

# Ambulance

Last update: 27 Feb 2025

## Latest Bulletins

### GMB National Ambulance Committee Meet Urgent & Emergency Care Team At The Department Of Health & Social Care

Posted on: 27 February 2025

Thanks to all GMB members who have taken the time recently to tell us your experiences of working in the ambulance service currently.

On the 20th February 2025, members of GMB's National Ambulance Committee and Central Executive Committee met with officials from the DHSC to discuss the pressures facing workers across the ambulance service.

DHSC officials updated GMB on the current national picture across the NHS and ambulance service, and when asked, acknowledged that 'winter pressures' were actually pressures all year round.

GMB representatives from several ambulance services across England spoke directly to officials about the pressures they and their members are experiencing every day, not just during winter.

Collectively GMB raised the following:

- DHSC need to forget the data and look at the reality. In December alone, three ambulance trusts lost 100,000 clinical hours due to being stuck outside Hospitals. Fundamentally hospitals need to take responsibility.



- Consider the options for using consultants to address backlogs and treatment times.
- Paramedics are now required to be cleaners, nurses, domestics, porters and mental health professionals.
- Services constantly losing
- Paramedics always want to help but they need to be able to do their actual job.
- The big issue of retirement for ambulance workers – it is not practical to expect paramedics and others to keep working until 67 and that is why GMB wants a retirement age in line with other emergency service workers.
- GPs and Mental Health Services need to do more – everything can't continue to be passed onto ambulance workers.
- Management priorities are out of sync with patient and workforce care.
- Lack of capital investment is resulting in workers being expected to work in unacceptable conditions, including the issue of rats in some stations.
- The whole system is at breaking point and staff were burning out.
- Violence and attacks are a reality for ambulance workers.
- The busiest day for one service was 5th December, and the winter plan didn't come into effect for another week.
- The Darzi reports ambition to make the NHS fit for purpose will not be achieved if the ambulance service can't run efficiently.
- Delays stop the ambulance service from being able to do what it was meant to and sees paramedics and technicians become porters and domestics.
- The attitude of the buck stops with the ambulance service cannot go on in the NHS family – ambulance workers are not receiving enough support.
- In one service two patients died on New Year's Eve due delays.
- The commitment to building resilience is welcome but doesn't actually mean anything if nothing changes.



- Poor pay and conditions of those working in the ambulance service is seeing vital workers leave for other parts of the health service.
- The issues around Section 2 and it's damaging impact on people pursuing promotions and the impact on workers when they are ill, most likely with illnesses contracted at work.
- The issue of private ambulance services missing appointments and leading to blocking of beds.
- GMB raised further issues of 'tarmac care' as it has been referred to by employers.
- The impact of ICBs on service delivery.
- The numbers of Band 8+ managers leading on projects and not service delivery and patient care.
- The demoralised workforce.

DHSC officials updated GMB on upcoming improvement plans for urgent and emergency care which will include community response, virtual wards, triage processes, corridor care, etc. GMB stressed the importance of reforms being mandatory of hospitals and ambulance services, not optional.

Whilst GMB did not hear anything that hasn't been presented before, and we await the publication of improvement plans, we welcomed the opportunity for open dialogue. DHSC officials heard a side of the story they hadn't before – direct from GMB members working in the ambulance service.

Not a GMB member? Join today – [www.gmb.org.uk/join](http://www.gmb.org.uk/join)

Want to be a GMB representative in your Workplace? Email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

## National Living Wage Uplift For NHS Workers (England)



Posted on: 28 January 2025



Due to another delayed pay round for NHS workers, Agenda for Change (AfC) Band 2 workers were due to fall below the National Living Wage when it increases in April.

As in previous years, a temporary uplift will be given to all Band 2 workers to lift them above the legal minimum rates of pay. This year, in order to address compression issues between Bands 2 and 3, the entry point of Band 3 will also receive a temporary uplift in pay.

This payment will be made with effect from 1<sup>st</sup> April. Full details can be access on the NHS Employers website - [National Living Wage update | NHS Employers](#)

Band	Current 24/25 Hourly Rate	Temporary Hourly Rate from 1 April 2025	Temporary Annual Salary from 1 April 2025
2	£12.08	£12.36	£24,169
Entry point 3	£12.31	£12.59	£24,625
Top point 3	£13.13	No change	No change

Whilst GMB is supportive of measures being taken to ensure NHS workers do not fall below national minimum rates of pay, our position on this is as follows:

- This increase was not negotiated with unions. It is an imposed temporary uplift made by the Department of Health & Social Care.
- This is a temporary uplift only. This uplift will be deducted from the final pay award when that is paid later this year. This is **not** an additional pay increase.
- GMB has called on the NHS Pay Review Body to make a recommendation on pay that delivers a plan for AfC Band 2 to be paid at least £15 per hour, and addressing the differentials within subsequent AfC bands.

### What's next?



Local payroll teams are now making arrangements to pay these temporary uplifts to affected workers with effect from 1<sup>st</sup> April.

GMB recently gave evidence to the NHS Pay Review Body and we await their report of recommendations being delivered to government in April 2025.

We expect the government to make an announcement on pay in May 2025. This will be an imposed pay award and arrangements will be made for it to be paid to NHS workers with backpay to 1<sup>st</sup> April 2025.

GMB will ballot all members on this pay award to understand whether members are satisfied with the pay award or not. Only GMB members will be entitled to vote in this ballot. Not a member? Join today – [www.gmb.org.uk/join](http://www.gmb.org.uk/join)

Do you want to organise a GMB visit to your workplace?

Or do you want to volunteer to become a pay campaigner in your workplace?

Email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk) and we will be in touch!

## GMB Gives Oral Evidence To NHS Pay Review Body



Posted on: 22 January 2025

GMB's NHS and Ambulance Committee made the decision this year to re-engage with the NHS Pay Review Body (PRB) in England for Pay 2025/26.

GMB's written evidence was submitted in December 2024. If you want to remind yourself of what we asked for, click here: [gmb-prb-submission-25-26.pdf](#)

On 21st January 2025 GMB was invited to give oral evidence to the PRB to expand on some of the asks within our submission. Attending the session to give evidence on behalf of GMB members across the NHS and ambulance service were Martin Jackson (Chair of GMB's National NHS Advisory Group & Nurse), Paul Turner (Chair of GMB's National Ambulance Committee & Paramedic), and Rachel Harrison (GMB's National Secretary for Public Services).

At the evidence session we covered:

- The current working conditions of GMB members.



- GMB's call for £15 per hour minimum wage for NHS workers.
- An above inflation pay award and steps towards restoring pay.
- GMB and NHS worker disappointment in the government saying they can only afford 2.8% and that part of that should be spent on Agenda for Change (AfC) structural reforms they committed to last year.
- The call for all overtime to be paid in line with Section 3 of the AfC Handbook.
- GMB members' priorities for the AfC structural reforms.
- Concerns around job evaluation and members not being paid appropriately for the jobs you do, including potential equal pay risks.
- The impacts of Section 2 AfC on ambulance workers career progression and pay.

GMB has also been asked to provide supplementary written evidence on the issues with Section 2 and we will be contacting members shortly on this.

If you want to read the full details of what GMB said to the PRB click here: [gmb-oral-evidence-to-the-nhs-pay-review-body-member-briefing-jan-25.pdf](#)

### What's next?

The PRB will now hear evidence from other parties that have engaged with the process this year. They will consider all evidence received and make a report of recommendations for government to consider. They expect to do this in April. Government have committed to responding to that report and to make an announcement on pay in May 2025.

The pay award by government is an imposed pay award. It is not a negotiation.

However, GMB will still ballot all members on the pay award to see whether you think it is a satisfactory award. Please make sure your contact details are up to date with your local GMB rep or officer to ensure you receive ballot information at the time.





*Martin Jackson, Paul Turner and Rachel Harrison at the PRB evidence session*

Want to be a GMB rep in your workplace?

Want to organise a GMB visit to your workplace?

Want to help out in this year's pay campaign?

Email your details to [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

## AACE Violence



Posted on: 8 January 2025

### Violent incidents against Ambulance Staff on the increase

8<sup>th</sup> January 2025

New data from the Association of Ambulance Chief Executives (AACE) has revealed that UK ambulance services are on course for the highest rate of reported incidents of violence, aggression and abuse directed at their people ever recorded in the sector with over 20,000 incidents expected across the fourteen UK ambulance services in the 2024-25 financial year.



This means that every single day, at least 55 ambulance staff will be abused or attacked, with reported incidents including kicking, punching, slapping, head-butting, spitting, verbal abuse and sexual assault, and ranging from common assault to significant serious attacks involving a multitude of weapons. On top of this many assaults go unreported, so the true figure is actually higher.

You can read more details online at:

[Violent incidents recorded against UK ambulance staff on course to exceed 20,000 a year for the first time ever - aace.org.uk](https://www.aace.org.uk)

**Rachel Harrison, GMB National Secretary, said:**

"Ambulance workers do their jobs to save lives.

"But thousands of them are bitten, attacked, spat at, and even sexually assaulted.

"No one should have to put up with that, least of all those who are there to help us.

"GMB members helped change the law, bringing in the Protect the Protectors legislation, but more needs to be done.

"We need full enforcement of the Protect the Protectors legislation, investment in better systems to flag offenders, more focus on prevention and much better support for the victims of violence."

#### **GMB advice**

Violence at work is not acceptable and is not just a part of the job. Employers have a responsibility to ensure your safety at work and must take every measure to keep you safe. If you have concerns about your safety at work, please speak to your GMB Representative.

GMB strongly recommends that members **report all incidents formally at work**. You should also contact GMBs solicitors Union Line to enquire whether you have a legal claim for compensation – call 03003330303.

Not a GMB member? Join today – [www.gmb.org.uk/join](https://www.gmb.org.uk/join)

Want to be a GMB Rep in your workplace? Email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

**NHS Pay Review Body 2025/26 – GMB Submission**





**Posted on: 26 November 2024**

Dear Members,

We have now submitted our evidence submission to the NHS Pay Review Body for 2025/26.

You can read the submission here: [gmb-prb-submission-25-26.pdf](#)

## **GMB NHS PAY SURVEY 25/26 (ENGLAND) – NOW OPEN!**



**Posted on: 25 October 2024**

Following GMB's acceptance of the NHS 24/25 Pay Award and decision to re-engage with the NHS Pay Review Body process for 25/26, we now need to hear from you.

Our priority with this survey is to put forward your real experiences to the NHS Pay Review Body. GMB members across the NHS and ambulance service know what needs fixing to restore the NHS to what it has been, and know what is needed to help our health service survive for generations to come.

Every voice matters in this survey. GMB want's to accurately represent the views of GMB members and we can only do that by you engaging with this survey.

The survey is detailed in parts – but you are free to skip through any questions that you do not want to answer. All answers are given in complete confidentiality and will not be shared with anyone outside of GMB.

Once survey results are analysed, they will form the content of GMBs written submission into the PRB which will be made on 26th November.

You can complete the survey at – <https://forms.office.com/e/KAd...>

The survey will close on Monday 4th November 2024. Not a GMB member? Join today – [www.gmb.org.uk/join](http://www.gmb.org.uk/join)

## **GMB Union To Re-Engage With NHS Pay Review Body For The 2025/26 Pay Round**



**Posted on: 15 October 2024**

Following GMB's acceptance of the NHS 24/25 Pay Award, GMBs National NHS and Ambulance Committee met to discuss our position on pay for 2025/26.

After discussion, debate and vote, GMB have decided to re-engage with the PRB for the upcoming pay round.

GMB previously withdrew from submitting evidence to the PRB because our members had become disillusioned with the process and its perceived lack of independence. We are committed to campaigning for reform of the PRB process. We lobbied to see changes in the restrictions placed on the PRB by the Government in terms of what was 'affordable' and the delayed and lengthy timing of the process.

The new Government have committed to working to reform the PRB. To date, we have seen positive improvements in terms of:

- A PRB recommendation for 24/25 that was above inflation and higher than what the government said they could 'afford'.
- No mention of 'affordability' in the PRB remit letter issued for 25/26.
- A PRB remit issued at the earliest date in the pay year than it has been for a decade – a crucial step towards addressing delayed pay rounds.

GMB still wants to see more reform and we will continue to lobby for that. If we are not happy with the outcome of reforms or lack of progress, we may choose to withdraw from the process once again. GMB's position on the PRB will remain under review.

In order for GMB to submit evidence to the PRB for 25/26 and ensure that it accurately reflects what GMB members working across the NHS and Ambulance Service want, a member pay consultation will be issued in the coming days. The survey will be sent to all members in England by SMS and Email, so please make sure we have your correct membership details. You can do this by contacting your local GMB Representative of Office - [GMB Regions](#) | [GMB Union](#)

**GMB MEMBERS ACCEPT NHS PAY AWARD**



**Posted on: 7 October 2024**

The NHS pay ballot is now closed. Thanks to everyone who returned their ballot papers and took the time to speak to colleagues about the pay campaign.

The pay award has been accepted by 61% of members.

GMB will now write to the Secretary of State advising him of our position and that we expect the Government to now implement the pay award in full, including the funded mandate to refresh Agenda for Change.

Looking ahead to 2025/26, Government have just started the NHS Pay Review Body process by asking the PRB to start considering evidence for next year's pay. In recent years GMB has not engaged in the PRB process whilst we campaigned for reform of the process. GMB's National NHS and Ambulance Committees will now meet and consider whether we will re-engage this year.

If you want to let us know your opinion on whether GMB should submit evidence into the PRB for 2025/26 click here: <https://forms.office.com/e/Gv6DY0CnTp>

## **GMB Meeting With Secretary Of State, Wes Streeting 18th September 2024**



**Posted on: 19 September 2024**

Yesterday, GMB met with Wes Streeting (Secretary of State) and Karin Smyth (Minister for the NHS Workforce).

This was the first official meeting GMB has had alone with the Secretary of State since the new Government took up office.

We feel it was a positive first step where we were able to highlight some of the priorities for GMB members working across the NHS and ambulance service. GMB looks forward to working more closely with the SoS and the Minister and the Department on issues of importance to GMB members.

At the meeting, GMB raised the following:

Pay



- GMB is still balloting members on the pay award.
- GMB has not engaged with PRB in last few years as we want to see reform of the process, as do the Labour Party. Recognise that some improvements have been made – affordability window broken, above inflation, timing. National GMB reps will consider whether we re-engage with the process when the remit for next year is published in the coming weeks.
- Concerns remain however that this year’s pay round will still be delayed past the April anniversary date. If so, Band 2 will be 2p below the forecasted National Living Wage increase. This means once again the lowest paid will need a temporary uplift in pay in April. This is really damaging on staff morale and we need to see long term planning to avoid this.
- Concerns also that we are still waiting to be advised what the funded mandate of the AfC structural changes will be, as we understand this is still sitting with the Treasury.
- Advised that we need to see a commitment to restorative pay.

#### Ambulance

- Ambulance workers are seeing similar pressures to the wider NHS. Call centre workers as well as ambulance workers.
- We will continue to lobby for key issues being remedied on unsocial hours enhancements and retirement age.
- In the absence of a retirement age in line with other emergency service workers, we need to address the lack of suitable redeployment opportunities.

#### Darzi Report

- Welcomed the publication of the report.
- Support the notion that we need to address social care and community care if we are to resolve the crisis in the NHS. GMB has many policies on the subject of community care and access to GPs.



- Acknowledged the report was focussed on hospitals only and advised similar issues are being faced by GMBs ambulance service members.
- Understand this report will feed into the development of the NHS ten year plan. Enquired as to how we will be able to engage and influence that work? Would it be via the NHS SPF only?
- GMB members and reps will have the opportunity to engage directly with the drafting of the plan.

#### Other issues

- Car parking charges are a real concern for GMB members and impacts their pay further. We are challenging these locally where we are able to get them scrapped.
- Violence is a real issue for members. We are engaging with the work of the violence sub group of the SPF.
- Contracted out staff are suffering a detriment in their pay and terms. NHS workers are not receiving sick pay. We urge them to push ahead with their insourcing agenda. WS agreed that this work is important.

## GMB RESPONDS TO DARZI NHS REPORT 19th September 2024



**Posted on: 19 September 2024**

Last week we saw the publication of the Independent Investigation of the National Health Service in England which has been produced by Lord Darzi.

The 159-page report shines a spotlight on the crisis within the NHS. Whilst the findings are stark and shocking, they come as no surprise to staff working within the NHS.

GMB welcomes that the report has been commissioned and published. The facts of the current crisis cannot be disguised. Over a decade of austerity and underfunding to the NHS has resulted in a broken NHS, a workforce on its knees and public health being in a very poor state.



It should also be noted however, that this report focusses on hospitals only. The ambulance service is in crisis also and much work needs to be done to address those issues – a point that GMB made to the Secretary of State Wes Streeting when we met with him earlier this week.

The report will now feed into the work to develop the upcoming NHS ten-year plan. GMB will be actively engaged in the development of this plan via the NHS Social Partnership Forum and directly with the Secretary of State and the Department of Health & Social Care.

GMB responded to the report into the NHS on the day it was published.

Rachel Harrison, GMB National Secretary, said:

"Today's report tells us much of what we already knew – the NHS is in a critical condition thanks largely to 14 years of Conservative misrule.

"Health workers are demoralised after years of cuts, austerity and a global pandemic the NHS was woefully underprepared for.

"It's good to see both the report and the Government recognise staff need to be a major part of the solution."

You can read the full report at: [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

## NHS Social Partnership Forum: Winter Preparedness 18th September 2024



Posted on: 19 September 2024

NHS Social Partnership Forum: Winter Preparedness

18<sup>th</sup> September 2024

Presentation were received from NHSE and UKHSA.

NHS England, Leaf Mobbs

- Leaf acknowledged the pressures on the NHS are consistent all year round.



- It's the second year of the Urgent & Emergency Care Recovery Plan.
- [NHS England » Urgent and emergency care recovery plan year 2: building on learning from 2023/24](#)
- Been talking to systems regarding their preparations for winter since July 2024. Checking in that they are on course to meet plans.
- [NHS England » Winter and H2 priorities](#)
- Checking in on planning around bed capacity, asking organisations to confirm, and re-confirm capacity checks.
- ICBs can cover large areas and therefore doing site level analysis also. Local, place, community.
- Looking to develop the OPAL system so that can see issues in real time.
- Working with known areas of concern to address issues such as handover delays and where successfully address them, share good practice other ICBs.

#### UKHSA, Dr Jamie Lopez-Bernal

Gave a PowerPoint presentation on 'Winter Respiratory Virus & Vaccine Programme'.

- Covid rates are higher than Rhinovirus.
- Rhinovirus is more typical in school children.
- Flu and RSV cases are significantly lower.
- No seasonal pattern for covid, but it does come in regular waves.
- Hospitalisation due to covid is lower than in previous waves, but still high for elderly and some infants too.
- Deaths from covid are mainly elderly.
- Continue to see shifts in variants of covid.
- Mild flu season last year – mainly affected older adults and children.



- Deaths during winter 23/24 were:
- 2,776 Flu
- 5,457 Covid
- 1,438 Cold Weather
- Majority of hospitalisations due to RSV are under 5's.

#### Flu/Covid vaccine Programme

- Will be offered to 65 years+, health and social care workers, adult social care residents, clinically at risk aged 6-64.
- 3<sup>rd</sup> October – both campaigns will start.
- [Government accepts advice on 2024 autumn COVID-19 vaccine programme - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

## NHS STAFF COUNCIL UPDATE – 12th SEPTEMBER 2024



Posted on: 19 September 2024

### NHS STAFF COUNCIL UPDATE – 12<sup>th</sup> SEPTEMBER 2024

#### Worker Visa

The new Band 3 pay rate will now be above the salary threshold, but not Band 2. Published an article with further information - [How the NHS pay review will impact immigration salary thresholds | NHS Employers](#)

Unions raised concerns that this issue came about due to Government Departments not talking to each other and the need to have a joined-up conversation on international workers.

#### New Government Ministerial Team





Ministers are wanting to reset relationships with unions and employers and have a more positive way of working. Civil servants are bringing the new Ministers up to speed on the on-going work areas. Unions advised they welcomed the meetings with the Secretary of State Wes Streeting and the Minister Karin Smyth.

## **Non-Pay Work (Agenda for Change Deal)**

### Update from the Programme Board:

All workstream reports have been completed and signed off. Communications for members advising of all progress on workstreams will be published in due course.

## **Pay**

An NHS Staff Council statement has been issued on point two of the pay award – additional incremental pay point for Bands 8+. An FAQ is also being produced. [Staff Council position approved co-chairs August 2024.pdf \(nhsemployers.org\)](#)

Point three of the pay award – funded mandate to address AfC structural issues – still no further steer from Government. DHSC are progressing what they can to facilitate those discussions with the Treasury.

### 2025/26 Pay Round:

Unions concerned that if there is a delay past April again, we will face all the same problems again with NLW and salary sacrifice and visas. Government have commented on the Low Pay Commission and asked them to include cost of living in their considerations. The current forecasted increase for the NLW is £12.10 per hour from next April, which will impact Band 2 pay again. A temporary uplift will have to be considered again if so.

The Chancellor statement was that they would be starting the pay rounds earlier and mentioned a September start date of the process, but DHSC think this may still not be soon enough to meet the pay anniversary date due to the length of the PRB process. Unions are very concerned that we will face NLW issues again – it really affects the morale of staff. This needs a long term solution. Unions requested that a commitment to plan for pay restoration over the next few years would help address some of the frustrations for members.

DHSC advised that recruitment and retention evidence is really useful in PRB submissions and unions are encouraged to do that to help.

## **Wales**

A pay offer for 24-25 in line with England has now been made and members will be balloted shortly.



## Scotland

A pay offer has now been made and unions are balloting members.

## Northern Ireland

No announcement on pay yet. Unions raised frustrations that they are constantly having delayed pay rounds. The money needs to flow through quicker. Unions may have to resort to industrial action again.

## Mileage Rate Negotiations

20<sup>th</sup> September will be the first meeting of the working group. Initial planning is underway to agree ToR and proposed timeline.

## Pensions Update

### Partial retirement

Applications for partial retirement continue and are still rising. As of 5 August 2024, there have been 13,194 partial retirement applications received to date. NHS Employers are continuing to work with DHSC, NHS England and Capsticks to deliver a resource to improve employer confidence and highlight legal considerations when implementing partial retirement. The resource will be published on the NHS Employers website when ready.

### Update on McCloud Communications

Work is moving ahead on the retrospective part of the McCloud remedy. Eligible staff will be able to choose which part of the scheme they take their benefits from (1995/2008 or 2015), for the remedial period (from 1 April 2015 to 31 March 2022).

The SAB are to provide final approval for Compensation Contingent Decision Opt-Out Reinstatement Buy- Back Application Form and Illustration. Member contributions disclosure letters have also been sent to active members. Drafts regarding practitioner overpaid contributions have been submitted to Technical Consultancy Team (TCT) within the NHS Business Services Authority (NHSBSA) for review. A factsheet and accompanying letter are in the final stages of preparation, pending reviews by Engagement Project Board and the Pensions Scheme Technical Advisory Group (TAG). Development of the Cost on Retirement remedial service statement (RSS) continues, having received approvals from NHSBSA TCT, DHSC and the Remedy project. The RSS was presented to SAB on 5 June. A reminder for feedback has been dispatched to Trade Union representatives.

### McCloud cost claim back scheme



The claim back scheme will consider applications for reimbursement of direct financial losses as a consequence of the discrimination identified in the McCloud judgment or the application of the remedy. Direct financial losses may include, but are not limited to, payments for professional services or advice including accountancy services and independent financial advice. There is ongoing dispatch of compensation acceptance and rejection letters. As of 20 June, 112 applications were received: 12 approved, 52 rejected and 48 queued.

### Letter to SoS

The SAB also sent a letter to the SoS highlighting the priorities for the new government based on SAB's work. In this letter the difficulties around partial retirement for employers and trade unions were highlighted.

## **JEG**

### Social care – residential day care profiles

The consultation on these revised profiles is ongoing and will close on 30th September. JEG hopes to report on the outcome of the consultation to the November executive meeting.

### Nursing and Midwifery profile review

Following additional meetings in August, work is nearly complete on draft profiles for bands 7 and above. JEG members will be interviewing nursing staff in roles at band 7 and above in September to help finalise the draft profiles that will be signed off for consultation at an additional profile group meeting being scheduled for later in the month. The consultation on revised profiles for band 4, 5 and 6 closed in July after an extension to allow for trade union responses to be made. Once the consultation on bands 7 and above is underway JEG members will have the capacity to consider the consultation feedback on bands 4 to 6.

### Clinical practitioner profiles

JEG's profile group discussed these profiles at its additional August meeting and agreed to do some further refinement before seeking authorisation to consult. This work is expected to come to the Executive meeting in November.

### Health Visitor profiles

The JEG secretariat is continuing its assessment of the impact changes to NMC post registration standards may have on health visitor profiles and will update the Executive in due course.

## **Health, Safety and Wellbeing Group**



## Asbestos/RAAC and building safety

The co-chairs have attempted to engage with NHS Estates on the issues of building safety within the NHS. Currently, there has been limited engagement from NHS Estates, so the co-chairs propose the establishment of a tripartite group, similar to what they have in education, looking at strategic issues around asbestos and RAAC within the NHS estate.

## Chemical exposure

The working group has met and being working to create a report that links to the data produced by NHS Resolutions. The work is now going through NHS Resolution's process of authorisation, styling and branding. The group will then support the dissemination of the work, raise awareness and potentially organise a joint webinar to share the findings.

## Shift Workers

Guidance for the health and wellbeing of shift workers is available online – [The health, safety and wellbeing of shift workers in healthcare environments | NHS Employers](#)

## **Equality, Diversity and Inclusion Group**

### Draft guidance to review flexible working policies

The Employer Engagement & Support team at NHS Employers was tasked with updating the NHS Staff Council guidance for joint union-employer partnerships, to reflect the recent changes to legislation relating to flexible working. EDIG's members discussed the draft guidance and provided feedback, particularly in relation to equality impact assessments, the need to publish the outcome of requests for flexible working in statutory annual public sector equality duty reports, and some hyperlinks in the document which needed updating.

## Pay Gaps

In 2023 NHS England published its equality, diversity and inclusion improvement plan. The plan included six high impact actions for organisations across the NHS to take to improve equality, diversity and inclusion. High impact action 3 focused on the development and implementation of an improvement plan to eliminate gender, ethnicity and disability pay gaps. EDIG's members have reviewed the Agenda for Change terms and conditions of service handbook to identify areas, which if applied incorrectly, may adversely impact on pay gaps. We have also highlighted issues that go beyond the application of the handbook, and where possible flagged interconnected Staff Council work. One such example was the recognition of relevant service for international recruits.

## Sexual Harassment in the Workplace



EDIG's members received a presentation from Rebecca Thomas, Employment Policy Manager at The Equality & Human Rights Commission (EHRC). She explained that a new preventative duty came into force in October 2024 for employers to help ensure safety in the workplace and drew attention the EHRC's consultation which had launched on the draft guidance.

In summary, employers will have a positive legal duty to prevent employees from sexual harassment in the course of their employment through taking reasonable and anticipatory steps, rather than responding when harassment took place. If harassment does occur, employers will have to take steps to prevent it happening again. If an employee is successful in a claim for sexual harassment or it has taken place, tribunals will consider whether they have taken into account the preventative duty and done what they've required. If they fall short, an additional 25 per cent can be paid out meaning there is a real, financial, incentive for employers to complete this.

For NHS organisations, it is important to prevent sexual harassment not only by colleagues, but also by third parties. This would include service users and members of the public and has been highlighted in the outcomes from annual NHS staff surveys where respondents reported an increase in incidents from members of the public. No employer is exempt from this duty and they must take a risk-based approach to mitigate/ eliminate sexual harassment. The purpose in this duty is to engender culture change and get employers to think proactively. It was noted that this work dovetailed with actions being taken as part of the NHS Sexual Safety Charter.

## MSL Member Update



Posted on: 6 August 2024

### Government Repeals the Minimum Service Levels Legislation and gives back to ambulance workers the right to strike

GMB has been campaigning against the introduction of minimum service levels during industrial action across the ambulance service, hospital and education settings, since the previous government introduced them.

The Labour Government have today announced that preparations are underway to repeal the Strikes (Minimum Service Levels) Act 2023 ("the 2023 Act").

The Department of Health & Social Care have written to GMB with the following message:

"The 2023 Act enables minimum service levels (MSLs) to be applied to specified services by regulations within these sectors during strike action. As you will be aware, the previous government introduced



Ambulance Service Minimum Service Levels Regulations, which came into force in December 2023.

This Government believes that the 2023 Act unduly restricts the right to strike and undermines good industrial relations and their 'Plan to Make Work Pay' pledged to repeal the 2023 Act to give trade unions the freedom to organise, represent and negotiate on behalf of their workers.

The Government has begun preparations to repeal the 2023 Act as part of the forthcoming Employment Rights Bill, which will be introduced in parliament within the first 100 days of the new Government. Amendments made by the 2023 Act to the Trade Union and Labour Relations (Consolidation) Act 1992 would accordingly be reversed and any minimum service regulations would lapse automatically once the Employment Rights Bill has Royal Assent. Therefore, once the 2023 Act is repealed, the Ambulance Service Minimum Service Levels Regulations would cease to apply in law.

A response to the previous government's consultation which sought views and evidence on bringing forward minimum service levels regulations for hospital services during strike action will not be published.

Although the ability of employers to give work notices will legally continue until the 2023 Act is formally repealed and amendments to the 1992 Act are accordingly reversed, in this interim period we strongly encourage employers and trade unions to seek alternative mechanisms for dispute resolution, including voluntary agreements, rather than imposing minimum service levels on the workforce. We encourage them to engage in negotiation and discussion, ensuring industrial relations are based around good faith negotiation and bargaining.

We also want to make clear that, following the High Court ruling in August 2023 which upheld the judicial review challenge on the Conduct of Employment Agencies and Employment Businesses (Amendment) Regulations 2022, employment businesses are prohibited from providing agency workers to cover the duties normally performed by an employee of an organisation who is taking part in a strike or other industrial action. In light of the High Court ruling, it is not necessary to repeal these regulations, however the Government will formally update Parliament on the position in due course.

We will be in touch in due course to confirm once the new Employment Rights Bill has received Royal Assent and the 2023 Act has formally been repealed.

We want to thank you for all your support and cooperation during the MSL lifecycle and look forward to continuing to work with you."

GMB has issued the following statement:

## **REPEALING "GIMMICK" MINIMUM SERVICES ACT RESETS INDUSTRIAL RELATIONS – GMB**



Responding to the Government's plans to repeal the Minimum Services Level Act, **Rachel Harrison, GMB National Secretary, said:**

"This is a reset to industrial relations – and a vital step towards building a fairer world of work.

"The Minimum Services Level Act was always about the previous Tory Government shifting blame from themselves onto striking workers.

"The legislation would have led to prolonged strikes, entrenching industrial disputes, all while failing to tackle the root of problems in our public services. It was a gimmick – which is why it was never used.

"It is a refreshing change to see Government Ministers wanting to listen to frontline workers in our NHS, schools and public services rather than strong arm them with ill-conceived laws."

## **GMB Submits Evidence Into HCPC Consultation On Fee Increases**



**Posted on: 17 June 2024**

After engaging with GMB Representatives across the ambulance service, GMB has now submitted evidence into the HCPC consultation on increase registrant fees and advised that they do not support the proposals.

The proposed increases will become effective for Paramedics on 1st June 2025 and will result in an annual increase of £6.98 per year.

GMB has questioned the rationale for the increase given in the consultation document which stated that there had been 114% increase in Fitness to Practice cases. We also questioned why £9.6 million was to be spent on 'corporate functions' (includes Finance, HR and IT, Governance, Communications and other functions which provide essential support for our regulatory and improvement activity). Specifically enquiring as to what 'communications' were. GMB also raised issues raised by GMB members in terms of a lack of value for money in return for their fees.

Feedback from GMB members regarding this consultation was that they feel largely unsupported by the HCPC in comparison with other registration bodies and that if they did feel there was value for money, GMB would not be opposed to the proposed increase on this occasion.

You can read GMB's submission here –

[gmb-submission-consultation-on-hcpc-fees-14-june-24.pdf](#)



**Posted on: 9 April 2024**

The joint working group of the National Ambulance Strategic Partnership Forum (NASPF) has now concluded. You can read the joint statement here – [joint-statement-on-section-2-negotiations.pdf](#)

It was at GMBs request that this working group was established to address and resolve the many inconsistencies in application of Section Two since it was introduced in the 2018 Pay Deal.

GMB is supportive of the agreement (in principle) to allow ambulance workers who were forced onto section two due to a change in role – within the same band – to transfer back.

However, we are disappointed in the significant lack of progress in many other areas of concern that we raised. Therefore, GMBs campaign on Section Two will continue outside of NASPF.

### **A Brief History of GMB's Campaign**

GMB have always been opposed to the implementation of Section 2 Agenda for Change Unsocial Hours Enhancements for ambulance service staff since it was introduced in 2018. We raised concerns at the time that this would be damaging for the morale of the workforce by creating a two-tier workforce and would also have a significant detrimental impact on career progression. GMB stands by that position still and we believe there is increasing evidence of those points being accurate.

GMB's position on this is clear. We never agreed to Section 2 for ambulance service workers and believe that all of our concerns raised at the time have proven to be correct. We believe it to be a deterrent to career progression, detrimental to health and well-being as it encourages presenteeism, divides the workforce, discriminatory in its application to pregnant workers and NQPs.

GMB believes that Section 2 should be an option for workers as we appreciate some staff may want to be on those terms. However, GMB believes that anyone who has been forced on to Section 2 since 2018 should be given the opportunity to transfer back to Annex 5; and we want a commitment that no more forced transfers will take place.

### **Timeline**

2018	2018-21 Pay Award, includes introduction of Section Two for new starters or those
------	-----------------------------------------------------------------------------------





	changing jobs within the ambulance service. GMB was the only union to reject this pay offer.
6 Jan 2021	GMB submits paper for consideration to NASPF unions in an attempt to resolve issues of inconsistency of application across ambulance services. <a href="#">gmb-section-2-discussion-paper.pdf</a>
2021	Joint working group formed at NASPF. No progress is made.
June 2023	GMB Congress makes policy to campaign against Section Two for ambulance service workers.
June 2023	GMB launched petition on Section Two – calling for no more forced transfers on to the section. <a href="https://forms.office.com/e/97V...">https://forms.office.com/e/97V...</a>
15 June 2023	GMB wrote to NASPF employers raising concerns about the lack of progress in the working group and withdrawing our engagement. <a href="#">fao-k-gulliver-emp-side-chair-naspf-15-jun-23.pdf</a>
12 July 2023	Employers’ response to GMB letter. <a href="#">naspf-response-section-2-12-july.pdf</a>
July 23 – March 24	Working group discussions....
6 Feb 2024	GMB submits pay claim to Government, which includes a call for: Unsocial Hours Enhancements: All changes made under



	the 2018 pay settlement are reversed, including the application of Annex 5 for all ambulance service workers.
April 24	NASPF working group concluded. Joint NASPF statement issued.

### What are the issues with Section 2?

GMB believes that Section 2 Agenda for Change:

- Fails to support the particular stresses ambulance staff face in removing unsocial hours payments during sickness absence.
- Unfairly puts staff at a financial detriment when developing or embarking on training opportunities.
- Is an underhand mechanism for reducing the salary bill in ambulance services, fundamentally undermining terms and conditions.

### What Next?

It is vitally important to keep fighting to overturn these detrimental changes.

Whilst we welcome some movement by employers, it is far too little given the on-going issues this imposition is causing GMB members. We will now be seeking your views on this and other issues affecting your working life to ascertain the strength of feeling going forwards. GMB reps will be out and about talking to members in the next few weeks – please engage and let us know your feelings.

Let us know what you think about this issue and what you are prepared to do to campaign and fight against Section 2 by emailing [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

Not a GMB member? Join today – [www.gmb.org.uk/join](http://www.gmb.org.uk/join) Want information on being a GMB Rep in your Workplace? Email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

**NHS Pay Update: England**



**Posted on: 11 March 2024**

## **Secretary of State says No to NHS Pay Claim**

GMB members are frustrated with the NHS Pay Review Body (PRB) process which has failed to deliver for NHS workers in successive pay rounds. As a result, GMB, alongside some other health unions, has refused to engage with the PRB until significant reform of the process has taken place, including reassurances that it is truly acting independently of Government.

After extensive consultations with GMB members working across the NHS and Ambulance Services, we have submitted a pay claim to Government, seeking immediate pay negotiations.

### **The Secretary of State has now responded to simply say NO.**

It's now time for you to get involved in the pay campaign and call on the Government to talk to your union about your pay claim.

We are calling on GMB members to do any of the following:

- Send a video message to GMB – saying what achieving this pay claim would mean to you.
  - What would an extra £1.50 per hour / £50 per week mean to you?
  - How would free car parking at work improve your life?
  - What would safe staffing levels do to improve the working lives of you and your colleagues, and the impact on your patients?
  
- Arrange a GMB workplace visit to talk to NHS staff about the pay claim?
  
- Nominate a colleague or yourself to become an NHS Pay Campaign Activist.
  
- Distribute GMB NHS Pay bulletins to your work colleagues and display them on noticeboards.



- Attend an online workshop with GMB members across the country to start to get organised and ready to campaign to win in this campaign.

If you are able to engage with any of the above, email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk) with details of which one, including your name, contact details, job title and workplace.

Reminder of GMBs Pay Claim:

- **£1.50 per hour** consolidated increase for all staff on Agenda for Change contracts (or RPI, whichever is greater)

In addition:

- **Restorative Pay:** A commitment to restore lost earnings and conditions and a plan on how this will be achieved.
- **Measures to ensure the NHS never falls below the Foundation Living Wage.**
- **Unsocial Hours Enhancements:** All changes made under the 2018 pay settlement are reversed, including the application of Annex 5 for all ambulance service workers.
- **Ambulance Retirement Age:** An urgent review into the retirement age of ambulance service workers with a view to lowering the retirement age to 60, in line with other emergency service workers.
- **Free NHS Car Parking:** Restore funding for NHS trusts to provide parking at no cost for NHS workers.
- Immediate action to rectify **Job Evaluation and Equal Pay** issues.
- **Safe Staffing** Levels.

We are also asking for parity of pay and terms for all contracted out and outsourced staff.

**GMB Meets Secretary Of State Victoria Atkins MP**

+



**Posted on: 1 February 2024**

## **GMB meets Secretary of State Victoria Atkins MP**

**1<sup>st</sup> February 2024**

GMB and other health unions met with the Secretary of State for Health and Social Care, Victoria Atkins MP, on Thursday 1<sup>st</sup> February 2024. This follows the meeting in December with the Secretary of State and Executive Health Unions.

You can read the letter GMB sent following the December here

[fao-sos-hsc-victoria-atkins-gmb-letter-20-dec-23.pdf](#)

You can read the very disappointing response here

[health-secretary-to-rachel-harrison-18-jan-24.pdf](#)

The recent meeting was used by the health unions to collectively raise some of the issues of importance to our members. This included: members working outside of their paid job roles; additional unpaid hours; staffing levels; workforce morale; mental health; barriers to career progression; lack of AHP representation; agency; car parking charges; parity with terms and conditions in Scotland and Wales; and the impacts of the cost of living crisis on NHS workers.

GMB specifically raised concerns over access to job evaluation and pay for the jobs members are being asked to do, access to flexible working and issues regarding the bottom pay rates being caught up by the living wage.

Specifically to the ambulance service, GMB raised the retirement age, unsocial hours, delays and handovers, end of shift times and access to breaks, and difficulties accessing flexible working and retirement options. GMB has requested meaningful dialogue with the department on these issues but no invitation to do so has been forthcoming. GMB will continue to lobby government and campaign on these issues.

The Secretary of State asked GMB what the solution was for those workers who were physically unable to stay in their ambulance role until their retirement age. GMB responded to say that the solution was to lower the retirement age of ambulance workers to 60 in line with other emergency service workers. It was a no. So, whilst we continue the campaign for a lower retirement age let us know your thoughts on the question asked of us – and we will relay them to the Secretary of State.



**Question: What's the solution for ambulance workers who struggle with the physical demands of the job as they approach retirement.**

**Answers by email to: [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)**

In the next few days we will send GMB members details about our pay claim for 2024/25.

Want information on being a GMB Representative in your workplace? Email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

Not a GMB member? Join today – [www.gmb.org.uk/join](http://www.gmb.org.uk/join)

## **Government Removes Ambulance Workers Rights To Strike – England**



**Posted on: 18 December 2023**

Parliament have now approved the Strikes (Minimum Service Levels: NHS Ambulance Services and the NHS Patient Transport Service) Regulations 2023. They are effective from 8th December 2023.

The Regulations mean that for the vast majority of ambulance workers, employers could potentially instruct them to attend work on days of industrial action.

All ambulance service trusts and non-emergency patient transport services in England will be bound the Regulations.

The legislation outlines what minimum service levels should be on strike days in England:

<b>Service</b>	<b>Level of Service on each Strike Day</b>	<b>Definition</b>
Emergency Ambulance Services	Emergency calls are answered and triaged as they would be if the strike were not taking place on that day. A response is organised and provided as it	Emergency calls are those made via 112 or 999.



	<p>would be if the strike were not taking place, for each of those calls which is triaged as, or escalated after initial triage to, being:</p> <ol style="list-style-type: none"> <li>1) A call about a person with a life-threatening condition or illness;</li> <li>2) A call about a person for whom there is no reasonable clinical alternative to clinical assistance being provided at the scene of an incident or by transporting the person to a healthcare facility (or both).</li> </ol>	
<p>HCP Responses</p>	<p>HCP response requests are answered and triaged as they would be if the strike were not taking place on that day. A response is organised and provided as it would be if the strike were not taking place, for each of those requests which is</p>	<p>HCP response requests means either, or both of the following services:</p> <ol style="list-style-type: none"> <li>1) Clinical assistance with a patient in a community setting.</li> <li>2) Transportation of a patient from a community setting to a healthcare facility.</li> </ol>



	<p>triaged as, or escalated after initial triage to, being:</p> <p>1) A request about a patient with a life-threatening condition or illness, or</p> <p>2) A request about a patient for whom there is no reasonable clinical alternative to an HCP response.</p>	
Inter-Facility Transfer Services	<p>IFT service requests are answered and triaged as they would be if the strike were not taking place on that day.</p> <p>IFT services are organised and provided for each of those requests which is triaged as, or escalated after initial triage to, being:</p> <p>1) A request about a patient with a life-threatening condition or illness, or</p> <p>2) A request about a patient for whom there is no reasonable clinical alternative to the provision of IFT</p>	<p>IFT services request means a request for IFT services made by or on behalf of clinical staff at a relevant healthcare facility in respect of a patient whose medical or nursing care needs have increased.</p> <p>IFT services means either or both of the following services:</p> <p>1) Clinical assistance with a patient;</p> <p>2) Transfer of a patient from a relevant healthcare facility to another healthcare facility.</p>





	services, as they would be if the strike were not taking place on that day.	
Non-emergency Patient Transport Service	<p>Any requests for transportation are answered and triaged as they would be if the strike were not taking place on that day.</p> <p>Transportation is provided to each request which is made by, or on behalf, of a relevant patient, as if the strike were not taking place on that day.</p> <p>Pre-arranged transportation before the strike day.</p>	Relevant patient is where there is no reasonable clinical alternative to the patient receiving health services on the strike day.

Ambulance employers have approached GMB and other unions to seek to reach agreement on a national framework of derogations and life and limb cover for strike days. If agreement can be reached, employers will not have to issue work notices instructing individuals to attend work on strike days.

### **PROTECT THE RIGHT TO STRIKE MARCH & RALLY: 27th January 2024**

GMB and many other unions, attended a TUC Special Congress on Saturday 9th December 2023, to stand together and commit to fighting these attacks on workers fundamental rights to strike.

A national demo has been organised for **Saturday 27th January 2024, 12pm – 2pm, Montpellier Gardens, Cheltenham, London**. Full details can be accessed at <https://www.tuc.org.uk/events/protect-the-right-strike-march-and-rally>

Not a GMB member? Join today at [www.gmb.org.uk/join](http://www.gmb.org.uk/join)



## Government Attacks Ambulance Workers' Right To Strike – England



Posted on: 23 November 2023

The Government are pushing ahead with their attempts to introduce legislation that will impose minimum service levels across the ambulance service on days of industrial action and essentially remove workers' rights to strike.

GMB continues to do everything we can to oppose this legislation. If you haven't already completed our survey you can still do so at <https://forms.office.com/e/Gg0upB1Mf5>

We are now hearing that the first votes and debates will start on Minimum Service Levels in Parliament as early as next week, with the intention being that the legislation will be effective before the end of the year. The first votes will be on the Code of Practice for Unions. This is a code of practice on the 'so-called reasonable steps' that unions must take to ensure compliance with the legislation. We have secured some changes to the original proposals, such as removal of the obligation on unions to have to communicate with all members about work notices and removing duties from picket supervisors of having to encourage those named on work notices to attend work. But what remains is still unacceptable to GMB and other unions.

**We need you to lobby your MP now** and urge them to vote against the code of practice using this TUC tool – [Email your MP: Protect the right to strike \(actionnetwork.org\)](mailto:actionnetwork.org)

As an ambulance worker, the legislation will impose:

- An MSL of 80% of an ambulance service's resource on a typical shift.
- Most, if not all, ambulances in a service's fleet would need to be staffed.
- Employers will be expected to issue work notices, naming individuals who need to be in work on strike days, if they are unable to meet the 80% target through voluntary agreements and derogations negotiated with unions.
- If work notices are issued to individuals, they must attend work on the days of strike action.



The Code of Practice for Unions can be accessed online at: [Minimum Service Levels: Code of Practice on reasonable steps - GOV.UK \(www.gov.uk\)](#)

Full details of the Government response and findings can be accessed online at: [Government response to minimum service levels in event of strike action: ambulance services in England, Scotland and Wales - GOV.UK \(www.gov.uk\)](#)

The full impact assessment can be accessed at: [MSLs impact assessment \(publishing.service.gov.uk\)](#)

The equality impact assessment can be accessed at: [Equality impact assessment - minimum service levels in event of strike action: ambulance services - GOV.UK \(www.gov.uk\)](#)

Not a GMB member? Join today at [www.gmb.org.uk/join](http://www.gmb.org.uk/join)

Want information about being a GMB Rep in your workplace? Email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

## MSL Legislation



Posted on: 9 November 2023

### Government Attacks Ambulance Workers Rights to Strike – England

On 6th November, Government published their response to the recent consultation on introducing legislation which would impose minimum service levels across the ambulance service on days of industrial action.

They have done this despite 76% of respondents to the consultation stating that they disagreed with the principle of introducing legislative minimum levels of service in the ambulance service.

Further details about the consultation findings, Government's next steps and how you may be impacted can be found below.

GMB will continue to do everything we can to continue opposing this legislation.

**Please take two mins to complete this survey to help us continue this fight:**

<https://forms.office.com/e/Gg0...>

**What will the legislation impose on ambulance workers?**



- An MSL of 80% of an ambulance service's resource on a typical shift.
- Most, if not all, ambulances in a service's fleet would need to be staffed.
- Employers will be expected to issue work notices, naming individuals who need to be in work on strike days, if they are unable to meet the 80% target through voluntary agreements and derogations negotiated with unions.
- If work notices are issued to individuals, they must attend work on the days of strike action.

### **Who will the legislation apply to?**

The consultation response lists most categories of workers and references that a high proportion would be needed to be in work. The following list identifies every reference made throughout the response:

#### Ambulance Staff

- Emergency Care Assistants
- Paramedics
- Other staff in ambulance teams

#### Emergency Operations Centre (EOC) Staff

- EOC Call Handlers
- EOC Clinicians
- EOC Dispatchers

#### Patient Transport Services

PTS staff to support:

- All renal dialysis patients
- All oncology and related cancer patients



- All palliative care patients
- Any other high dependency patients
- IFT Levels 1, 2 and 3 to be responded to

#### Other Categories

- Hazardous Area Response Team (HART)
- Make Ready Staff
- On-Call Emergency Mechanics
- On-Call IT Staff
- Special Operations Response Teams (SORT)

#### **When will it apply from?**

- Government will seek to ensure the regulations come into force by the end of 2023.
- Government will now work with employers to support them to implement the new regulations.
- Government will seek to work with employers and trade unions to improve and strengthen the existing process for voluntary derogations.
- Government is committed to engaging in conciliation for disputes, where the relevant unions agree this would be helpful.

#### **What did the consultation find?**

- The main areas of concern expressed were: How MSLs would compare to levels of service provided by stretched service on non-strike days; Lack of flexibility; Impacts on an individual's right to strike;
- The moral issue of restricting an individual's right to strike was an area of main concern for respondents who thought Government should focus on the underlying issues in the



ambulance sector such as recruitment, retention and working conditions.

- 56% of respondents were from members of the public.
- 28% of respondents were from the ambulance workforce.
- 79% of the public were opposed to the introduction of MSLs.
- 80% of the ambulance workforce were opposed to the introduction of MSLs.
- 67% of other healthcare workers who responded were opposed to the introduction of MSLs.
- 50% of organisations who responded were opposed to the introduction of MSLs.
- 89% of 25–34-year-old respondents were opposed to the introduction of MSLs.
- 90% of 35–44-year-old respondents were opposed to the introduction of MSLs.
- 77% of the public thought that current arrangements for strike days were sufficient.
- 69% of ambulance workers thought that current arrangements for strike days were sufficient.
- 67% of respondents disagreed that the ambulance service should be included as a relevant service where MSLs should be required on strike days.

Full details of their response and findings can be accessed online at: [Government response to minimum service levels in event of strike action: ambulance services in England, Scotland and Wales – GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/government-response-to-minimum-service-levels-in-event-of-strike-action-ambulance-services-in-england-scotland-and-wales)

The full impact assessment can be accessed at: [MSLs impact assessment \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/consultations/msls-impact-assessment)

The equality impact assessment can be accessed at: [Equality impact assessment – minimum service levels in event of strike action: ambulance services – GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/equality-impact-assessment-minimum-service-levels-in-event-of-strike-action-ambulance-services)

Not a GMB member? Join today at [www.gmb.org.uk/join](https://www.gmb.org.uk/join)

Want information about being a GMB Rep in your workplace? Email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

**GMB National Ambulance Committee Meeting Summary 19th October 2023**

+



**Posted on: 23 October 2023**

**Ambulance Update**

**23rd October 2023**

GMBs National Ambulance Committee met on 19th October 2023 to discuss current campaigns. Below is a summary of discussions, including links to key information.

**Pay 2024/25**

It's not too late to have your say on your pay and complete GMBs survey on NHS pay for 2024/25. What do you think GMB should be including in this year's pay claim? Complete the survey at:

<https://forms.office.com/e/KjrBSbp8L1>

**Non-Pay Parts of the 2022/24 Pay Award**

As a part of the negotiated and agreed pay award – which included an additional payment for 2022/23 and a pay award for 2023/24 – there was a commitment to address other terms and conditions issues of importance to NHS workers. These areas of work are: agency spend; apprenticeships; redundancy payments; job evaluation: career progression: pay setting process; pension abatement; safe staffing; support for newly qualified registrants and violence. Working groups have now been established including unions, NHS employers and Department of Health & Social Care Representatives where appropriate and work has begun.

**Section Two Agenda for Change Campaign**

GMB has been opposed to the introduction of Section 2 for Unsocial Hours across the ambulance service since it was introduced as a part of the 2018 pay award. We have been campaigning for it to be rescinded for ambulance staff and for anyone that has been forced onto Section 2 from Annex 5 to be given the option of transferring back. If you support this campaign – please sign our petition at:

<https://forms.office.com/e/97V5aukMZ6>

**Job Evaluation**

The NHS Staff Council Job Evaluation Group (JEG) continues to review national job profiles across the ambulance service, and nursing and midwifery. GMB continues to support individuals in requesting reviews of job descriptions in roles that have seen increased duties. A number of local campaigns are already underway at a local level to review job roles for Bands 2–3 staff. If you have queries regarding



your job role and the rate of pay you are being paid, or you have requested a review and your employer has refused, please speak to your local GMB Representative or Officer for support.

JEG are also looking for more people to be trained on job evaluation and support this crucial area of work. New guidance has been published which highlights the importance of people being trained and can be accessed at [The importance of partnership working on job evaluation | NHS Employers](#) If you would be interested in training on Job Evaluation, please speak with your local GMB Representative or Officer.

## **Flexible Retirement**

New guidance is now available. Flexible Retirement – [NHS Staff Council flexible retirement guidance | NHS Employers](#)

A reminder that there is now a day one right for all NHS employees to make flexible working requests. The guidance documents are available online at [Flexible working | NHS Employers](#)

## **Home Working**

A Homeworking and Agile/Hybrid Working Framework has been added to the Agenda for Change Handbook (new s35) and Guidance has been published at – [Homeworking and agile/hybrid working framework added to TCS Handbook | NHS Employers](#)

## **GMBs Political Fund Ballot: 11th October – 1st November 2023**

The Political Fund is GMBs campaign fund that is used to fight for the issues that matter most to our members. It allows us to fight for GMB members not just in the workplace, but wherever power lies – from Council Chambers to our Parliaments.

GMB is required by law to renew the members' mandate for our Political Fund every ten years and you should by now have received your ballot paper in the post.

Vote YES to keep our Political Fund and ensure GMB has a strong industrial voice, and a strong political one too. Losing GMB's Political Fund would mean fighting employers with one hand tied behind our back.

## **Vote YES – Keep Our Political Fund**

## **HCPC Consultation: English Language Proficiency**

HCPC has launched its formal consultation on English language proficiency for applicants using the international route onto the Register. The proposals in the consultation centre on how proficiency is evidenced, to ensure their processes are robust and fair.





The consultation will run until **Friday 19 January 2024**.

The consultation document and a list of the public webinars they are hosting during the consultation period can be accessed at [Launch of consultation on English language proficiency | \(hcpc-uk.org\)](https://www.hcpc-uk.org/consultation)

If you want information about being a GMB Representative in your Ambulance workplace, please email your details to [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

## Labour NPF Update



**Posted on: 3 October 2023**

As ambulance workers, you save countless lives up and down the country.

And as your union we will always fight for you to get the recognition that you deserve for your work.

That's why, as part of the Labour Party's process for planning the policies it will put to voters across the country at an election, we fought for commitments to make your work better if Labour win the next general election.

They have committed to:

- Fully assessing the causes of ambulance workers leaving the profession early; and
- Addressing the problem at its root causes.

They have acknowledged how vital fixing this is to solving wider NHS pressures.

We brought forward our campaigns on a lower retirement age for the ambulance service – the only blue light profession not to have it.

And we are fighting for a return to decent unsociable hours payments, and real action against violence at work.

You've been badly let down by the Conservative Government the last few years.

Like your colleagues across the NHS – We won't stop fighting for better for you.



**Posted on: 11 August 2023**

GMB’s National Ambulance Committee (NAC) met on 9<sup>th</sup> August to discuss the main campaigns and issues across the Ambulance Service. Below is a copy of the draft minutes.

If you want to become a GMB activist, or get more involved with GMB campaigns and activities in your region, email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

**(Draft minutes to be confirmed at next meeting) Wednesday 9<sup>th</sup> August 2023**

**PRESENT**

<b>Delegate</b>	<b>Trust</b>	<b>Officer (Ex-Officio)</b>	<b>Region</b>
Steve Rice (Chair)	NWAS	Mike Buoey	NWI
Jan Buoey	NWAS	Tristan Chard	NEYH
Ian Burton	EMAS	Deanne Ferguson	NEYH
Jo-Anne Callaghan	EEAS	Ashley Foster	LO
Jeremy Cowen	NIAS	Nathan Holman	WSW
Wendy Cox	LAS	Micky Hunt	NEYH
Simon Day	WMAS	Tim Northover	WSW
Ian James	WAST	Colin Todd	MI
Geoff Hough	SCAS		
Peter Leadbitter	NEAS		
Stuart McLellan	SAS		



Dan Rozier	EMAS		
Jo Smith	SECAMB		
Mark Tilley	SECAMB		

### **In Attendance**

George Georgiou GMB National Pensions Officer

Rachel Harrison GMB National Secretary

Martin Jackson Chair GMB NHS National Advisory Group & JEG Lead

### **Apologies**

Nigel Beasley; Mark Dawn, Sarah Kelly, Kerry Nash, Lib Whitfield.

## **1. Welcome & Introductions**

SW chaired the meeting and welcomed everyone.

## **1. Minutes of Last Meeting & Matters Arising 14/06/23**

Agreed as a true record. No matters arising.

## **1. Job Evaluation – Martin Jackson**

MJ discussed the new ambulance profiles that are out for consultation: PTS, Ambulance Practitioners, Paramedic Entry, Station Operations Team Leader, Station Operations Manager, Paramedic Advance, Paramedic Team Leader. A meeting of a smaller group of reps can meet to discuss our response. MJ will attend with SR and SD. Any other volunteers welcome. The consultation closes on 8<sup>th</sup> September 2023.

## **1. Performance**

RH gave an update on current membership levels across the NHS and Ambulance Service, including growth since the start of the pay dispute.



## 1. Pay

### a. NHS Pay Dispute 22-24 Reflections

RH thanked everyone that had engaged with the process of understand what lessons can be learned from the recent dispute. A presentation will be available for the next meeting. NAC agreed that legal advice and consistency of approach across regions and branches is essential.

### b. Non Pay Elements of the Pay Awards: England, Wales & Scotland

Document circulated which compares the non-pay elements of each pay award. Work is underway in Scotland. In Wales work has started on looking at how to move to a 36 hour working week. The PRB review is underway in England and all other work is due to start in September.

### c. Pay 2024/25

Discussion held with regards how to approach next year's pay round. Agreed to launch a survey to start consulting members on their aspirations for pay and conditions in the next pay round. Northern Ireland have still not received the last pay award and are looking at further dates of industrial action.

### d. CEC Special Report to Congress on Public Sector Pay

Document shared which now forms GMBs policy on public sector pay. This includes restorative pay rises and fully funded settlements and fundamental reforms to the pay review body process.

## 1. Congress 2023

We are still waiting for the final document listing what motions were carried at Congress 2023. As soon as this available, a list of NHS specific ones will be shared.

## 1. Ambulance Campaigns

### a. 12 Month Plan

RH discussed the suggested campaigns that were identified from the member survey and via the sub-group. RH agreed to circulate the list for regions and branches to consider local campaigns. Agreed to share the violence survey used in NEAS.

### b. Section Two



Discussion held as to whether we re-engage with the Section 2 working group of NASPF to address consistencies of application. Agreed we would if employers committed to working at pace to resolve, and also consider what devolved nations are doing. MB agreed to draft an update bulletin for members.

### **c. Retirement Age**

Continue to monitor the work on-going at SAB. Agreed to promote the monthly pensions bulletin and issue a specific NHS update providing information on flexible retirement options.

### **d. Violence**

Agreed to dedicate a larger part of next months agenda to this item and campaign plan. RH to obtain latest update of the number of prosecutions under Protect the Protectors legislation.

## **1. Pensions – George Georgiou**

GG updated NAG on the work being undertaken on the NHS Pension Scheme Advisory Board regarding early retirement. The working party are hoping for an update at the next meeting. If a way forward can be determined, recommendations will be made by SAB to the Minister, who will make a decision considering workforce implications and costs.

GMB is one of the unions involved in Judicial Review Appeal following on from McCloud. We need to be ensuring that members are aware of the appeal and the campaign surrounding it. GG has offered to attend branch meetings, workplaces, regions to brief members accordingly. To arrange a visit from George, or to opt into the monthly pensions bulletin email [George.Georgiou@gmb.org.uk](mailto:George.Georgiou@gmb.org.uk)

GMBs monthly pensions bulletin is available online. [Pensions | GMB](#)

## **1. Staff Council Update**

### **a. NHS TU Leads Away Day**

RH updated NAG on discussions at this year's event. It included discussions on next years pay round and our approach and ways to improve access to flexible working.

### **b. Working Group Updates**

Further flexible working guidance is being drafted specifically to address the process for applying for flexible retirement.

### **c. POA Request to Join Staff Council Permanently**



Considered the POA letter to GMB asking for our support in their request to be admitted to the NHS Staff Council on a permanent basis. Agreed to support.

## 1. National Ambulance Strategic Partnership Forum (NASPF)

RH updated NAC on discussions from the most recent monthly meeting of NASPF which included unions asking ambulance employers to pay the non-consolidate pay award to bank staff. YAS have done this to their staff on zero hours contracts, but as yet no other service has done so. Unions are encouraging local campaigns to ask for these payments.

The meeting also discussed the very low take up of ERRBO (Early Retirement reduction Buy Out) and whether we could do more to promote it. The scheme however is not very good and we would like to see it improved. GMB also asked that employers work with us to improve support and options for ambulance staff as they approach 60+ years.

We have also obtained a list of PTS private contractors being used at each ambulance service and local reps have been encouraged to get details of expiry dates.

### 1. Appeal: Medical Workers Union, Ukraine

RH gave details of an appeal we have received from Ukraine Solidarity Group to support and promote their new campaign fundraising for a hospital in Ukraine who are rehabilitating soldiers. Agreed that RH would organise an online meeting for them to address NAG & NAC.

### 1. Trust Reports

Written report received from WMAS.

SAS: - Secured a win for members so that now all staff will be paid public holidays when on sick and will receive back pay for any monies owed. The campaign over rest periods continues. Government investment to ensure the service is adequately resourced has resulted in shift lengths changing and negatively impacting members work life balance. NQPs at Band 5 collective grievance - graded because of supervision of Band 6, and yet not guaranteed to have that supervision.

SCAS: - PTS contract to be outsourced. Local campaign and speaking with members is underway.

### 1. Any Other Business

#### a. Control Room



Agreed that RH and JB would meet with JS to discuss the new role of National NAC Delegate for Control Room staff. A permanent place on the NAC agenda will now be for this work.

## 1. Date of Next Meeting

Wednesday 11<sup>th</sup> October 2023, 11am – 3pm. GMB Mary Turner House, London. A Teams hybrid option will be available.

## 1. Close

### AMBULANCE EMPLOYERS RESPOND TO GMBs SECTION 2 CAMPAIGN



Posted on: 13 July 2023

Employers on the National Ambulance Strategic Partnership Forum (NASPF) have now responded to GMBs letter of 15th June 2023, regarding our concerns with Section 2 Agenda for Change Unsocial Hours.

The response, which you can read below, is disappointing. GMBs National Ambulance Committee will be meeting on the 9th August to determine our response and next steps in this campaign.

In the meantime, please continue to support this campaign by speaking with your colleagues about the issue. If you haven't already done so, you can sign the petition at –

<https://forms.office.com/e/97V5aukMZ6>

If you would like paper copies of the petition to distribute at your workplace please email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

#### EMPLOYER RESPONSE: 12th July 2023

Dear Rachel and Steve,

#### Concerns regarding Section 2 Agenda for Change for Ambulance Staff

Thank you for your letter of 15 June 2023 setting out the GMB position in relation to the application of Section 2 Agenda for Change for Ambulance Service Staff.



As set out in your letter, the National Ambulance Strategic Partnership Forum (NASPF) agreed to form a joint working group in 2021 in relation to consistent application of Section 2 in Ambulance Services. I am aware there was a delay in this group forming and taking this work forward. The working group was established however and commenced in April 2022 supported by a set of Terms of Reference which confirmed the purpose of the group was “to gain assurance that the provisions of Agenda for Change, Unsocial Hours Payments are being applied consistently across our sector and in accordance with the provisions as outlined in Section 2 of the NHS Terms and Conditions Handbook”. The Terms of Reference also clarified that the group was established solely to seek consistency in the application of Section 2 payments and did not have remit to dispute or challenge to change the National Agreement to move from Annex E to Section 2 payments as nationally and collectively agreed as part of the 2018 NHS Terms and Conditions under Agenda for Change.

I recognise that progress of the working group has been slower than anyone would have wished for or anticipated, however progress has been made through partnership working, and the group has to date mapped the application of Section 2 across the Ambulance sector and has currently identified 5 specific areas (out of 26 scenarios considered) where application is not consistent across the sector, with an aim therefore to try to resolve these inconsistencies. Unsurprisingly these areas are mainly where the national conditions are more open to interpretation.

Ambulance Employers are very keen to continue with the work of the working group aiming to ensure consistent application in accordance with the provisions of Section 2 in the NHS Terms and Conditions Handbook. We recognise we can best resolve concerns in partnership, through dialogue, and I would respectfully ask you to reconsider your position to continue to engage with Trade Union colleagues and Employer representatives through the working group in the best interest of staff in our sector. Your input is extremely valuable and greatly welcomed.

I am unable to comment on the position you set out in your letter in relation to the GMB never agreeing to Section 2 when the National Agreement was reached as part of the 2018 pay award. Whilst I appreciate your position on this matter, the NASPF does not have any authority over a national agreement that was reached via the NHS Staff Council, of which you are an integral part. This means that as Employers we are not in a position to agree to the requests you make in your letter which would place us in breach of the national terms and conditions. I would respectfully suggest that you raise these concerns directly with the Staff Side Co-Chair of the NHS Staff Council and/or NHS Employers organisation representatives.

With kind regards

Yours sincerely

Kerry Gulliver  
Director of Human Resources and Organisational Development  
East Midlands Ambulance Services NHS Trust  
Chair of National Ambulance HR Directors Group  
Employer Side Co-Chair of the NASPF





## GMB NHS NATIONAL AMBULANCE COMMITTEE MEETING – DRAFT MINUTES TBC



Posted on: 19 June 2023

14<sup>th</sup> June 2023

### PRESENT

Delegate	Trust	Officer (Ex-Officio)	Region
Steve Rice (Chair)	NWAS	Mike Buoey	NWI
Gabby Bone	SWAST	Deanne Ferguson	NEYH
Jo-Anne Callaghan	EEAS	Ashley Foster	LO
Wendy Cox	LAS	Nathan Holman	WSW
Mark Dawn	EMAS	Micky Hunt	NEYH
Simon Day	WMAS	Kerry Nash	NWI
Ian James	WAST	Tim Northover	WSW
Carl Hardwick	WAST	Lib Whitfield	SO
Geoff Hough	SCAS		
Andrew Irving	SAS		
Sarah Kelly	NEYH		
Jo Smith	SECAMB		



Mark Tilley	SECAMB		
Paul Turner	NWAS		
Stephen Wills	NEAS		

### **In Attendance**

Kevin Brandstatter GMB National Ballot Officer

George Georgiou GMB National Pensions Officer

Rachel Harrison GMB National Secretary

### **Apologies**

Nigel Beasley; Geoff Hough; Peter Leadbitter; Stuart McLellan; Colin Todd.

### **1. Welcome & Introductions**

SW chaired the meeting and welcomed everyone.

### **2. Minutes of Last Meeting & Matters Arising 03/05/23**

Agreed as a true record. No matters arising.

### **3. Being Ballot Ready – Kevin Brandstatter**

KB advised NAC of the GMB Rule that requires all workplaces to be ballot ready for industrial action at all times and what in practice this means: membership details; employer and workplace details; thresholds for securing mandates for action – 50%+ must vote by law, two thirds by GMB policy; importance of aiming for super majorities of 75-80%; appointing ballot champions in every workplace – a role for all members; facing the challenges of the legal requirements, timelines and postal ballots. The conversations getting ready for a potential dispute next year need to start now. Discussion held on issues for reps which include access to the membership system, capacity, lack of involvement in the running of the ballots. KB agreed to enquire who is on the working party currently looking into GMB IT systems.

### **4. Pensions – George Georgiou**

Pensions contribution tier changes were implemented in April 2023 and a further change will happen in October. The judicial review regarding the costs of McCloud was lost and unions are appealing. The appeal will be heard in December or January. GMB continues to campaign for a reduced retirement age



and discussion are on-going with the Pension Scheme Advisory Board and the Department of Health & Social Care. GMBs monthly pensions bulletin is available online. [Pensions – Consultations, Guides & Resources | GMB](#)

## 5. Pay

1. **England** – The lump sum payment and the pay award for 2023/24 is due to be paid this month. All queries should have been addressed and can be found on the FAQs on the NHS Employers website – [NHS pay deal in England – frequently asked questions | NHS Employers](#). Local campaigns are underway where bank, agency or wholly owned subsidiary staff are being excluded. MB confirmed that the NW Region SPF are discussing how to address this issue also. WMAS have given their bank staff normal contracts. Discussed the need to educate members on the practicalities of bank and agency contracts and agreements.
2. **Wales** – Bank staff have been awarded part of the lump sum payment. Looking at how can bring these workers in-house. Talks are due to start on looking how to reduce the working week from 37.5 hours to 36 hours with no loss of pay – this equates to two weeks additional leave per year and an 8% increase on hourly rates of pay. The cost of this would be 4%. Unsocial Hours Enhancements will only be stopped for one when on sick leave.
3. **Northern Ireland** – Still waiting for a pay award due to no functioning government. Strike action may continue.
4. **Scotland** – Meeting with ACAS regarding rest breaks happened last week. If work six hours without a break, a special request can be made to take an undisturbed break. Band 5 job evaluation review meeting happening today for NQPs who's job descriptions have changed.

## 6. Constitution & Election

Suggested amendments to the current constitution: Named delegates to be attached; representation based on membership levels; one delegate one vote; additional seats for national EOC and PTS reps will not be eligible to vote. Amendments agreed. NWAS are now eligible to appoint one more delegate. Nomination received for a national EOC rep. Jo Smith from SECAMB was successfully appointed. Nominations for a PTS rep remain open.

## 7. Congress 2023



The Special Report on Public Services Pay was carried at Congress, as were several NHS motions. Details will be issued shortly and will be discussed at future NAC meetings to ensure implementation. SD reported back on Congress, including the Sunday afternoon ambulance panel that addressed the delegations on ambulance issues and campaigns. Lots of messages of support received from delegates working across all regions and professions. Really positive experience. The Section 2 Campaign motion had initially been ruled out of order, but the decision was overturned, the motion was debated and carried with a vote. Ambulance workers were also speakers on fringe events regarding the NHS and political campaigning.

## **8. Ambulance Campaigns**

Survey results identified the impact of section two on career progression in the ambulance service. Retirement age was the second priority issue for members who completed the survey. It was agreed we would now write to the employer with this information and requesting a meeting to discuss. Unison, Unite and RCN will be updated also. RH to action. A petition and information about Section Two v Annex Five will also be issued for members. This is not an issue in Scotland where pay is protected when on sick leave.

A general ambulance campaigns meeting is scheduled for next week and the sub-group will consider all the current suggested campaigns and prioritise. The retirement age sub-group meeting will be rescheduled for early July.

## **9. Job Evaluation**

The Ambulance Service Profile Reviews have been delayed due to JEG capacity issues and the Nursing & Midwifery Profile Review. Reps are advised to pursue job evaluation reviews at a local level to resolve issues. Reminder that MJ can facilitate a GMB NHS JE training course for reps – understand the basics and how to organise around it. A session is being arranged for activists across The Midlands Region.

## **10. Staff Council Update**

Work is due to start on the non-pay elements of the pay award and sub groups will be set up to address the different strands. The homeworking guidance consultation has now closed. Work continues on the flexible working group who are collating examples of good practice and also where there are challenges with implementation. It is recognised that a culture change is needed to seriously address flexible working. Junior Doctors and Consultants are re-balloting for industrial action mandates.

## **11. National Ambulance Strategic Partnership Forum (NASPF)**

Nothing to report as the last meeting was cancelled.

## **12. Trust Reports**



**SWAST** – Rest breaks and end of shift campaign underway. New proposals were rejected by GMB and a counter proposal was submitted. A group collective grievance is underway.

**NEAS** – Rest break issue was resolved. Crews didn't want to be forced to take breaks away from base or in public spaces. An allowance was offered for those who agreed to take breaks away from base. Considered paid breaks but issues in that employers would then be able to decide where those breaks were taken.

**EEAS** – Changing pay protection policy from 5 years to 2 years. JC enquired what other trusts were doing and it varies from 2-10 years.

**YAS/NEAS** – Hubs are being set up as part of the Government's plan to reduce waiting times and speed up discharges from hospital. Unsure where the funding is coming from, how these hubs will work or who will employ the staff, and what contracts they will be on. DF agreed to do some more investigating.

### 13. Any Other Business

SK brought to the groups attention new guidance in the Highway Code regarding driving in hot temperatures. Worth a read.

NAC agreed that a member comms would be issued after every NAC with a link to the minutes on the noticeboard.

### 14. Date of Next Meeting

Wednesday 9<sup>th</sup> August 2023, 11am – 3pm. GMB Mary Turner House, London. A Teams hybrid option will be available.

### 15. Close

## SECTION TWO CAMPAIGN UPDATE



Posted on: 15 June 2023

### GMB WRITES TO NATIONAL AMBULANCE STRATEGIC PARTNERSHIP FORUM

GMB has now formally written to the employers on the National Ambulance Strategic Partnership Forum (NASPF) with the results of our recent Section 2 survey, outlining our position on the section and calling for a meeting to address and resolve.



Here is what we said:

15th June 2023

*FAO: Kerry GulliverEmployers Side ChairNational Ambulance Strategic Partnership Forum (NASPF)*

**Sent by Email.**

Dear Kerry,

Re: Concerns regarding Section 2 Agenda for Change for Ambulance Service Staff

As you will be aware GMB has always been opposed to the implementation of Section 2 Agenda for Change Unsocial Hours Enhancements for ambulance service staff since it was introduced in 2018. We raised concerns at the time that this would be damaging for the morale of the workforce by creating a two-tier workforce and would also have a significant detrimental impact on career progression. GMB stands by that position still and we believe there is increasing evidence of those points being accurate.

In January 2021 GMB approached NASPF with a paper highlighting the numerous concerns and issues that GMB members were facing as a result of the unfair and inconsistent application of Section 2 across all ambulance service trusts in England. Unison, Unite and RCN joined us in raising those concerns and a working group was set up specifically to address these issues.

It is extremely disappointing that 2 ½ years later and no progress has been made whatsoever in progressing this work. We therefore felt we had no alternative but to withdraw our involvement from this working group and to engage with GMB members to understand what next steps they want to take.

You will also be aware that in the recent pay negotiations with the Secretary of State for Health & Social Care, GMB raised this issue as a top priority for our members and called on the Government to include it as a part of the negotiated agreement. Again, it was extremely disappointing that the Government chose to ignore all of the ambulance specific concerns raised in those negotiations and it's important you are aware of the extremely damaging impact that has had on ambulance service workers morale. They feel undervalued now more than ever before.

GMB has recently conducted a survey of members and the results evidence exactly what we have been saying since 2018:

38% of respondents to the survey who were on Section 2 had been forced onto the section since 2018.

58% of respondents on Section 2 would opt to transfer to Annex 5 if given the choice.

86% of respondents on Annex 5 stated that they would not change jobs or seek promotion so as not to lose Annex 5 terms. However, 96% of those would if they could keep their Annex 5 terms.



Some of our sister unions are also surveying their members and will share their results with you in due course.

GMBs position on this is clear. We never agreed to Section 2 for ambulance service workers and believe that all our concerns raised at the time have proven to be correct. We believe it to be a deterrent to career progression, detrimental to health and well-being as it encourages presenteeism, divides the workforce, discriminatory in its application to pregnant workers and NQPs. GMB would like to see Section 2 become an option as we appreciate some staff may want to be on those terms. However, we believe that anyone that has been forced on to Section 2 since 2018 should be given the opportunity to transfer to Annex 5 and we want a commitment that no more forced transfers will take place. Once those issues are resolved, we can start to try to address once again the inconsistent and unfair application of the section across the trusts.

If ambulance trust employers are serious about addressing the low morale of their staff and poor career progression options, resolving the issue of Section 2 must be a priority. GMB is asking that you schedule a meeting of NASPF, specifically to focus on resolving this issue with GMB and our sister unions.

Yours sincerely,

Rachel Harrison Steve Rice GMB National Secretary GMB National Ambulance Committee Chair cc.  
Sharandeep Bandesha – Staff Side Chair of NASPF / Unison Colenzo Jarrett-Thorpe – Unite Barry  
Hutchinson – RCN

## GMB AMBULANCE SERVICE – SECTION 2 AGENDA FOR CHANGE CAMPAIGN UPDATE



**Posted on: 12 June 2023**

Last week, GMB Congress 2023 voted unanimously to support the Ambulance Service Campaign to scrap Section 2 Agenda for Change. This means that this campaign is now GMB Policy and GMBs National Ambulance Committee will continue to lead on this priority campaign. (Full details of the motion and debate can be found at the end of this update).

Watch this short video from Simon Day, GMB National Ambulance Committee member, speaking after the Motion was carried: [https://youtu.be/MeFrr\\_iE048](https://youtu.be/MeFrr_iE048)

Thank you to all those members who responded to GMBs recent survey on this key issue. The results are in and evidenced exactly what our members working across the ambulance service have been telling us.



- 38% of respondents who are on Section 2 were forced onto it from Annex 5.
- 58% of those on Section 2 would transfer onto Annex 5 if given the choice.
- 86% of respondents who are on Annex 5 stated that they would not change jobs or seek promotion so as not to lose Annex 5 terms. But, 96% of these would if they were able to stay on Annex 5.

GMB has already withdrawn from the Section 2 Working Group of the National Ambulance Strategic Partnership Forum (NASPF). This is a working group that was established after GMB raised concerns over the inconsistent and unfair application of this section across the different services. That was in January 2021 and no progress has been made. We have therefore withdrawn from that group to focus on securing the changes needed via alternative routes. Our sister Unions – Unison, Unite and RCN – have joined us in that stance.

GMB will now share the results of our survey with ambulance employers on the NASPF and request a meeting to discuss how we move forwards. Their failure to prioritise this will leave us with no alternative than to enter into dispute.

Further information will follow in the coming days and weeks about this campaign and how you and your work colleagues can get involved and secure fair terms for all.

#### **MOTION 157. NATIONAL CAMPAIGN TO RESCIND SECTION 2 T&C'S WITHIN AMBULANCE SERVICES**

This Congress notes that on 1 September 2018, any new starter to the ambulance service had their unsocial hours payments paid via the less favourable Section 2 of the NHS Terms and Conditions of Service Handbook rather than the more favourable Annex 5. Any existing staff member who moves roles is moved from Annex 5 to Section 2.

Any staff paid under Section 2 terms and conditions, unlike Annex 5, receive no unsocial hours uplift when off sick. This has introduced a two tier pay structure within ambulance services that provides less favourable terms and conditions for new employees and existing employees who change their role. The cost saving, unnegotiated change to terms and conditions has proven to be detrimental and discriminatory to remuneration of new staff and has significantly contributed, beyond any other factor, to the halting of progression and developments of established staff.

Congress Believes:

Members holding equal or equivalent responsibility and roles should receive equal reward, terms and conditions. That staff who wish to progress in their employment should not be put at financial detriment as a result of this cost saving which produces a discriminatory two tier system to pay and conditions.





Congress Resolves:

That GMB instigates and supports a national campaign to eradicate the use of Section 2 terms and conditions in the ambulance services.

**A02 AMBULANCE BRANCH** *Midlands Region*

**Simon Day, Midlands Region, Branch Secretary A02 Ambulance Branch Moving motion 157 on support for a national campaign to irradiate Section 2 terms and conditions in Ambulance Services.**

Congress, I want to begin by expressing our gratitude to you all for the opportunity you have given us to add our campaign to the other amazing campaigns highlighted yesterday supported by our union.

**Congress notes:**

On **1 September 2018**, any new starter to the Ambulance service was contracted on the less favourable section 2 of the NHS Terms and Conditions of Service rather than the more favourable annex 5. Any existing staff member who, from that date onward, moves roles is also contracted on the less favourable Section 2 terms and moved off annex 5. Staff paid on Section 2 terms and conditions, receive less unsocial hours uplift, being paid consistently less in their pay packets and unlike annex 5, receive no Unsociable Hours Uplift when off sick. This introduced a two tier pay structure within ambulance services that provides less favourable terms and conditions for new employees and existing employees who change their role. This is an overt and despicable passing on of efficiencies and cost savings to the pay packets of our members in the ambulance service and is fundamentally unacceptable. It has repeatedly proven to be detrimental to remuneration of new staff, to be a bullying tool for employers to keep staff at work when they are not fit for work and should be off sick and has significantly contributed, beyond any other factor, to the halting of progression and development of long serving staff. These terms and conditions, although national, are not imposed uniformly by different trusts across the country resulting in regional variations flying in the face of our opposition to regional public sector pay policies. That's why the National Ambulance Committee have prioritised to campaign and organise action to remove the use of Section 2 terms and conditions by ambulance service trusts.

**Congress believes:**

Members holding equal or equivalent responsibility and roles should receive equal reward, terms and conditions. If they are doing the same job they should be receiving the same pay and conditions and not be treated differently because of their start date. Members who wish to progress in their career should not be put at financial detriment as a result. It's worth noting at this point, that the national survey conducted by NAC found that 86% of long serving staff who responded would not develop their career because their terms and conditions changed, but a massive 93% of that group would seek to develop their career if they were not moved onto these detrimental terms and conditions. These efficiency savings, imposed on GMB ambulance service members, rob senior clinical and management positions



of the experience and expertise those roles require that long serving staff would bring and Congress, I know you will agree, that not a single member of ambulance service staff, however long they may have been employed, should be bullied into staying at work when they are not fit to do so with the threat of a significant financial detriment as provided by these cost saving, divisive, unethical and unequal pay and conditions.

### **Congress resolves:**

We hold GMB to its commitment to Make Work Better and ask that they get on board with the ambulance campaign. We request that GMB advocate with its support in parliament and the Labour party and, at every opportunity and every level, promote the National Ambulance Committee's campaign to irradiate the use of derisory section 2 terms and conditions in ambulance services.

### **Ian Burton, President of East Midlands Ambulance Service Branch – Midlands Region Seconding Motion 157.**

1st time delegate, 2nd time speaker. President, Congress – Good Afternoon

On Sunday I stood here and talked about pay and the Ambulance Service and since then I have been receiving many messages of support after I shared my experiences with you – and I thank you for those.

Today I am supporting my colleague from West Midlands Ambulance Service and all other colleagues in the Ambulance Service with Motion 157.

Fair and equal pay for all should mean exactly that.

I was going to talk about 'Ambulance Drivers', or Paramedics, Technicians and Emergency Care Assistants as we prefer to call them. Instead, I'll mention the unsung heroes of the ambulance service, the control room staff, 999 call takers and dispatch officers.

2 Dispatch officers on the same pay band, working the same rota pattern would have a difference in overall salary of approximately £2500pa – with the staff on section 2 being the lower paid.

Retention and development of Ambulance Staff is more of a problem now than it has ever been. Section 2 is a barrier to both.

Many Trusts are needing to employ Private Ambulance providers to try and meet the increasing demand of the public as a result of not being able to recruit or retain enough of their own staff. This use of Private firms comes at a cost.

My Trust spends over £35,000 a day on private providers, each ambulance costing much more than it would for 2 NHS Ambulance workers for the same shift.



The complicated pay scale also results in many mistakes being made every month. The staff themselves need to fully understand the system to be able to then prove their employer has paid them incorrectly. This is obviously bad for morale.

The National Ambulance Committee will take this forward, but with the backing of the full GMB, all Ambulance Service members will see and feel that support.

And potentially also encourage new members to join.

Congress, please support this motion – I second

## MINIMUM SERVICE LEGISLATION – AMBULANCE SERVICE STRIKES



Posted on: 17 May 2023

The Government are currently rushing legislation through Parliament that seeks to restrict ambulance workers rights to strike and to introduce minimum service levels for ambulance services on strike days in England, Scotland and Wales. (As a result of campaigning and lobbying, a recent amendment in the House of Lords has restricted the scope of this Bill to England only).

If the legislation passes through Parliament, it could give employers rights to name individuals or groups of workers that must attend work on strike days. This gives Managers a huge amount of power over workers. The ambulance service has a terrible bullying culture, and this legislation would give bad managers another tool to target individuals by instructing them to cross the picket lines of their colleagues and attend work, and threaten them with sanctions for failing to do so. Trade union representatives could also become targets.

GMB is fundamentally opposed to this legislation and the restriction of the right to strike being placed on any ambulance worker – or any worker right across the NHS, public services and other industries. GMB has been working alongside the TUC and other unions to oppose this legislation and seek amendments as it passes through the parliamentary process.

Last week GMB submitted evidence into the consultation and you can access it here:

[DHSC\\_ambulance\\_MSL.pdf \(gmb.org.uk\)](#)

Today, GMB attended two meetings with the Department of Health and Social Care Officials to discuss the consultation and legislation in more detail. Key points that were made on behalf of GMB members working right across the ambulance service were:



- We are extremely frustrated about the amount of money, time and resources that is being spent on this consultation and forcing this Bill through Parliament. If the Government truly want to improve the ambulance service and ensure public safety, they should talk to GMBs Ambulance Reps about the essential reforms that are needed across the service.
- GMB has written on numerous occasions to this Government over the last few years, regarding ambulance service pressures and changes that the system needs. We have repeatedly asked for meetings to discuss these issues. We were ignored until ambulance service workers voted for industrial action.
- GMB members working across the ambulance service feel targeted and attacked by this legislation – they worked around the clock to put life and limb cover in place and some of those agreements were breached and abused by employers at a local level on strike days.
- The specified goals of this legislation are to improve targets and patient access to services – but the reality is there are issues everyday, regardless of strikes. In fact, the derogations our members agreed locally, actually improved services on strike days when compared with a normal working day.
- Arguments regarding Category One and Category Two calls on strike days were a distraction. A tool used by Government to try turn the public against the striking workers, but this did not work and the public support was unwavering. Focus should have been on trying to resolve the dispute with the striking workers instead.
- Different triage and dispatch systems were used by some services on strike days which should be considered and adopted as the norm.
- Attempts to identify individuals and parts of the workforce to name as being essential and therefore to be denied the right to strike, is unfair and extremely damaging to the morale of the workforce. Pitching one worker against another in terms of perceived importance would do nothing to settle any future dispute.
- Poor leaders and bullying managers could abuse the legislation to unfairly target individuals and trade union representatives.

GMB will continue to oppose this legislation and will be contacting the Ambulance Team within the Department of Health & Social Care asking them, once again, to meet with GMB National Ambulance



Reps.

Not a GMB member? Join today at [www.gmb.org.uk/join](http://www.gmb.org.uk/join)

Want information about getting more active with GMB and involved in campaigns like this – email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

## SECRETARY OF STATE RESPONDS TO GMB REGARDING NHS & AMBULANCE MEMBER ISSUES



Posted on: 16 May 2023

Following the acceptance of the recent pay offer by the majority of health unions, GMB contacted the Secretary of State, Steve Barclay, advising that there are many issues of concern to the workforce that must be addressed.

A response has been received and will now be considered by your National NHS & Ambulance Committees to determine our next steps. You can read the response below.

GMBs Section 2 / Annex 5 Campaign continues, and if you haven't already completed our survey, please do so at: <https://forms.office.com/e/yIHdpC7iy4>

If you are interested in getting more active in the GMB and helping to drive forward campaigns of importance to you and your members, please email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

### RESPONSE FROM THE SECRETARY OF STATE

15th May 2023

Rachel Harrison GMB National Secretary Public Services 15 May 2023

Dear Rachel,

Thank you for your letter of 2 May 2023.

I was pleased that GMB voted to accept the pay offer and that it has now been accepted by the NHS Staff Council. I have asked my team to make sure we are making every effort to ensure that NHS staff will feel the benefits in next month's pay.



Even though we have reached a settlement on pay, I am keen to continue to engage constructively with all unions to ensure we can address concerns and improve working conditions for all staff in the NHS.

In your letter you raised concerns about the pay review body (PRB) process. I am happy to discuss this with you further, but we have, of course, already committed to review the timing and appointment process for the NHS PRB, and to take account of the views of trades unions and employers as part of this process. We will also be considering how the NHS Staff Council could have greater input into NHS PRB, and how to streamline the way that NHS workforce and labour market is provided to the NHSPRB.

I also share your concerns about violence against NHS staff. My officials are exploring this issue and we will be in touch with you through the NHS Staff Council to discuss how to ensure services are always safe for staff and patients. I am always happy to discuss what more we can do on this with you and other union leaders.

I note your points about the retirement age for ambulance staff. I recognise the demands of the work and I want to ensure that ambulance staff feel fully supported in the work that they do. From 1st October 2023, we will implement a partial retirement option to the NHS Pension Scheme, which will allow staff to claim a portion of their pension benefits and continue working at a reduced capacity whilst building further pension.

On your point on changes to unsocial hours payments, I recognise that this issue might present a barrier to promotion for some staff who do not wish to move onto new contractual arrangements. However, this position was collectively agreed to by the Staff Council in 2018, in line with the important principle to harmonise terms and conditions across all NHS staff on the Agenda for Change contract and it would not be appropriate for me to reverse that collective decision.

Finally, I appreciate your concerns around the provision of mental health and social care services. The NHS Long Term Plan committed to an additional £2.3 billion a year for mental health services in England by March 2024 so that an additional two million people can get the NHS-funded mental health support that they need. On 23 January 2023 we also set out detail on how £150 million of capital investment, will be used to build mental health urgent and emergency care infrastructure. This includes £7 million for specialised mental health ambulances across the country to provide better care and support for people experiencing a mental health crisis. Obviously, there is work still to do here, but I am optimistic that this ongoing investment will make a difference.

Likewise, the government has made up to £7.5 billion of additional funding over two years to support adult social care and discharge - with up to £2.8 billion available in 2023-24 and up to £4.7 billion in 2024-25. This historic funding boost will put the adult social care system on a stronger financial footing and help local authorities address waiting lists, low fee rates, and workforce pressures in the sector.

Thank you again for your letter and your constructive engagement in the recent pay negotiations.



I look forward to discussing these issues and more with you soon.

Yours ever,

RT HON STEVE BARCLAY MP

## **LETTER TO SECRETARY OF STATE**

2nd May 2023

FAO Steve Barclay Department of Health and Social Care 39 Victoria Street, London SW1H 0EU

Dear Secretary of State,

The decision on the revised pay offer at today's staff council meeting is a welcome first step in the long journey to dealing with the fundamental issues facing GMB's NHS members, including in ambulance services.

However, it is abundantly clear that unless significant action is taken on key issues, the problems facing our health service, and the people who work every day to save lives and keep the public safe, will remain.

I am writing to you on behalf of GMB members who work in the NHS including ambulance services about their ongoing concerns:

### **Pension Age**

Ambulance workers are currently the only blue light profession to not have a lower normal retirement age.

The brutal demands of the job lead to huge numbers of ambulance workers being forced to cease work due to physical and mental health strains.

This is clearly and unreasonable situation and must be resolved.

### **Unsocial hours (Annex 5 and Section 2)**



For ambulance workers, changes to these payments can make a big difference to their pay packet.

But the 2018 recalculation of unsociable hours payments that has left too many ambulance workers out of pocket. This issue is a barrier to promotion and must change.

### **Pay Review Body**

The Pay Review Body, as it currently stands, is clearly unfit for purpose. We are calling for significant reform to ensure that proper pay rises, with full pay restoration to make up for over a decade of lost earnings, can be fulfilled as soon as possible.

We will not be participating in the PRB process until it is reformed.

### **Better funding for mental health and social care**

The chronic underfunding of mental health care, and the 13 years of cuts to local government funding has left our ambulance service picking up the pieces.

For our members, 65 per cent say they deal with issues that would be better handled by mental health or social care services daily.

This needs to change so that staff and the public alike can see an NHS functioning at its best - and we can further address ambulance pressures.

We want to be involved in these conversations on behalf of health service workers.

### **Violence in the workplace**

Too many ambulance and NHS workers face daily abuse and violence. Our survey revealed over three-quarters have experienced this.





We need to act.

While today's acceptance of the improved pay offer represents progress, much more needs to be done restore NHS workers' decade of lost earnings and provide the public with the health service they deserve.

I look forward to speaking to you about these issues in further detail soon.

Yours sincerely, Rachel Harrison GMB National Secretary Public Services

## Ambulance Service Worker – GMB Member Survey



Posted on: 12 May 2023

GMB has been campaigning for the removal of Section Two of Agenda for Change for Ambulance Workers since it was imposed in 2018. We raised it in the recent pay negotiations with Government as a key priority for GMB members working in the ambulance service. They chose not to address it despite our representations.

Now that the pay dispute is over, we have written to the Secretary of State asking him to work with us to address our concerns on Section Two and other issues of importance to GMB members.

Please take a couple of minutes to complete this survey so that your National Ambulance Committee can ensure we are campaigning on the issues of importance to you.

Thank you,

<https://forms.office.com/e/yIHdpC7iy4>

## NHS PAY OFFER ACCEPTED



Posted on: 2 May 2023



A vote by health unions at the NHS Staff Council on the pay offer for 2022/23 and 2023/24 has been accepted by a majority of unions.

Government and employers will now work together at speed to implement this pay offer.

GMB will now continue in the campaign to restore lost earnings and fight for improvements to terms and conditions. We have today written to the Secretary of State. Copy below.

If you are interested in getting more active in the GMB and helping to drive forward campaigns of importance to you and your members, please email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

LETTER TO SECRETARY OF STATE

2nd May 2023

FAO Steve Barclay  
Department of Health and Social Care  
39 Victoria Street, London SW1H 0EU

Dear Secretary of State,

The decision on the revised pay offer at today's staff council meeting is a welcome first step in the long journey to dealing with the fundamental issues facing GMB's NHS members, including in ambulance services.

However, it is abundantly clear that unless significant action is taken on key issues, the problems facing our health service, and the people who work every day to save lives and keep the public safe, will remain.

I am writing to you on behalf of GMB members who work in the NHS including ambulance services about their ongoing concerns:

### **Pension Age**

Ambulance workers are currently the only blue light profession to not have a lower normal retirement age. The brutal demands of the job lead to huge numbers of ambulance workers being forced to cease work due to physical and mental health strains.

This is clearly and unreasonable situation and must be resolved.

### **Unsocial hours (Annex 5 and Section 2)**

For ambulance workers, changes to these payments can make a big difference to their pay packet.

But the 2018 recalculation of unsociable hours payments that has left too many ambulance workers out of pocket. This issue is a barrier to promotion and must change.



## Pay Review Body

The Pay Review Body, as it currently stands, is clearly unfit for purpose. We are calling for significant reform to ensure that proper pay rises, with full pay restoration to make up for over a decade of lost earnings, can be fulfilled as soon

as possible. We will not be participating in the PRB process until it is reformed.

## Better funding for mental health and social care

The chronic underfunding of mental health care, and the 13 years of cuts to local government funding has left our ambulance service picking up the pieces. For our members, 65 per cent say they deal with issues that would be better handled by mental health or social care services daily. This needs to change so that staff and the public alike can see an NHS functioning at its best – and we can further address ambulance pressures. We want to be involved in these conversations on behalf of health service workers.

## Violence in the workplace

Too many ambulance and NHS workers face daily abuse and violence. Our survey revealed over three-quarters have experienced this. We need to act. While today's acceptance of the improved pay offer represents progress, much more needs to be done restore NHS workers' decade of lost earnings and provide the public with the health service they deserve.

I look forward to speaking to you about these issues in further detail soon.

Yours sincerely, Rachel Harrison  
GMB National Secretary  
Public Services

## Noticeboard Bulletin - 24-03-2023



**Posted on: 24 March 2023**

Dear GMB Member,

On Monday 3<sup>rd</sup> April, GMB will begin the ballot on the government's new pay offer to you for 2022/23 and 2023/24.

This will be your chance to vote on the new offer. Please remember, this offer is in addition to money already received by NHS staff for 2022/23.



The government did not want to give you a new offer. For months, they said they would not discuss extra pay. Your amazing strength and solidarity changed this. You demanded the government Talk Pay Now. You won.

The results are significant and will add much-needed extra money into pay packets. ,

**GMB are recommending acceptance of the new offer. It is a significant advance in our campaign for proper pay for NHS and ambulance staff.**

The offer is not perfect. And it is definitely not the destination point for our union. Far from it. But it is a major step forward and this needs to be recognised.

You have forced the government to abandon their long-held stance and hand over significant extra money for this and next year for your pay. You have forced them to talk pay with us and stop hiding behind the Pay Review Body. And, you have forced them to recognise the justice and power of your cause.

GMB will be in touch soon with further details of the ballot.

Thank you again for your solidarity and commitment.

**Rachel Harrison**  
**GMB National Secretary**

## **A Big Moment – A Proper Pay Offer From The Government**



**Posted on: 16 March 2023**

Dear GMB member,

Following days of intensive talks with the Secretary of State for Health, a pay offer has been made to GMB and other unions.

The result is a big win for GMB members.

**The details of the offer are –**



- A non-consolidated increase on 2022/23 pay of 2% for everyone and an additional 4% of the pay bill which will be a covid recovery bonus and shared across the pay bands. See the table at the bottom of this email. This is in addition to the money already received in 2022/23 (£1,400 for all, enhanced to 4% for top of Band 6 and all of Band 7).
- A 5% increase for 2023/24 pay for all, enhanced to 10.4% for Bands 1-2 to ensure they are lifted clear of the Real Living Wage.
- New money to pay for both 2022/23 and 2023/24 increases and not from existing health budgets.
- A range of non pay issues, including career development and support, job evaluation, tackling violence and aggression, staffing levels, plus more.

This is a very significant offer and marks a major step forward for GMB members.

As recently as the start of this month, the Government were saying 2022/23 pay was locked away, buried deep down, and would not be reopened. But, because GMB ambulance workers and NHS staff stood strong, they have been forced to change.

The same applies for 2023/24 pay, where the original budget was for a 2% increase.

And, we have consistently campaigned for an end to the situation where NHS spine points were below the Real Living Wage. In fact in recent years, they had fallen below the National Living Wage. We have secured an offer this year to lift the lowest paid above the Real Living Wage.

**We have made major advances and are recommending acceptance of this offer.**

All member ballots will now follow and are expected to run throughout April. You will receive more details in the coming days.

GMB members in Wales will receive further communication as separate negotiations with the Welsh Government are ongoing.

This is a big moment and would not have happened without your strength and commitment. You have done an amazing job.

Thank you for everything you do.



	2% Non-Consolidated Payment in 22/23	Covid recovery bonus - Non-Consolidated Payment in 22/23	Total Non-Consolidated Payment in 22/23
	£	%	£
Band 1_1	£405	2.0%	~£1,250
Band 2_1	£405	2.0%	~£1,250
Band 2_2	£426	2.0%	~£1,250
Band 3_1	£435	2.0%	~£1,250
Band 3_2	£464	2.0%	~£1,250
Band 4_1	£479	2.0%	~£1,250
Band 4_2	£526	2.0%	~£1,250
Band 5_1	£541	2.0%	~£1,350
Band 5_2	£584	2.0%	~£1,350



Band 5_3	£659	2.0%	~£1,350
Band 6_1	£674	2.0%	~£1,350
Band 6_2	£711	2.0%	~£1,350
Band 6_3	£812	2.0%	~£1,350
Band 7_1	£833	2.0%	~£1,350
Band 7_2	£876	2.0%	~£1,350
Band 7_3	£953	2.0%	~£1,350
Band 8A_1	£971	2.0%	~£1,350
Band 8A_2	£1,092	2.0%	~£1,350
Band 8B_1	£1,123	2.0%	~£1,450
Band 8B_2	£1,305	2.0%	~£1,450
Band 8C_1	£1,341	2.0%	~£1,450
Band 8C_2	£1,545	2.0%	~£1,450



Band 8D_1	£1,592	2.0%	~£1,550
Band 8D_2	£1,836	2.0%	~£1,550
Band 9_1	£1,903	2.0%	~£1,600
Band 9_2	£2,189	2.0%	~£1,600

## Meaningful & Constructive Pay Talks Continue



Posted on: 10 March 2023

"The Government, NHS employers and unions representing the Agenda for Change workforce have been holding constructive and meaningful discussions over the past few days, covering pay and non-pay matters.

"These talks will continue into next week."

Updates will follow when we are able.

## The Government Want To Talk Pay - And It's Thanks To You



Posted on: 3 March 2023

Dear [member]

There is a significant development this evening in our pay dispute with the Government.

On Wednesday 1<sup>st</sup> March, we announced a tightening of the derogations for cover on strike days. The following day, we received a letter from the Secretary of State for Health, Steve Barclay, inviting us and





other unions to pay talks.

This is a huge shift from the Government, who for months have refused to consider negotiations on your pay. They have now said they are willing to sit down and negotiate.

**Here's what they have conceded to talk about -**

- **A payment for 2022/23, with new money to pay for this and not from existing budgets**
- **Negotiations on 2023/24 pay**
- **Terms and conditions that unions have said are important to our members**
- **Our view on future productivity**
- **Negotiations to take place with all unions together, terminating the RCN's separate talks**

Have no doubt - these are major concessions, and it is thanks to you.

If you took industrial action or gave support to colleagues out on strike, you have played your part in changing the Government's mind on pay talks.

They wanted to hide from this issue and dug their heels in for 93 days. But they couldn't ignore you.

We have clarified a number of issues that required explanation before we could agree to enter talks. GMB's national representative committee has now recommended that we join with other health service unions in beginning negotiations.

Importantly, we have secured an extra three months to our existing strike mandates, so we retain our ability to take further industrial action in the event the talks do not succeed.

**This means planned strike action for week commencing Monday 6<sup>th</sup> March is suspended.**

**If you require further information, please contact your local GMB Representative.**

For GMB members in the Welsh Ambulance Service strike action has been suspended so that further negotiations can continue.

This is the start of the next phase of our campaign for GMB NHS and Ambulance workers and we will keep you updated as the talks progress.



Once again, this would not have happened without your strength and solidarity.

Thank you for all that you have done and continue to do.

**Rachel Harrison**

**GMB National Secretary**

## **GMB – NHS & AMBULANCE STRIKE UPDATE (ENGLAND & WALES)**



**Posted on: 28 February 2023**

First of all, thank you to you all for your on-going efforts throughout the NHS Pay 22/23 Dispute. Whether you have personally taken industrial action, provided agreed life and limb cover, attended picket lines to show your support to your striking colleagues, sent messages of support – thank you!

You may have heard the news last week that the Government had agreed to pay talks with RCN in exchange for them calling off their dispute. GMB and other health unions have not received an invite to those meetings. GMB has been clear from the start of this dispute that only a fair offer on pay for 2022/23 would suffice to settle this dispute.

GMB is extremely disappointed that the Government are attempting to divide the workforce in this way. All workers across the NHS and Ambulance Service deserve a fair pay award that truly recognises the fundamental role you play – porters, cleaners, caterers, health care assistants, admin workers, call handlers, patient transport workers, ambulance care assistants, technicians and paramedics. There are simply too many crucial jobs undertaken across the service to name them all. But you all deserve pay justice. The remaining 13 health unions on the NHS Staff Council have now written to the Secretary of State and await his response. You can read the contents of that letter at the bottom of this update.

GMB is in regularly dialogue with the other health unions regarding this dispute – particularly so with Unison and Unite across the ambulance service. We appreciate and recognise that some of our members are keen for the unions to coordinate more nationally and I can assure you that we are in regular dialogue. Each union has to work within their own structures and meet the demands of their members and take decisions through national committees which sometimes makes the process of coordinating together difficult. However, I can assure you that we are talking. We all believe that we will only win this dispute if we stand together and we will continue to do that.

GMB's next days of action are scheduled for:



## Ambulance Service:

- All ambulance services in England & Wales, excluding London, Yorkshire & North East – 6th & 20th March.
- Yorkshire & North East – 8th & 20th March.

## NHS:

- Barnsley Hospital – 6th & 20th March.
- Liverpool Women's – 8th March.
- Mersey Care – 6th, 13th & 17th March, and 24th April.

Further dates and types of action will be considered in the coming days.

Do you want some information on becoming a GMB Representative in your Workplace? Email

[NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

Not a GMB member? Join today – [www.gmb.org.uk/join](http://www.gmb.org.uk/join)

## HEALTH UNIONS LETTER TO THE SECRETARY OF STATE

The Rt Hon Steve Barclay MP  
Secretary of State for Health and Social Care  
Parliamentary Office  
House of Commons  
London SW1A 0AA

24 February 2023

By email

Dear Secretary of State,

We are writing on behalf of the NHS Trade Unions, as listed below, in light of the ongoing intensive talks with the RCN on pay, terms and conditions.

We understand that you are now acting under a government mandate to negotiate directly with the RCN, and wanted to set out some concerns and considerations of this unilateral approach. We hope that articulation of these issues will make it clear why this approach is unacceptable, ill-considered and perilous.



All those unions with a mandate for action have made it clear that we would pause the strikes in return for talks with an up-front agreement that pay for 2022-23 will be improved. We have also identified that the most appropriate route for formal talks is through the NHS Staff Council structures.

The reason for proposing the Staff Council route for formal talks is not just because we favour a collective approach. We believe it would help you avoid the numerous technical challenges, capacity and implementation difficulties and industrial risks that are posed by a more selective approach, as well as to approach retention, supply and workload issues that are well-documented across the whole workforce of the health service.

The NHS Staff Council remit includes responsibility for the Agenda for Change pay system as well as the full suite of terms and conditions that are embedded in all non-medical direct employees in Annex 1 Employers in England. Aside from the pay scales (which are arrived at by decisions outside the staff council), other changes need to be collectively agreed in order to be passed on through employment contracts to individual staff members. The significant industrial and technical risks to a single-union approach are numerous but three key considerations are:

- The Department may make commitments that cannot be delivered without the support of other parties to the collective agreement.
- The grounds on which the RCN paused their action or settle the dispute cannot be assumed as acceptable to other unions, so money could be committed without a full assessment of whether it appropriately removes or limits the Department's industrial risk.
- Changes arising from the talks may be interpreted as a deliberate move away from the collective national pay and terms arrangements and be met with a unified and robust response.

We are very keen to understand how you plan to take the agreement you are reaching with the RCN and turn that into either an offer to all NHS TUs or union-specific deals that would be negotiated with each of us in turn.

Our clear position all along has been that using NHS Staff Council structures is the best route to resolving the current disputes on NHS pay. We are keen to understand how this option could be activated in the current context.

We do understand you are acting under a mandate outside of your department to engage on a single-union basis. However, we would like to express our deep dissatisfaction that long-standing constructive relationships between employers, policy-makers and trade unions in the NHS have been jeopardised by these moves.



We would welcome an urgent discussion to explore the possibility of putting the single-union negotiations onto a formal joint-union footing.

Yours sincerely,

Sara Gorton  
Staff Side Chair and Head of Health, UNISON

Elaine Sparkes  
Staff Side Secretary and Assistant Director, CSP.

On behalf of the following Trade Unions:

British Association of Occupational Therapists

British Dietetic Association

British Orthoptic Society

Chartered Society of Physiotherapy

Royal College of Podiatry

Federation of Clinical Scientists

GMB

Managers in Partnership

Prison Officers Association

Royal College of Midwives

Society of Radiographers

UNISON

Unite

**GMB Striking Ambulance Workers Take Our Message To Parliament**

+



**Posted on: 1 March 2023**

Yesterday (31st January), GMB ambulance workers from across England and Wales travelled to the Houses of Parliament to let MPs know why we're taking strike action.

We told them about the big issues affecting work in the ambulance service, the problems with pay and terms and conditions, and why the Government must engage on pay with NHS workers.

Throughout the day, we met with over 55 MPs including the Minister responsible for NHS pay Will Quince MP, the Shadow Health Secretary Wes Streeting, and Shadow Chancellor Rachel Reeves.

ITV news covered our visit on the main news -

We invited the Secretary of State for Health and Social Care, Steve Barclay, to meet with GMB ambulance members but, disappointingly given the importance of the current dispute, he didn't accept.

Instead, we listened with interest as he was questioned by the Health and Social Care select committee on issues facing the NHS including the strikes.

He said that pay talks continue with health unions and that the PRB process is the route to follow - despite the government having missed the deadline to submit their own evidence into the pay review body process for 2023/24!

It is also revealing that we have not met the Secretary of State since the 9th January. It is not good enough.

GMB's campaign for fair pay across the NHS and Ambulance Services will continue and further strike dates are planned where GMB has mandates to take action.

Full details can be accessed at the strike hub: [Ambulance Service Strike Hub | GMB](#)

Want information about being a GMB Representative in your workplace? Email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

## **GMB AMBULANCE STRIKE UPDATE – ENGLAND & WALES**



**Posted on: 26 January 2023**



GMB's dispute with the Government regarding Pay for NHS & Ambulance Workers across England, Wales & Northern Ireland continues. Press statements from the Government are stating that they are engaging in constructive pay negotiations with the unions – this is not true! We have not met with or heard from the Government on the issue of pay since Monday 9th January 2023. They have made no attempts to resolve this dispute and therefore the planned industrial action will continue.

**UPCOMING INDUSTRIAL ACTION**

Industrial action will be taking place on the following dates and times:

**Ambulance Trusts**

Region	Ambulance Service	Industrial Action
MI	East Midlands Ambulance	<ul style="list-style-type: none"> <li>■ Mon 6 Feb (26 Hours) 6am–8am (7 Feb)</li> <li>■ Mon 20 Feb (26 Hours) 6am–8am (21 Feb)</li> <li>■ Mon 6 Mar (26 Hours) 6am–8am (7 Mar)</li> <li>■ Mon 20 Mar (26 Hours) 6am–8am (21 Mar)</li> </ul>
MI	West Midlands Ambulance	<ul style="list-style-type: none"> <li>■ Mon 6 Feb (26 Hours) 6am–8am (7 Feb)</li> <li>■ Fri 17 Feb (26 Hours) 6am–8am (18 Feb)</li> <li>■ Mon 6 Mar (26 Hours) 6am–8am (7 Mar)</li> </ul>



		<ul style="list-style-type: none"> <li>■ Mon 20 Mar (26 Hours) 6am–8am (21 Mar)</li> </ul>
NEYH	North East Ambulance	<ul style="list-style-type: none"> <li>■ Mon 6 Feb (24 Hours) 6am–6am (7 Feb)</li> <li>■ Mon 20 Feb (24 Hours) 6am–6am (21 Feb)</li> <li>■ Mon 6 Mar (24 Hours) 6am–6am (7 Mar)</li> <li>■ Mon 20 Mar (24 Hours) 6am–6am (21 Mar)</li> </ul>
NEYH	Yorkshire Ambulance	<ul style="list-style-type: none"> <li>■ Mon 6 Feb (12 Hours Split) 6am–12pm &amp; 6pm–23.59pm</li> <li>■ Mon 20 Feb (12 Hours Split) 6am–12pm &amp; 6pm–23.59pm</li> <li>■ Mon 6 Mar (12 Hours Split) 6am–12pm &amp; 6pm–23.59pm</li> <li>■ Mon 20 Mar (12 Hours Split) 6am–12pm &amp; 6pm–23.59pm</li> </ul>





NWI	North West Ambulance	<ul style="list-style-type: none"> <li>■ Mon 6 Feb (24 Hours) 00:01 – 23:59</li> <li>■ Mon 20 Feb (24 Hours) 00:01 – 23:59</li> <li>■ Mon 6 Mar (24 Hours) 00:01 – 23:59</li> <li>■ Mon 20 Mar (24 Hours) 00:01 – 23:59</li> </ul>
SO	South Central Ambulance	<ul style="list-style-type: none"> <li>■ Mon 6 Feb (18 Hours) 06:00 – 23:59</li> <li>■ Mon 20 Feb (18 Hours) 06:00 – 23:59</li> <li>■ Mon 6 Mar (18 Hours) 06:00 – 23:59</li> <li>■ Mon 20 Mar (18 Hours) 06:00 – 23:59</li> </ul>
SO	South East Coast Ambulance	<ul style="list-style-type: none"> <li>■ Mon 6 Feb (14 Hours) 12pm–2am (7 Feb)</li> <li>■ Mon 20 Feb (14 Hours) 12pm–2am (21 Feb)</li> <li>■ Mon 6 Mar (14 Hours) 12pm–2am (7 Mar)</li> </ul>



		<ul style="list-style-type: none"> <li>■ Mon 20 Mar (14 Hours) 12pm-2am (21 Mar)</li> </ul>
SO/SW	South West Ambulance	<ul style="list-style-type: none"> <li>■ Mon 6 Feb (18 Hours) 06:00 – 00:00</li> <li>■ Mon 20 Feb (18 Hours) 06:00 – 00:00</li> <li>■ Mon 6 Mar (18 Hours) 06:00 – 00:00</li> <li>■ Mon 20 Mar (18 Hours) 06:00 – 00:00</li> </ul>
Wales	Welsh Ambulance Service	<ul style="list-style-type: none"> <li>■ Mon 6 Feb (24 Hours) 6am-6am (7 Feb)</li> <li>■ Mon 20 Feb (24 Hours) 6am-6am (7 Feb)</li> <li>■ Mon 6 Mar (24 Hours) 6am-6am (7 Feb)</li> <li>■ Mon 20 Mar (24 Hours) 6am-6am (7 Feb)</li> </ul>

**NHS Trusts**



Region	NHS Trust	Industrial Action
LO	East Suffolk & North Essex	<ul style="list-style-type: none"> <li>■ Mon 6 Feb (4 Hours) 9am-1pm</li> <li>■ Mon 20 Feb (4 Hours) 9am-1pm</li> </ul>
NW	Liverpool Women's	<ul style="list-style-type: none"> <li>■ Mon 7<sup>th</sup> Feb (24 Hours) 00:01-23:59</li> </ul>
NW	Mersey Care	<ul style="list-style-type: none"> <li>■ Mon 6<sup>th</sup> Feb (24 Hours) 00:01-23:59</li> <li>■ Mon 13<sup>th</sup> Feb (24 Hours) 00:01-23:59</li> </ul>
NW	NHS Blood & Transplant	<ul style="list-style-type: none"> <li>■ Mon 6<sup>th</sup> Feb (24 Hours) 00:01-23:59</li> </ul>

## AN ATTACK ON YOUR RIGHT TO STRIKE

GMB and other health unions have been calling on the Government to talk to us about pay if they want to resolve the current dispute. But instead of doing that, the Conservative Government have chosen to attack workers instead. They are currently rushing through Parliament, legislation which could severely restrict your right to strike in future disputes. If the legislation passes through Parliament, the restrictions could become effective on emergency service workers as early as this summer.

The legislation would introduce minimum service levels and potentially give employers or the Government to name individuals who must not participate in industrial action – regardless of them being included in a lawful ballot for industrial action. GMB is campaigning against this legislation and a group of GMB ambulance service representatives are attending Parliament next week to lobby MPs.



The Government are rushing through this legislation using the current dispute as their reason and stating that minimum service levels are required to protect public safety and accusing union members of putting lives at risk. GMB questions their ability to maintain safe staffing levels on a normal day – and thanks to the derogations and life and limb cover put in place by local GMB representative – waiting times for emergency care actually reduced on strike days. It is an insult to our members taking action to accuse them of putting lives at risk when extensive arrangements were put in place and are adhered to by our members to ensure that lives are not put at risk as a result of the action.

## MEMBER SURVEY

It's essential that we continue to understand how GMB members working in ambulance services are feeling as this dispute develops. Please take a couple of minutes to complete this online survey – <https://www.surveymonkey.co.uk/r/QCTFWPK>

## AND FINALLY

Thank you to all GMB members who have remained determined to fight for fair pay. Whether you have been on strike, covered derogations and provided life and limb cover, supported others on picket lines, sent messages of support – it is all a crucial part of this campaign. Let's continue to stand together and make this Government Talk Pay Now.

# INADEQUATE GOVT. RESPONSE TO AMBULANCE PRESSURE CONCERNS

## GMB Campaign For Ambulance Service Worker Retirement Age To Be Lowered



Posted on: 16 June 2022

GMB has for many years campaigned to have the Normal Retirement Age for Ambulance Staff reduced to 60, in line with other emergency service workers.

GMB recently wrote to the NHS Pension Scheme Advisory Board requesting a discussion on this issue. The meeting was held on 8th June and GMB delegates informed them of the strong feedback received from ambulance staff – that they feel burnt out and unable to continue working beyond the age 60.

GMB members would like the opportunity to retire at 60, in line with other emergency service workers and may be willing to pay higher contributions for this.



At the meeting, this position was supported by Unite and Unison.

GMB noted the very low take up of the Early Retirement Reduction Buy Out (ERRBO) Scheme as evidence that it failed to meet the needs of those wanting to retire early as it only allows retirement at 65 and it only applies for the years one pays in.

A scheme that allowed earlier retirement than 65 and that was open to all NHS staff (to avoid equality issues) would be welcomed by all.

It was noted that there could be cost implications given that under ERRBO employers share the cost of the additional contributions for ambulance staff, also any changes may need approval from the Treasury.

The SAB co-chairs and NHS Employers agreed to consider how best to gather the information needed to take this conversation forward.

GMB will also be contacting all ambulance service trusts to enquire and understand what support is being offered to our members approaching retirement who may be struggling with the physical and mental demands of the job.

We shall keep members advised.

Not a GMB member? Join today at [www.gmb.org.uk/join](http://www.gmb.org.uk/join)

Want information about being a GMB representative in your workplace? Email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

## Noticeboard Bulletin - 25-02-2022



**Posted on: 25 February 2022**

In October 2021, GMB wrote to Government to raise the serious concerns we had regarding the untenable workplace pressures that our members were facing working in the ambulance service. Pressures that have been experienced by GMB members for many years, but which have been made worse due to Covid-19.

We called for:



- Rapid and serious action to be taken ahead of winter pressures
- Additional funding to address staffing issues and pay levels
- Scrutiny of the Government's plan for winter
- A whole system approach to address ambulance pressures, including clear public health communications about the problems facing the service.

GMB also raised these same concerns with the Health & Social Care Select Committee and called on them to look into initiating an inquiry into the issues facing the ambulance services and the pressures around burnout facing staff.

We received a response from Jeremy Hunt MP, Chair of the House of Commons Select Committee on 29<sup>th</sup> November 2021 acknowledging how important these issues were and asking us to submit evidence into a new consultation regarding recruitment and retention. We did this in January 2022.

Government have now responded with a communication outlining spending commitments. It is disappointing that they have not agreed to meet with GMB and your national ambulance committee to discuss our concerns.

All documents referenced in this update can be accessed using the following links:

- [GMB Letter to Government \(24<sup>th</sup> October 2021\)](#)
- [GMB Letter to Health & Social Care Select Committee \(24<sup>th</sup> October 2021\)](#) –
- [GMB Consultation Response to HSC Committee Inquiry into Workforce: Recruitment, Training and Retention in Health & Social Care](#)
- [Response from Edward Agar MP, Minister for Health & Social Care \(17<sup>th</sup> February 2022\)](#)

## MANDATORY VACCINATION UPDATE



Posted on: 3 February 2022



GMB and other unions met with Ambulance employers today (3<sup>rd</sup> February 2022) on the National Ambulance Strategic Partnership Forum (NASPF) to discuss the U-Turn by the Government on mandatory vaccination for patient facing healthcare workers.

Government have stated so far that there will be a consultation to revoke the legislation – however, as yet we do not know the timeline for this. We are still waiting for further details as to how this will impact on the adult residential home workforce (including PTS staff) who were subjected to similar legislation in November 2021.

Employers advised unions of their positions at this time whilst we await further details from Government and for the legislation to be revoked.

- All ambulance trusts will continue to follow the current guidance in terms of continuing to engage with staff and encourage vaccine uptake.
- No formal processes will continue.
- Only vaccinated workers will be recruited whilst the legislation is still in place. If / When it is revoked, this position will be reviewed.
- PTS staff that were affected by the November Care Home legislation will be engaged with, including any who had their employment terminated. (This engagement has already started with staff side reps where applicable).

As and when further information and guidance from Government becomes available NASPF will review and discuss.

Not a GMB Member? [Join today!](#)

Want more information about being a GMB representative in your workplace? Email [NHS@gmb.org.uk](mailto:NHS@gmb.org.uk)

## Past Bulletins

### **NATIONAL AMBULANCE STRATEGIC PARTNERSHIP FORUM**



Posted on: 11 November 2021



## JOINT STATEMENT ON OVERTIME AND HOLIDAY PAY

### *ENGLAND ONLY*

Since the implementation of the corrective holiday pay arrangements, ambulance employers have been working closely with joint trade unions through the NASPF to discuss how to ensure that overtime and additional basic pay are included in holiday pay calculations moving forwards. An interim agreement has now been reached.

Please see FAQs and a copy of the Agreement below.





## OVERTIME PAYMENTS & PAY DURING ANNUAL LEAVE



**Posted on: 17 June 2021**

Negotiations to attempt to resolve the long-standing issue of overtime and additional hours not being included in annual leave payments concluded at the end of March 2021. Agreement was reached on a corrective settlement going back two financial years. However, agreement was not reached on how



future calculations would be made and employers committed to resolving this as soon as possible. This bulletin is intended to give GMB members an update on all outstanding issues.

Full details, including a Frequently Asked Questions document can be accessed by the NHS Employers website at: [Overtime payments and pay during annual leave - NHS Employers](#)

## **Corrective Settlement:**

To be eligible, an individual must have worked and been paid for overtime or additional hours, in four or more months of one, or both, of financial years April 2019 – March 2020, and April 2020 – March 2021.

A corrective settlement payment will be offered by local employers to eligible individuals. This will be 16% of the overtime or additional hours payments they received in one, or both of the financial years. An Equality Impact Assessment has been undertaken which employers need to be mindful of when identifying and paying eligible individuals – link below.

Since agreement was reached, employers have been working to calculate payments for eligible staff. Under the national agreement these corrective payments should be made to all eligible staff by 30<sup>th</sup> September 2021. Ambulance employers have committed to making payments in July and August 2021. However, this is a manual task that needs to be performed by local payroll teams and some are struggling with capacity issues, in part, due to also having to manually perform payments for 'Bear Scotland' payments.

Employers approached Unions and requested that 'Bear Scotland' payments be temporarily paused in order to free up capacity in payroll teams and enable them to make the corrective settlement payments earlier. After much discussion, the pause has been agreed to, on the condition that corrective settlement payments are made in all areas by the end of August, and that if a forward facing solution is not implemented in September the payments will be automatically reinstated. You can read the full details of the agreement regarding the 'Bear Scotland' pause [here](#).

## **[AACE NASPG Joint Statement](#)**

You should be contacted by your employer if you are eligible for a corrective settlement payment. If you have not been contacted and believe you are eligible, please raise this directly with your employer and speak to your GMB representative for support if required.

Ambulance specific Frequently Asked Questions have also been drafted. Local employers will now be working through them with your local GMB Representatives to fill in the details to the local specific questions. You can access a copy of the [nationally produced FAQs here](#). However, please note you should receive a locally amended version shortly from your local employer.



## Existing Claimants:

Unions Solicitors are still in negotiations with employer solicitors on outstanding legal claims. If you have a claim lodged with the union solicitors, you should continue to seek legal advice and support direct from the solicitors.

## Future Payments:

Attention is now needed by local employers to fix the issue moving forwards, from 1<sup>st</sup> April 2021. They must ensure that holiday pay is inclusive of overtime and additional hours.

The solution for the forward fix however has been complicated by several different factors, including the national Electronic Staff Records (ESR) system and local payroll methods of calculating holiday pay. For this reason, a national fix may be some time coming. In the meantime, ambulance employers have committed to working with trade unions in discussions regarding what their plans for a local solution will look like and to ensure that underpayments do not reoccur.

These discussions will continue over the summer months and regular updates will be given as and when there is no information.

## Equality Impacts:

Local partnerships should consider the equality analysis undertaken by the Department of Health and Social Care and discuss how to ensure local solutions are free from any discrimination. The analysis suggests potential areas that employers need to consider when implementing the framework and should also apply to any future solutions.

[NHS holiday pay for voluntary overtime: equalities impact assessment - GOV.UK \(www.gov.uk\)](#)

## ARE YOUR CONTACT DETAILS CORRECT?

It is essential that your membership details are up to date so that we can ensure you are kept up to date with advice and guidance relevant to you.

You can update your details by contacting your local GMB Representative or online using the GMB website at [gmb.org.uk/mygmb-edit](https://gmb.org.uk/mygmb-edit)

Not a GMB Member? [Join the union for NHS staff today!](#)

Read more information in [becoming a GMB Representative in your Workplace.](#)



## **NEW SURVEY: Ambulance Service Retirement Age – Joint Union (GMB, Unite & Unison) Survey.**



**Posted on: 17 March 2021**

If you work in the ambulance service – this surveys for you. Please take a few minutes to complete and then share with your colleagues.

**COMPLETE THE SURVEY!**

Survey closes **14th April 2021**

## **COVID-19 GUIDANCE FOR AMBULANCE SERVICES**



**Posted on: 1 June 2020**

Guidance for ambulance services has now been updated and is available online. The guidance has been updated to reflect changes made to Covid-19 Infection, Prevention & Control (IPC) Guidance for all healthcare services. The guidance also confirms that new strains of the virus have been considered. A summary of the changes is:

- Introduction of Covid-19 risk pathways (High, Medium and Low) for staff awareness as patients will be triaged into the appropriated care pathway by the receiving facility.
- Clarification of changes to patient cohorting aligned to new Covid-19 risk pathways.
- No changes to PPE levels for direct patient care or when performing AGPs.
- No changes to procedures within the AGP list but includes a statement of clarification that oral / pharyngeal suction and insertion of basic airway adjuncts are not deemed as AGPs.



- Reinforcing the requirement for patients to wear a surgical mask, providing it does not compromise their clinical care, such as when receiving oxygen therapy.
- No changes to decontamination requirements.
- Inclusion of recommended good practice precautions in the event of delays at hospital handovers.

Whilst GMB is supportive of the reinforcement of the message that patients and the public should wear face masks, we are disappointed that there is no increase to the levels of PPE for attending patients who are suspected or confirmed Covid-19 positive.

Since the start of the Pandemic, GMB has consistently called for higher levels of protection for ambulance staff. We therefore remind all of our members to ensure they dynamically risk assess all cases and advise to level up with PPE if in doubt.

A letter of reassurance issued to staff by AACE can be accessed online at:

[AACE IPC Letter of Reassurance for Ambulance Staff, Jan 2021 – aace.org.uk](https://www.aace.org.uk)

The guidance for ambulance services and the IPC guidance can be accessed at:

[COVID-19: guidance for ambulance services – GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[COVID-19: infection prevention and control \(IPC\) – GOV.UK \(www.gov.uk\)](https://www.gov.uk)

GMB's priority remains in keeping our members safe at work which is why throughout the Pandemic we have been regularly updating our Coronavirus Hub with all the information you need to keep yourself safe. You can check it out at [The Coronavirus Hub](#)

You can also access NHS & Ambulance Service specific advice at: [NHS and COVID-19: Frequently Asked Questions](#)

If you have concerns that you may have contracted Covid-19 in the workplace, please record your details on the GMB [COVID-19 Risk Register](#).



Posted on: 5 January 2021

Please complete ASAP so we can protect you at work:

[gmb.org.uk/amb60flash](https://gmb.org.uk/amb60flash)

**AMBULANCE MEMBER BRIEFING: THE AMBULANCE STAFF CHARITY**

Posted on: 11 September 2020

**DOWNLOAD THE 1-PAGE**

What you members need to know!

TASC evolved from the Ambulance Service Benevolent Fund, and supports ambulance staff past and present, and their families, in time of need.

They work with individual ambulance workers, their families, commission sector research, issue guidance, advice and support to the sector and interested parties, and run the National Ambulance Memorial Service.

They provide a range of **independent and confidential support services** for individuals (**Mental Health Support** was the highest demanded in 2019-20):



They delivered 621 Interventions – a **56% rise** on previous year, a **42% Increase** in people receiving mental health support. **322 Hours** of **physical rehabilitation** were provided. 1 in 3 Volunteers received Peer Support Training.

**TASC need your support and involvement to promote continue and expand the work they do!** You can **donate**, or get involved in **fundraising activities**. Follow them on **Facebook** and consider running a **birthday fundraiser**, or doing a **sponsored run, walk, or other activity**. You can also become a **peer support volunteer**, which comes with training and support.

They are able to support ambulance service staff to access a range of therapy, potentially quicker than they might be able to through their GP – the wait for specialist PTSD therapy like **EMDR (Eye Movement Desensitisation Therapy)** in the NHS can be up to/more than 6-12 months. Manager Occupational Health referrals and assessments and subsequent treatment can also take time and may vary between providers. It may also require an Equalities Act Disclosure; the stigma around mental health can mean some members may feel more comfortable accessing these services independently of their employer.

**TASC & GMB** have signed a **Memorandum of Understanding**, meaning that we will work closely together to help promote and support each other's work, to improve the working lives of our members in ambulance staff – **not a member? JOIN TODAY!**

## **ASSAULTS ON EMERGENCY WORKERS SENTENCING CONSULTATION GMB UNION RESPONSE**



Posted on: 6 August 2020



## Introduction

GMB Union is pleased to respond to the Ministry of Justice's rapid stakeholder consultation on the proposal to raise the maximum penalty for common assault against emergency workers to two years.

GMB is a general union which represents more than 600,000 people across the public and private sectors. We represent workers in a wide range of NHS roles. GMB is the largest union in ambulance services.

GMB supports tougher sentences for those who assault emergency workers, which must be accompanied by an increase in prosecution rates and fundamental improvements to employer support for victims of assault.

This document is informed by the results of an ambulance members' survey that was conducted for the purpose of responding to this consultation. Due to the tight submission timetable, this survey was open for a limited window. Quotes and statistics are drawn from this survey unless otherwise stated.

[Read more on GMB's response](#)

### Noticeboard Bulletin – 22-07-2020



Posted on: 22 July 2020

#### ASSAULTS ON EMERGENCY SERVICE WORKERS CONSULTATION – INCREASING THE MAXIMUM PENALTY – MEMBER SURVEY

GMB, your Union in the Ambulance Service, has been invited to submit evidence into the Ministry of Justice Consultation on increasing the maximum penalty for Common Assault against emergency service from **12 months to 2 years**.

GMB was at the forefront of the campaign for the enactment of the **Assaults on Emergency Workers (Offences) Act 2018** which came into effect in November 2018.

We continue to have concerns about the lack of prosecutions resulting from attacks against our members working in the ambulance service and we want to hear from you on this important issue.

This consultation is regarding the maximum penalty for **Common Assault** only which **currently has a maximum sentence of 12 months**.





**Common Assault is defined as:** Inflicting violence or making an emergency worker believe they are going to be attacked. Includes both intentional and reckless acts.

Since the Act became effective in November 2018:

- **9,000** offenders have been sentenced. (We do not know how many of these worked in the ambulance service as the Government does not currently collate this data by profession).
- **20%** received a fine.
- **40%** community orders.
- **10%** suspended sentence.
- **17%** immediate custodial sentence.
- **2.6 months** was the average custodial sentence.

Please take a few minutes to complete the survey with your experience so that we can ensure you are represented in GMB's submission into this consultation.

**COMPLETE THE SURVEY HERE!**

Please complete this survey by no later than **Wednesday 29<sup>th</sup> July 2020**.

## Noticeboard Bulletin - 07-07-2020



Posted on: 7 July 2020

**The NHS 20-21 Pay Claim Survey is now open to all NHS Members!**

**HAVE YOUR SAY ON PAY!**

**Read the full details here:**



## Latest NHS Pay Bulletin – Moving Forward On NHS Pay



Posted on: 3 July 2020

**GMB and the Joint NHS Trade Unions are taking action on pay!**

**Clapping doesn't pay the bills, read the full bulletin here:**



## Latest Essential GMB Health & Safety Briefing



Posted on: 11 June 2020

For NHS & Ambulance Workers on COVID-19 & RIDDOR:



## Noticeboard Bulletin - 01-06-2022



Posted on: 1 June 2022

**GMB** has written to John Barwick - Interim Chief Executive & Registrar at the Health & Care Professionals Council (HCPC), to express our members' concerns around the PPE supply chain, lack of testing, and the long term impact of this pandemic on staff, you can read that letter here:



## **GMB Statement And Guidance PPR, CPR And AGPs**



**Posted on: 29 April 2020**

During this unprecedented crisis during which we see our beloved NHS rise to the challenge of keeping our country safe the GMB National Ambulance Committee have taken the decision to issue guidance to our members regarding Covid-19 and the issues of personal protective equipment (PPE).



We consider that the guidance issued by Public Health England and followed by most Ambulance Trusts is confusing and leaves our members at risk and would advise members always to don appropriate PPE for every call based on the information at hand and their own risk assessment. If in doubt always, level up never down.

### **Level 3 PPE, Cardiopulmonary Resuscitation (CPR) in relation to chest compressions and Aerosol Generating Procedures (AGP).**

As health care professionals (HCP) of all grades we are faced with an influx of confusing and contradictory evidence being produced by highly professional and trusted specialists from all over the world and many of us will have seen the very public spat that has been played out between Public Health England (PHE) and the Resuscitation Council United Kingdom (RCUK). It is clear that both organisations perceive that their evidence is in the best interest of all HCPs but this has done nothing to alleviate the fear and anxieties being faced by each of us on a daily basis.

The cause for concerns relates to PHE and RCUK not agreeing on CPR not being an AGP. In short, PHE believes that CPR is not an AGP and RCUK do. It has therefore been reassuring to see that PHE have now amended their guidance to state:

***“Based on the NERVTAG evidence review and consensus statement, chest compressions will not be added to the list of AGPs. Healthcare organisations may choose to advise their clinical staff to wear FFP3 respirators, gowns, eye protection and gloves when performing chest compressions but it is strongly advised that there is no potential delay in delivering this life saving intervention.”***

GMB has spoken directly with RCUK and confirm that we support their position entirely and their need to balance the chances of survival of the patient with the health and safety of the HCP.

Many Trusts have issued guidance pertaining to its stance regarding AGP generating procedures and have added a caveat that allows for staff to don level 3 PPE if they wish as long as this does not cause a delay in attending the patient (Pt). Most are, at this time, following guidance from PHE.

We have studied the varying different literary evidence and have determined that at the time of writing we believe that CPR is an AGP and therefore the clinician who embarks on CPR should wear level 3 PPE including a power hood and the reasons are highlighted below.

The RCUK President Professor Jonathan Wyllie in his updated statement on 20th April 2020 wrote about his concerns regarding PHE who insist that CPR was not an AGP procedure and that this may very well place our health at risk. RCUK Covid 19 guidance categorises CPR as an AGP and that level 3 PPE should



be worn prior to undertaking this procedure. The RCUK reference the World Health Organisation (WHO), the International Liaison Committee on Resuscitation (ILCOR), Centers for Disease Control and Prevention (CDC) and the Australian and New Zealand Intensive Care Society (ANZICS) as evidential departments that also support their view.

Our Paramedics' own professional body the College of Paramedics (CoP), in a statement released on the 27 March 2020, stated that they recommend the position of the RCUK despite the limited evidence available and state that 'chest compressions are an AGP and that staff should wear appropriate PPE to deal with such situations'.

Interestingly the National Fire Chiefs Council (NFCC) also support the RCUK and in its guidance state that level 3 PPE should be worn when dealing with CPR and this includes breathing apparatus.

A literary review conducted by Couper et al (2020) titled COVID-19 in cardiac arrest and infection risk to rescuers: A systematic review concluded that it was uncertain if chest compressions or defibrillation caused AGPs and that further study was required into the subject. The review noted that PPE may be less effective during CPR due to slippage of the face mask leaving the rescuer exposed to harm.

For ambulance staff this would mean withdrawing from the scene to observe hand hygiene and then refit another mask, it also does not mention anything regarding the amount of sweat produced by staff that could also effect the efficacy of the surgical mask. This point was highlighted by the research whereby they stated that 'importantly, we found evidence that delivery of chest compressions may reduce the effectiveness of face masks'.

The authors also discuss the process of the generation of AGPs by the thoracic pressure during chest compressions which generate airflow through the small exhaled tidal volume.

Another literature review conducted by Health Protection Scotland and NHS Scotland (2019) concluded that CPR was not classed as an AGP and that the WHO had changed their view that CPR was a AGP, it also importantly states that 'the list of AGPs may be subject to change as new evidence emerges'.

All the government departments across the UK have jointly produced a document called COVID-19: infection prevention and control guidance, this large document highlights how we should react with regards to PPE and states it believes that chest compressions and defibrillation are not considered an AGP generating technique, however Trusts can request that staff consider donning level 3 PPE respirators.

In section 5.8.1 of the document they also state that the evidence into AGPs will continue to be updated in light of emerging evidence for this new pathogen.



In conclusion, our decision is based in light of the evidence available and the fact that there are too many unknown variables due to COVID-19 that we must support the position of the RCUK and the CoP in that CPR is an AGP technique.

We strongly advocate our membership to wear level 3 PPE including power hoods, if available, whilst performing CPR. We are advising that staff begin donning level 3 PPE en route to a suspected cardiac arrest as this should not hinder the time it takes to reach the Pt's side. This can be partially done whilst wearing a seat belt and concluded once on scene.

The GMB National Ambulance Committee has taken this stance in the best interests of its membership and using the evidence available.

It would be remiss of us not to believe the guidance and information produced by RCUK, after all, they set the UK standards on resuscitation and these are supported by the CoP.

The position of government departments to maintain a repeating statement that says their advice and guidance may change as more information becomes available is simply not good enough. Too many of our NHS colleagues have died because of COVID-19 and we will not sit back and comply with a government that has, over the last decade, underfunded the NHS, underappreciated, overworked and underpaid us for their own political means. As such we will not allow them to use any of us as an experiment to change their guidance as and when it suits them.

We are calling on all ambulance services to amend their local policies in line with RCUK guidance.

Yours sincerely,

**Steve Rice – Chair, GMB National Ambulance Committee**

**Rachel Harrison – GMB National Officer**

**ARCHIVED AMBULANCE BULLETINS (22/05/2020)**

