

NHS Pay Review Body

GMB supplementary written evidence



Introduction

This short submission is in response to questions raised during the verbal evidence session on 23/03/2021.

GMB EHRC submission

This has been uploaded onto our website and it is accessible here:

<https://www.gmb.org.uk/sites/default/files/GMB%20EHRC%20SUBMISSION%20PDF.pdf>

Ambulance gender disparities

41.6% of ambulance staff in England are women, according to the DHSC's evidence (page 82). GMB's analysis of ONS data suggests that, across the UK as a whole, the gender balance may be closer to the average for the whole workforce, although there is uncertainty around these estimates (standard error of $\pm 7\%$).

Estimates of ambulance workers by gender, UK¹

	Workforce	
Gender	proportion (%)	SE (%)
Male	53.3	6.9
Female	46.7	6.9

Gender pay gap data suggests that there are gender-based barriers to progression in some Trusts in England, but there is not an even picture across the service as a whole.

There are timeliness issues with this data, and only a majority of Trusts have reported for the most recent years. For their last reported year, three

Trusts say that they have a median gender pay gap within ± 0.5 per cent of zero. Where Trusts have been able to narrow their gender pay gap, this reduction appears to be correlated with an increase in the share of high earning workers who are women (although it should be noted that these figures include non-operational roles).

Median gender pay gap (%)²

Employer	2017/18	2018/19	2019/20	2020/21
EMAS	2	0.3	0.6	0.2
EoEAS	3.4	4.5	-	-
LAS	0.3	4.2	-	-
NEAS	6.6	0	0	-
NWAS	6.3	6.9	8.3	-
SCAS	2.9	1.4	0.7	-0.2
SECAmbs	2.4	12.6	12.8	11.3
SWAS	7.6	11.9	16	-
WMAS	7.6	2.3	2.6	-
YAS	9.4	4.7	4.6	5.3

Proportion of upper quartile earners who are women (%)

Employer	2017/18	2018/19	2019/20	2020/21
EMAS	40	54.3	39.4	42.3
EoEAS	37.4	45.8	-	-
LAS	36	36.5	-	-
NEAS	34.3	37	38.3	-
NWAS	33.2	33.5	34.2	-
SCAS	44	45.7	48.1	50.3
SECAmbs	36.6	36.9	40.2	40.2
SWAS	40.8	40.8	36	-
WMAS	33.2	33.1	31.5	-
YAS	40.1	41.4	43.1	43.3

Ambulance – Annex 5 to Section 2 transfer problems

The requirement that all new ambulance contracts will be on Section 2 terms and conditions for unsocial hours payments, as set out in the 2018 pay award, has led to a number of problems within the service.

Some of these are due to inconsistent implementation, others maybe down to interpretation by both staff and employers.

It is clear that the introduction of section 2 into the ambulance service has caused major concerns and frustrations amongst our members. It has introduced financial uncertainty at a time when members mental health and wellbeing is being put to the test. It has also had a detrimental impact on staff pursuing promotions.

The GMB National Ambulance Committee have collated current issues as we see them.

Retrospective Application

Annex 5 is a prospective scheme with all staff being paid for unsocial hours within the month in which they are worked. This has been the case within the service since the introduction of AfC in 2004.

Prior to 2004, ambulance staff had received no USH payments for work outside normal working hours since the introduction of the salary agreement of 1986. This may explain why this is such an important issue to our members.

However, this is not the case in Section 2, which has been implemented as a retrospective scheme by all ambulance employers. This difference effectively means that staff moving on to Section 2 lose at least a month's unsocial hours payments, as it requires at least one month in hand with staff being paid at the end of the following month.

This problem, of course, could have been avoided if, following discussions in partnership, it was agreed to implement the scheme prospectively. This is clearly possible and it is referenced in section 2, paragraph 21m of the AfC Handbook, which states the agreement may be used retrospectively or

prospectively. It will be for local partnerships to decide which option best meets operational requirements.

As far as I can ascertain, no discussions have taken place either locally or nationally regarding prospective application of the scheme. Instead, the change has been used as a way of clawing back at least one month's USH payments off staff that move onto the scheme.

Annual Leave

The 2018 agreement has caused major issues with pay during annual leave not being what would be expected.

This is happening because all Ambulance Trusts appear to have made a unilateral decision to pay an average of unsocial hours pay rather than what the staff would have earned if in work.

This has had the effect of members not receiving correct payments if they take nights or weekends off, as the average pay works out as a lot less than the enhancements for such work.

Career development

It is now becoming clear that staff on an annex 5 contract are unwilling to develop their career in order to avoid being moved onto section 2. This has resulted in a massive increase in the use of secondments to posts that cannot be filled with only those staff that joined post September 2018 applying due to them being on section 2 already.

This is an equalities issue as longer serving and more experienced staff are put off from developing their role or career due to loss of terms and conditions.

Other issues

There is emerging evidence of members on Section 2 being scheduled to work mainly social hours to effectively save on costs with Annex 5 staff being rostered onto mainly nights and weekends.

Some services are not paying enhancements for the whole of the night shift despite more than 50% being in the unsocial hours period as they discount the meal break.

Members on return to work packages following injury or illness are rushing back to full duties due to loss of unsocial hours payments when on alternative duties. This seems to be in breach of paragraph 14.14 of the AfC Handbook which states that rehabilitation periods will be with no loss of pay.

Mental health survey

GMB has carried out a mental health survey of our NHS members, which concluded following the main written evidence submission deadline.

The survey – which was conducted during March 2021 – received 3,110 responses. Some questions were also asked in a general mental health survey conducted in September and October 2020, which achieved 761 NHS respondents, to allow comparisons over time. All statistics are from the March 2021 survey unless otherwise stated.

- 85 per cent of respondents said that – compared to a year ago – their work during the pandemic had had a negative impact on their mental health.
- 70 per cent of respondents said that their work was causing them stress or otherwise impacting on their mental health
- The most frequently selected reasons for work-related poor mental health were staff not being able to see family and friends (70 per cent), followed by a fear of taking the virus home (69 per cent). 42 per cent identified financial pressures as a cause of poor mental health.
- More than half (52 per cent) of respondents stated that their employer does not provide adequate support for workers when they return to work following a period of mental health-related absence.
- 32 per cent of respondents said that they had had Covid-19. Of this group, 41 per cent of respondents believed that they had experienced long covid symptoms (and of this sub-group, 33.5 per

cent had had to take time off work due to long covid symptoms – this equated to 9 per cent of all valid respondents).

- As part of the two surveys, we asked our members standardised mental health and wellbeing questions which are also asked by the ONS. This allowed us to compare changes to the averages of our NHS members' self-reported values (on a scale of 0 to 10) over time, and also against ONS estimates for the scores of employees in the whole economy.

Our members reported lower mental health scores in March 2021 than in September/October 2020 on all measures apart from anxiety, which was somewhat reduced (this may have been because our first survey coincided with the start of the second wave). However, it should be noted that the anxiety levels reported by our NHS members were still 22.5 per cent higher than those reported by all employees.

Standardised mental health and wellbeing scores³

	Life Satisfaction	Worthwhileness	Happiness	Anxiety
GMB NHS survey (Sep/Oct 2020)	5.24	5.91	5.91	5.53
GMB NHS survey (March 2021)	4.56	5.34	4.83	5.10
ONS all employees estimates (December 2020)	6.63	7.32	6.64	4.16
Change in GMB NHS responses (%)	-13.0	-9.6	-18.2	-7.9
Difference between latest ONS all employees and GMB NHS values (%)	-31.3	-27.0	-27.3	22.5

Most commonly selected reasons for work and Covid-19 related poor mental health, with no limit on the number of reasons that respondents could select

Reason	Frequency (%)
Not being able to see my family and friends	69.6
Fear of taking the virus home	69.3
Fear for my own safety	54.6
Balancing work and caring responsibilities	47.5
Financial pressures	42.1
Having to deal with bereavements	24.1
Not having enough PPE	21.4
Threat of redundancy	5.2

We would be happy to provide further breakdowns of this survey data, should it be of interest to the PRB.

References

¹ GMB analysis of weighted ONS Labour Force Survey data for August to October 2020, accessed via the UK Data Service. Figures are for paramedics (SOC 3213) and ambulance staff excluding paramedics (SOC 6142).

² Data accessed via the gov.uk gender pay gap reporting service: <https://gender-pay-gap.service.gov.uk/>. The East Midlands Ambulance Service NHS Trust's figures appear to be reported under the name of 'East Midlands Ambulance Service Education & Development Centre.'

³ The questions, as adapted from the ONS, were (on a Likert-type scale of 0 to 10):

Overall, how satisfied are you with your life nowadays?

Overall, to what extent do you feel that the things that you do in your life are worthwhile?

Overall, how happy did you feel yesterday?

On a scale where 0 is 'not anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

Estimated values for all employees in the week of 16 to 20 December were taken from the ONS, Personal and economic well-being estimates by employment status, across time, 25 January 2021

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