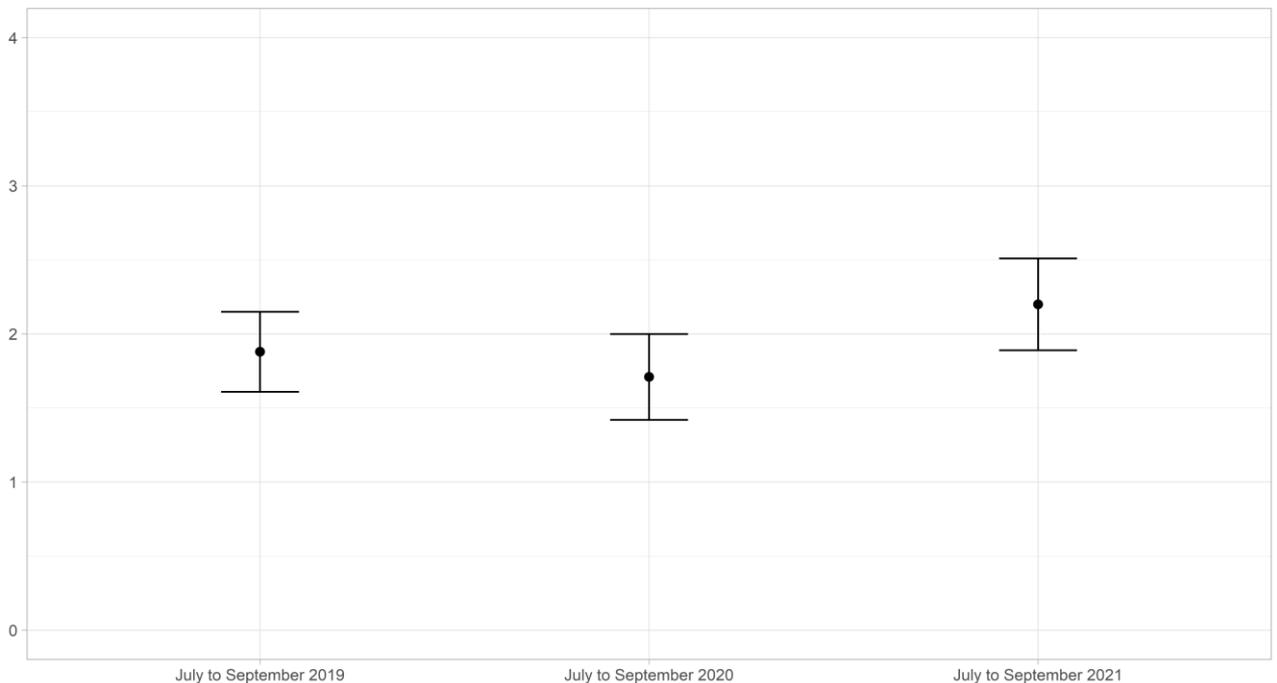
¹⁷ GMB analysis undertaken in R using the dplyr, haven, ggplot2, srvyr, and stringi packages with population weights applied.

¹⁸ ‘Many people who work within public sector premises, while being employed by private sector organisations, will classify themselves as working in the public sector, for example, cleaners or security guards employed by a contractor to work at public sector premises.’ ONS, Comparison of labour market data sources, 11 December 2020 <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentanddem/ployeetypes/methodologies/comparisonoflabourmarketdatasources#public-sector-employment>

The LFS does, however, have supplementary value. It contains a large¹⁹ and randomized sample of NHS workers. It tracks some variables that the Staff Survey does not (including in relation to the impact of Covid-19). LFS data is also published more speedily, and at more frequent intervals.

There are good reasons to believe that the LFS produces robust findings for NHS workers as a whole. Where variables are comparable, statistics derived from the LFS show comparable trends to published NHS administrative data. For example, average self-reported sickness absence rates dip slightly in the LFS between 2019 and 2020, before rising above pre-pandemic levels in Q3 of 2021. By comparison, official sickness absence rates in England were 4.1%, 3.9%, and 5.1% in August 2019, 2020, and 2021 respectively.

ILLWK: In [reference] week, did you have any days off work because you were sick or injured?
Percentage response with standard error



¹⁹ NHS workers in the LFS sample sizes: Q3 2019 (2,774); Q3 2020 (2,420); Q3 2021 (3,185).

Covid-19 effects

Covid-19 workforce impacts remained severe in the third quarter of 2021. 24.1% of respondents who had worked additional hours reported doing so due to Covid-19, compared to 27.5% a year before – and more work would need to be done to establish whether this change was statistically significant.

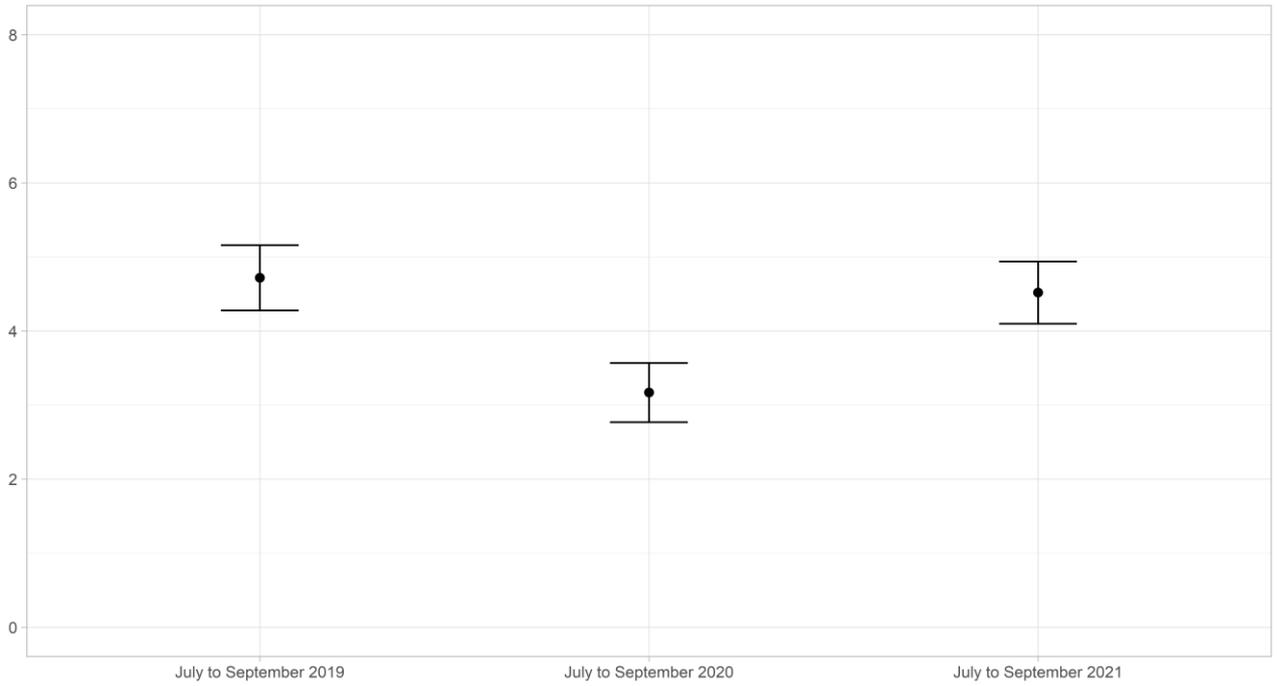
Respondents were, however, much less likely to say that their role had changed ‘substantially’ because of the pandemic (at 28.2% compared to 43.6% a year before). Respondents whose pay was lower than normal were also less likely to report that the shortfall was due to Covid-19 (despite infection rates being higher in Q3 of 2021). For full results, please see the table at the end of this section.

Recruitment and retention pressures

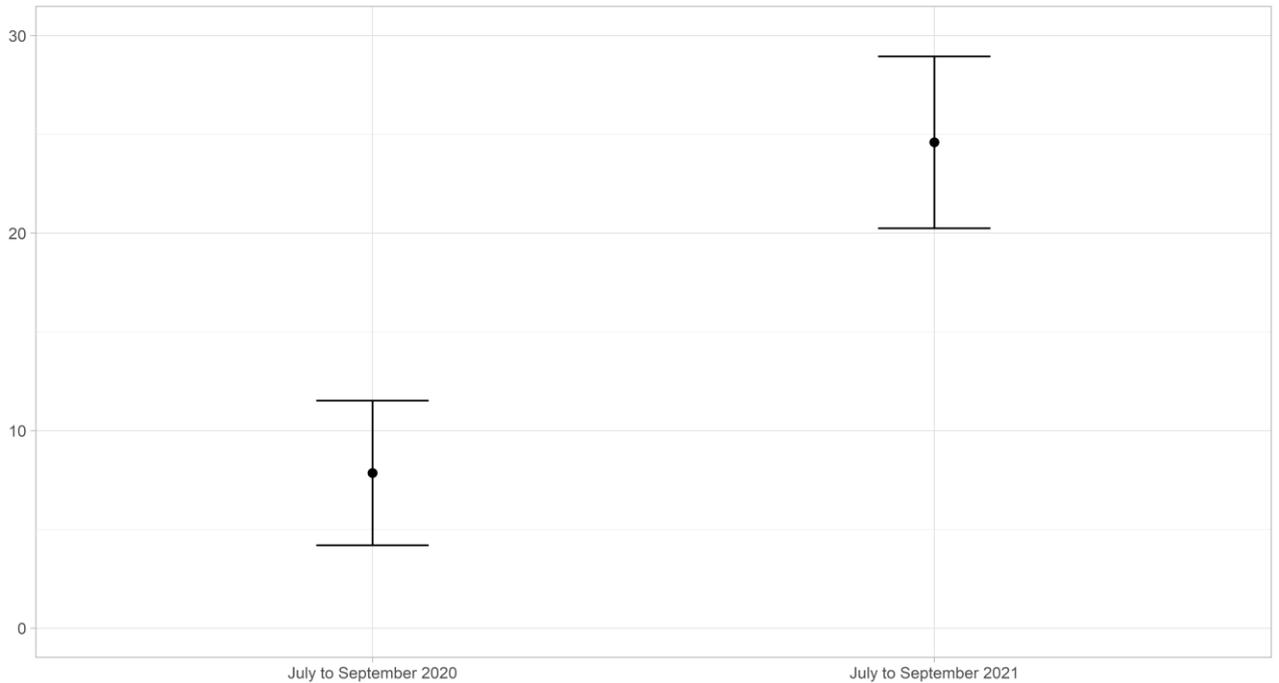
LFS data suggests that NHS workers’ likelihood to be seeking a new job, or an additional job, on a given reference date fell by around a third between Q3 2019 and Q3 2020 (from 4.7% to 3.2%). However, by Q3 of 2021 the share of NHS workers who were seeking different or additional employment had returned to pre-pandemic levels (at 4.5%, and within the standard error). While some respondents may be seeking alternative work within the NHS, GMB believes that this measure is a good proxy variable for retention pressures.

In addition, this group of potential leavers was much more likely to cite Covid-19 as a reason for seeking alternative work (from 7.9% in 2020 to 24.6% in 2021). These results are consistent with other evidence that the goodwill that sustained the NHS’s performance during the first year of the pandemic has been eroded. The NHS also faces the prospect of pre-pandemic retention challenges in the context of a much more competitive labour market and a record growth in vacancies across the economy.

DIFJOB: Were you looking for a different or additional paid job or business in the week ending Sunday the [date]?
Percentage response with standard error



DIFJBCORO: Is this reason [for seeking another job] related to the coronavirus (COVID-19) pandemic?
Percentage response with standard error



ONS Labour Force Survey – NHS subsample

Variable	Question	LFS quarter	% Yes	% se
ILLWK	In [reference] week, did you have any days off work because you were sick or injured?	July to September 2019	1.9	0.3
		July to September 2020	1.7	0.3
		July to September 2021	2.2	0.3
CORO20A3	[More hours worked than normal] - Was this reason linked to coronavirus (COVID-19)?	July to September 2020	27.5	3.4
		July to September 2021	24.1	2.8
COROROLE	Has your role changed substantially within your current job because of the coronavirus (COVID-19) pandemic?	July to September 2020	43.6	1.3
		July to September 2021	28.2	0.9
CORO20A4	Was this reason [for pay being lower than usual] linked to coronavirus (COVID-19)?	July to September 2020	39.4	14.3
		July to September 2021	7.9	7.8
DIFJOB	Were you looking for a different or additional paid job or business in the week ending Sunday the [date]?	July to September 2019	4.7	0.4
		July to September 2020	3.2	0.4
		July to September 2021	4.5	0.4
DIFJBCORO	Is this reason [for seeking another job] related to the coronavirus (COVID-19) pandemic?	July to September 2020	7.9	3.7
		July to September 2021	24.6	4.4