



## **Minimum service levels in event of strike action: ambulance services in England, Scotland and Wales**

### **GMB Submission**

**Submission Date: 9<sup>th</sup> May 2023**

1. The proposal to introduce minimum service levels for ambulance services relates to England, Scotland and Wales (Great Britain). To which part of the UK does your response relate?

#### **England, Scotland and Wales**

2. To what extent do you agree or disagree with the proposed introduction of minimum service levels for ambulance services in the NHS?

#### **Strongly Disagree.**

GMB Union represents hundreds of thousands of workers across the public and private sectors. We are the largest union in ambulance services and we strongly oppose the introduction of minimum service levels (MSLs) to ambulance services during any periods of strike action.

GMB has been raising the concerns and untenable work pressures of our ambulance service members with the current Government for several years. Disappointingly, the Government chose to ignore their genuine fears and concerns for the services they are proud to serve. With increasing demands, alongside the 1.6 million people on a waiting list for diagnostic tests in February 2023 (up from 500,000 in February 2010) where delays have resulted in the need for more emergency care, poor access to GPs and other NHS, social care and mental health services, the ambulance service has become the gateway to treatments.

GMB members report to us that they are increasingly being physically prevented from delivering safe standards of patient care due to the

demands and chronic staffing shortages. Retention of the existing workforce should be the priority for any Government – not attacking their fundamental rights to take industrial action if all other means of resolving their grievances fail.

GMB questions what the actual definition of 'minimum service levels' would be considering chronic staff shortages and increased demands mean that on a normal day, when strike action is being taken, safe staffing levels are not adhered to. This is one of the reasons GMB members across the ambulance service voted in favour of industrial action in the recent dispute. Without genuine investment in the current workforce, workers will continue to leave the service and it will become more difficult for patients to get the access to the emergency care they need when they need it.

Trade unions in the UK are already bound by some of the strictest legislation in the Europe when it comes to industrial action. Very specific requirements are followed in terms of details of the dispute, affected members and timelines have to be followed for lawful industrial action to occur. For this legislation to also potentially still put individual workers at risk of dismissal for taking action, despite their union following all the rules, is deeply unfair and threatening to our emergency service workers.

Imposing minimum levels of service in the ambulance service risks the Government's own analysis coming to fruition – that this could lead to more strikes. It will almost certainly exacerbate the existing recruitment and retention crisis.

Ambulance services run most efficiently when there is good partnership working between employers and unions. The introduction of MSs during strike action seriously risks undermining and damaging that relationship. During a time of dispute the focus should be on the issues causing the strike and considering resolutions to the dispute, not on restricting individuals rights.

3. Currently on strike days, employers seek voluntary agreement from trade unions so that certain staff members refrain from taking strike action, in order to provide cover for essential services. To what extent do you agree or disagree that current arrangements are sufficient?

**Strongly Agree.**

Government imposed MSAs are unnecessary and risk not meeting the emergency needs of the local population.

GMB takes the negotiation of safe cover and emergency arrangements during strike action extremely seriously. GMB representatives worked around the clock and were in constant communications with local employers to negotiate and agree what emergency cover was needed and would be provided on strike days. These discussions were constructive and always had patient safety at the forefront. The emergency cover that was in place in the December ambulance strike was praised by employers, and patient delays actually went down on strike day (14% of patients were delayed by more than an hour on 21 December, compared to 24% on the same day the week before).

The decision was taken early in the dispute by GMBs National Ambulance Committee that a one size fits all approach to derogations and exemptions would not work in the ambulance service. Each trust operates in a different way and with different local population needs, so what would work well in North West Ambulance would not work at all in South East Coast Ambulance. Instead, local agreements were reached and in the main worked extremely well. There is no one best placed to determine what cover is needed than the local union reps and employers. To suggest that a Government Minister, who has no knowledge of the ambulance service needs, is the right person to determine cover arrangements is severely out of touch with the realities of working in the ambulance service.

In the recent ambulance dispute, GMB uncovered evidence that service levels were actually improved on strike days, as a direct result of the agreements GMB reps reached with local employers. Service levels were

at 82% - that's due to the professionalism of ambulance workers who left the picket lines to make sure Category 1 calls were responded to. Serious delays were actually down significantly on the day of the strike.

Arrangements were also in place throughout each strike day, as well as the lead up to strike days, for escalation processes if needed to involve national union officials, national NHS and ambulance employers and NHS England.

We were informed by employers in multiple areas that lives were saved due to our derogations and that if those calls had been made on non-striking days, they believed response times and delays could have resulted in a loss of life.

It is nothing but insulting to ambulance workers, who work every day to help the public, to suggest that they would put patients at risk. It is in fact, the responsibility of the current Government who have starved the NHS and ambulance services of resources over the past decade, that patients are suffering harm every day with long waits for ambulances and queues outside of hospitals.

4. To what extent do you agree or disagree that it is important to have consistent standards for minimum service levels in the event of strike action in the ambulance services across England, Wales and Scotland?

**Strongly Disagree.**

We refer you to our objections outlined above and confirm that GMB does not agree that MSLs should be introduced for strike action in the ambulance service and that any arrangements regarding cover on strike days should be left to local determination and agreement between employers and trade unions.

5. To what extent do you agree or disagree that the ambulance service should be specified as a relevant service where MSLS could be required on strike days?

**Strongly Disagree.**

We refer you to our objections outlined above and confirm that GMB does not agree that MSLS should be introduced for strike action in the ambulance service, the wider NHS or anywhere else in the public sector.

6. Which of the following types of medical incidents should be responded to, even in times of strike action, if any? Select all that apply.

**None of the above.**

We refer you to our objections outlined above and confirm that GMB does not agree that MSLS should be introduced for strike action in the ambulance service and that any arrangements regarding cover and response to medical incidents on strike days should be left to local determination and agreement between employers and trade unions.

The following comment is from an ambulance service worker who was responsible for reaching agreements with the local employer on arrangements for strike days:

*"It was evident that we were using different triage tools within EOC. We are usually very risk averse – sending an ambulance to most jobs. However, on strike days we were telling people to make their own way if they were able. The public also stopped calling with calls down by 30% on strike days. The general feeling was that the service felt safer on strike days than on non-strike days and staff felt more supported by their employer. Our exec team believe we have been 'winging it' and 'dodged a bullet' on more than one occasion due to poor staffing levels, especially in III and EOC in the last few years."*

7. Which of these ambulance services, if any, should be covered by MSLS in ambulance services? Select all that apply.

**None of the above.**

We refer you to our objections outlined above and confirm that GMB does not agree that MSLS should be introduced for strike action in the ambulance service and that any arrangements regarding cover on strike days should be left to local determination and agreement between employers and trade unions.

8. We have outlined some options below on how MSLS regulations could operate. Which options, if any, do you agree with? Select all that apply.

**None.**

We refer you to our objections outlined above and confirm that GMB does not agree that MSLS should be introduced for strike action in the ambulance service, the wider NHS or anywhere else in the public sector.

9. If minimum service level regulations are made, based on the requirement to name staff in work notices, which staff groups should be included within a minimum service level for the ambulance service? Select all that apply

**None.**

We refer you to our objections outlined above and confirm that GMB does not agree that MSLS should be introduced for strike action in the ambulance service, the wider NHS or anywhere else in the public sector.

10. To what extent do you agree or disagree that other health services should be included in MSL regulations?

**Strongly Disagree.**

11. Are there particular groups of people, such as (but not limited to) those with protected characteristics, who would particularly benefit from the proposed minimum service levels for ambulance services?

**No.**

12. Are there particular groups of people, such as those with protected characteristics, who would be particularly negatively affect by the proposed minimum service levels for ambulance services?

**Yes**

Public service workers in the majority are women, black Asian and minority ethnic and disabled workers. Any attempt therefore to impose MSLs could potentially have a disproportionate and negative impact on the rights of these workers to participate in their fundamental right to take lawful industrial action. If these workers choose to assert their right to strike, they could face dismissal and lose their ability to bargain for improvements to their pay and conditions. This has been acknowledged by the Governments impact assessment.

The Government do not have sufficient rationale for the differential treatment and impact on workers with protected characteristics. Therefore, should there subsequently by disproportionate and negative impacts on workers as a result of MSLs in the ambulance service, or other public services, GMB would immediately seek legal recourse.