

GMB

U N I O N

NHS Pay Review Body

2025/26

Evidence Submission

**MAKE
WORK
BETTER**

1. Introduction

GMB is Britain's third largest trade union and represents hundreds of thousands of workers across the public and private sectors. GMB, incorporating the ambulance service union, is proud to represent tens of thousands of NHS workers in England, Scotland, Wales and Northern Ireland.

Our members primarily work in Ambulance Services, hospitals, and in the community, concentrated on Agenda for Change bands 2 to 9. They are front line staff, caring for patients in some of the most distressing moments of their lives. They are dedicated public servants who have chosen helping others and the health of the nation, as their profession.

Our contribution to the Pay Review Body seeks to illustrate the pressures our members face within the health service. Our members have had space to tell us what conditions they work in, and what they believe can be fixed.

"The NHS is not on its knees, but on its face."

This is the current Government's assessment of the NHS, and one which many of our members agree with. This does not mean our NHS is destined to collapse, ceasing to be the service within the vision of its founders. Without workers like our members, the NHS would not be able to continue under the current pressures. It is down to their dedication, and so far, their resilience that keeps the service operating. This submission will clearly outline what they believe they need as a workforce to be equipped to deliver the care that patients deserve.

GMB also represents thousands of workers who work in an NHS setting for third party contractors, many of whom will have once been directly employed and since had their work outsourced. These workers - cleaners, cooks, patient transport staff - play a vital role in keeping patients safe. The conditions for these workers in the last 14 years have been eroded, but despite this they are campaigning across the country to ensure their pay in particular keeps pace with Agenda for Change.

2. Summary of GMB Members' Aspirations for their Pay

Our members' pay aspirations will be contextualised throughout our submission, but for clarity at the outset, they can be summarised as the following.

- A percentage increase to pay above RPI (RPI plus) to be applied to all Agenda for Change (AfC) Bands
- A plan for the AfC Band 2 to be paid at least £15 per hour, and addressing differentials within subsequent AfC Bands
- Improvements to overtime in NHS – hours required to work in substantive post above contracted hours, must be paid in line with AfC overtime rates

3. The State of Patient Care

As part of our consultation for this submission, we asked our members questions regarding the state of patient care across the NHS.

67 per cent of GMB members surveyed across the NHS believe that patient care has worsened in the last year, with 26 per cent believing that there has been no change.

Our members have told us that the systems in which they work has serious impacts on patients, and the care they can give them. Where there should be a coherent flow of patients within the health service, there is often disruption. Those working in the emergency side of the health service are acting as triage for patients who are not in urgent need, causing our hospitals to become overwhelmed with patients who should be cared for more locally. One huge contributing factor to the pressures on our members work, is the crisis in elderly care.

“Adapting the whole NHS and social care service to better cope with the ageing population. Ambulances continually going to falls in care homes as care homes are taking residents that need more care than they can

provide. Accident and emergency getting filled with elderly patients who could have avoided hospitals if they could have seen a GP sooner."

Ambulance Practitioner

It is evident that where there is a part of the health and wider social care system that is not keeping pace with the demands of it, other areas find that they are filling the gaps. Those who need medical attention, who can't get it in the community for instance, still require a part of the health service to help them and will seek out a service that will.

"The last 10 years the ambulance service has been the scaffolding holding up the NHS, I'm sick of sitting outside A/E departments in an ambulance for hours due to severe demand on A/E."

Emergency Ambulance Assistant

"Our poor patients have not been invested in as much as they should have. We need equipment. Money spent on the environment and better staff to patient ratio so the team can do their jobs properly"

Performance Manager

"We are currently going through a budget cut to our community team to save the trust 50 million pound. We are already over stretched and are now having our staffing levels cut and case load increased. This will put patients and members of the public at risk due to the risk levels of our case loads."

Mental Health Support Worker

What GMB members say can help improve patient care

As outlined previously, our members know how interlinked services are and how one might affect the other. What has emerged through our consultation is that all areas of our membership believe that the NHS needs

- Improvement in staffing levels
- A plan for community care

- A plan for elderly care
- Patient education on what services should be used for

Members had also expressed frustration at the 111 service, which often leads to complicating their workloads.

“More capacity in hospitals, more autonomy in where we go to hospitals to widen the load across the trust and not overwhelm the Eds”

Paramedic

“More staff, more time to be able to care for patients properly.”

Staff Nurse

“Improving social care therefore increasing the number of discharges and available ED beds therefore reducing ambulance queuing times. Also improving the standards and amount of hospital at home provision and ensuring that it is comparable across counties”

Paramedic

“Proper Funding of social care, improved and increased number of social care packages, to get people out of hospital and back in to the community. Thus creating flow and naturally reducing ambulance offload, subsequently this would improve ambulance response times in the community. On top this increased numbers of ambulance from 2am. Currently we lose 5 ambulance after this time from locations that we inevitably respond to in hours these stations are none operational. Generally they are 30 plus minutes away.”

Paramedic

“More staff on the lower bands and a reduction of the more superfluous jobs!”

Ambulance Vehicle Preparation Operative

“Patient education so that they seek the right care at the right time and place to improve the patient experience. GP’s to stop sending patients for chronic illnesses management to UTC as a default because urgent care

cannot help and pt is turned away at the door. ICB needs to come up with a plan as patient's are getting frustrated and the verbal abuse towards NHS staff is rising as a result- so you end up with staff that are burnt out and on long term sick leave."

Emergency Nurse Practitioner

"More knowledge on what the ambulance service is for and what happens when you ring them. Possibly could help have less people ringing"

Emergency Medical Advisor

Preparedness for winter

In a recent survey 92 per cent of GMB members believed that the NHS is not better prepared going into this winter compared to last year.

This is reflected in the latest available data from the Association of Ambulance Chief Executives (AACE) for September 2024:

*"Overview: Demand increased, following a largely seasonal dip in August, with call and incident numbers (notably Categories 1-and-2) showing an increase in daily volume. Call-answer and response times, all increased in September. Patient handover delays also increased, with some measures falling within the top-ten highest to-date. Alongside this was an increase in the number of patients exposed to potential further harm as a result of delays, while the equivalent of nearly one-in-five See-and-Treat and Conveyance-based ambulance responses were lost due to resource-time spent waiting outside hospitals."*¹

Staffing Levels – Recruitment and Retention

Patient care is inextricably linked to the conditions in which our members work. Across all areas of the NHS, our members are telling us that staffing

¹ Association of Ambulance Chief Executives, National Ambulance Data to September 2024, published October 18th 2024 <https://aace.org.uk/uk-ambulance-service/national-ambulance-data/>

levels are too low to be able to be able to carry out the care that patients need and deserve.

70 per cent of respondents in a recent GMB survey said that they were working short staffed in their place of work.

The latest NHS England data on workforce vacancies show that, while mostly reducing, vacancies remain high in number across all workforce groups and even continue to increase for NHS workers that help relieve pressures on hospitals to focus more on specialist care. Care in the Community workforce vacancies increased by 658 (0.7%) in the year to June 2024.²

NHS England Total Workforce Vacancies and Rates, year to June 2024 -			
Sector	2023/24 Q1 (Jun-23)	2024/25 Q1 (Jun-24)	Annual Change
Acute	83,863	74,722	-9,141
Ambulance	4,384	3,698	-686
Community	5,600	6,258	658
Mental Health	29,054	25,524	-3,530
Specialist	3,635	2,644	-991
TOTAL FTE	126,536	112,846	-13,690
Acute	8.20%	7.10%	-1.10%
Ambulance	7.80%	6.30%	-1.50%
Community	9.30%	10.00%	0.70%
Mental Health	12.00%	10.30%	-1.70%
Specialist	8.00%	5.70%	-1.30%
TOTAL %	8.90%	7.70%	-1.20%

Without action to increase staff levels across the NHS and in particular to reverse rising vacancies in the community workforce, the health service will

² NHS Vacancy Statistics England, April 2015 – June 2024, released 29 August 2024
<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---june-2024-experimental-statistics>

not be able to address the challenges facing staff in hospitals and ambulances. As the Darzi report notes: *“Research from the NHS Confederation found that, on average, systems that invested more in community care saw 15 per cent lower non-elective admission rates and 10 per cent lower ambulance conveyance rates together with lower average activity for elective admissions and A&E attendances.”*³

As part of our consultation we asked a number of questions relating to retention, and current pressures that might ultimately force them to leave the NHS.

Many of our members are finding it harder to work in the NHS, and as a country our national health and wellbeing is at stake if these dedicated public servants continue to leave.

When asked *‘would you still sign up to work for the NHS if you were starting your career over again, knowing what you know now?’* 60 per cent answered *‘No’*.

This is a stark number and proves how much our members have been let down over the last decade and half.

Staff intentions on leaving the NHS

When asked *‘Have you considered leaving your employment in the last six months?’* 66 per cent answered *‘Yes’*.

This clearly illustrates the dissatisfaction with the current working conditions. We asked members to tell us the ‘challenges’ they face as described by the Change NHS⁴ survey for reasons why they have contemplated leaving the NHS in the last six months. Our intention in using this particular matrix is to provide the PRB with figures that could be comparable to other consultations.

³ Lord Darzi, ‘Independent Investigation of the National Health Service in England’, published 12 September 2024

<https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

⁴ <https://change.nhs.uk/en-GB/>

In order of highest returning reasons, members responded with the below:

Low levels of job satisfaction/morale	1
Stressful working environment	2
Poor mental health or burnout	3
Unmanageable workload/demand	4
Staff shortages	5
High levels of staff turnover	6
Inefficiencies in connecting services	7
Problems with workplace culture	8
Poor equipment	9
Complex administrative processes	10
Growing complexity of patient needs	11
Other	12

University costs

The government has plans to increase university fees in 2025 by £285 which puts further financial pressure on students who wish to pursue a career in the NHS. Currently NHS bursaries are still provided but vary on where you live in the UK and in most cases do not cover the entire tuition fee, leaving students to pay the difference. This also causes issues with eligibility for student maintenance loans and the amount a student can receive if they have already been given help towards tuition fees. This causes further detriment to students wanting to pursue a career in the NHS.

The government states that after leaving study, student loan borrowers will not see their monthly student loan repayments increase as a result of these changes and that maintenance loans will increase by 3.1% which will provide as much as £414 extra per year. As stated already if NHS students receive help with tuition fees this can affect the amount of maintenance loan a student is eligible to receive.

The range of pay in bandings in which staff need a three-year degree qualification, will mean these key workers will be paying their student loans for a longer period of time and will be affected the most by inflation changes.

This has the potential to discourage younger workers from entering the health service as it will be unaffordable to work.

This is why GMB is calling for the UK Government to fully invest in the future of the NHS workforce and ensure that all medical students have full funding throughout their time at university and free tuition fees.

Barriers to progression in the NHS

What is emerging is that our members are frustrated with the requirements of increasingly expensive higher education qualifications. There needs to be better recognition of the knowledge, expertise and experience that staff gain from what they learn on the job. These are very real barriers to existing NHS staff and compound the issue of retention and overall job satisfaction. As outlined above, our concern is that the NHS runs the risk of not being an attractive employer due to the cost of qualifications for jobs which offer poor wages, while also not making use of the talent it already employs.

"Nursing apprenticeships would help for people who want to be nurse but can not take 3 years off work to do a degree."

Mental Health Support Worker

"Do not have a degree have years of experience but a degree is the only way to get above band 4. I am way more qualified than newly qualified band 5s but am taken advantage of working above my pay grade and can go no further. Degrees need to go...should be able to progress work based as previously."

Senior Therapy Practitioner

"Had to pay for my own degree to be become a social worker. No one seemed to know about any funding in 2017. I certainly do not want to self fund any other qualifications."

Care coordinator/Social worker

"I am currently on a promoted seconded post, barriers I have encountered trying to keep my promoted banding include Health Improvement

Department applying additional unfair, unjust and uncommunicated criteria to selecting potential candidates for post - in my case it was candidates needed 2 masters modules - should never have occurred and no recourse or consequences of such actions. Another barrier to progress is the fact that my secondment has lasted 7.5 years and I have no protection in terms of retaining the promoted banding, I have to drop £8000 and go back down a band - where is the progress and development in this? The skills and knowledge developed over this time just to be forgotten and I am to be penalised for trying to further develop myself"

Health Improvement Senior

Wellbeing

In a recent GMB survey of NHS members we asked the Office for National Statistics (ONS) four personal well-being questions, used to measure the nation’s overall well-being.⁵ The responses from our members show that they fall below the national averages across these metrics, with the greatest difference being on the level of anxiety.

ONS Well-being Questions	GMB Average (Mean)	National Average (Mean) 2024: Q2
Life Satisfaction – Overall, how satisfied with your life are you nowadays (Where 0 is 'not at all satisfied' and 10 is 'completely satisfied')	6.23	7.5
Worthwhile – Overall, to what extent do you feel the things you do in your life are worthwhile? (Where 0 is 'not at all worthwhile' and 10 is 'completely worthwhile')	6.61	7.8
Happiness – Overall, how happy did you feel yesterday? (Where 0 is 'not at all happy' and 10 is 'completely happy')	6.15	7.4

⁵ [Quarterly personal well-being estimates – non-seasonally adjusted – Office for National Statistics](#)

Anxiety – on a scale where 1 is “not at all” and 10 is “constantly”, overall how anxious did you feel yesterday?	5.26	3.2
---	-------------	-----

4. Pay

Restorative Pay

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

We must see pay levels restored to what they should have been had pay kept pace with costs of living increases. Whilst we appreciate pay restoration is a significant investment, a plan towards achieving pay restoration is essential. Steps that can be taken to achieve pay restoration include above inflation pay awards and reduced working weeks (with no loss of pay) as is currently being introduced in Scotland and Wales.

Deteriorating pay is a contributory factor as to why staff are leaving the NHS. There must be an above inflation increase, that makes progress towards the restoration of real earnings. NHS workers have also lost other terms and conditions that GMB is seeking to restore. These include the removal of the right to retire at 60, unsocial hours enhancements reduced and removed when on sick leave, and subsistence allowances haven’t increased since the introduction of Agenda for Change. GMB is seeking a commitment to restore lost earnings and conditions and a plan on how this will be achieved.

NHS Agenda for Change salary payscale changes in real terms value from April 2010 to April 2024 (entry point salaries)

	2010/11	2024/25	2010/11 updated (RPI)	Real terms change (£)	Real terms change (%)
Band 1	£13,653	£23,615	£23,592	-£23	-0.09
Band 2	£13,653	£23,615	£23,592	-£23	-0.09
Band 3	£15,610	£24,071	£26,974	-£2,903	-10.7

Band 4	£18,152	£26,530	£31,366	-£4,836	-15.3
Band 5	£21,176	£29,970	£36,592	-£6,622	-18
Band 6	£25,472	£37,338	£44,015	-£6,677	-15.1
Band 7	£30,460	£46,148	£52,635	-£6,487	-12.3
Band 8a	£38,851	£53,755	£67,134	-£13,379	-19.9
Band 8b	£45,254	£62,215	£78,199	-£15,984	-20.4
Band 8c	£54,454	£74,290	£94,096	-£19,806	-21.04
Band 8d	£65,270	£88,168	£112,787	-£24,619	-21.8
Band 9	£77,079	£105,385	£133,193	-£27,808	-20.8

A Real Living Wage Floor in the NHS

The NHS is no longer an employer that can offer its lowest paid, financial security. It is no longer an employer that pays a wage that dedicated staff can afford to live on.

The statutory National Living Wage does not properly address the cost of living and whilst recent uplifts have been welcomed, it has never truly kept up with inflation, nor been able to absorb shocks to the economy.

GMB believes currently, that the Real Living Wage should be £15 per hour.

The NHS used to be a Living Wage Foundation rate paying employer, which is now £12.60 nationally and £13.85 in London. While Wales and some NHS organisations in England have chosen to value and reward their workforce by paying above the national minimums and instead paying the Foundation Living Wage, most of the NHS who follow AfC have fallen below minimum levels in their wage payments to lowest grade workers in recent years.

In April 2022, the lowest paid fell below minimum rates of pay due to the delay in the PRB pay round. An interim payment had to be made to Band 1 & 2 workers to prevent NHS employers from breaching minimum pay laws.

This has happened again in 2024.

It will happen again in 2025 as the NLW is set to rise to £12.21 and Band 2 pay is £12.08. This causes untold damage on staff morale. It also creates huge issues for payroll departments locally – as they have to arrange interim

uplifts and then deductions from back pay entitlements at a later date. We also saw this year, that Band 2 staff were being excluded from car lease schemes as the deductions from wages took them below the National Minimum Wage. Car parking fee arrangements also had this effect and meant NHS organisations had to provide loans to cover the costs, to be reclaimed when the pay award was received.

Not paying people fairly is in breach of the principles of the NHS People Promise which clearly states: “We are recognised and rewarded – A simple thank you for our day-to-day work, formal recognition for our dedication, and fair salary for our contribution.”

With no action to raise pay particularly at lower grades, this issue will also have negative impact on the NHS’s goal of achieving pay equity for diverse groups across AfC bands (gender, ethnicity and disability pay gaps). Central figures for NHS ethnicity and disability pay gaps could not be found but regarding the gender pay gap in NHS England and NHS Improvement, women occupied 57.8% of the highest paid jobs and 77.6% of the lowest paid jobs.⁶

Whilst we appreciate the new Government is working to bring the PRB timeline forwards to ensure pay awards are paid in April for the anniversary date in future years, there is still no mechanism in place to make sure the timeline doesn’t slip again. It cannot be acceptable that NHS workers are sitting below National Living Wage rates. There must be a significant uplift in pay to future proof NHS pay, lift it above the Foundation Living Wage and make the NHS an attractive place to work.

Overtime Pay

GMB believes that hours required to work in substantive posts above contracted hours, must be paid in line with AfC overtime rates when exceeding 37.5 hours per week.

⁶ NHS England, Gender Pay Gap Report 2022, <https://www.england.nhs.uk/long-read/gender-pay-gap-report-2022/>

In England, many NHS staff are forced on to bank contracts for lesser pay. GMB has found that 25 per cent of people working in hospital settings stated that this was their experience. NHS England issued advice to NHS organisations saying staff should be doing overtime or additional hours on bank contracts and not paid as overtime. GMB fundamentally disagrees with this statement and strongly affirms that contractual rights should be followed.

Shockingly, in the recent GMB survey of members working across the ambulance service, hospital and community settings, 9 per cent of respondents who stated that they worked overtime, said they did so unpaid. This increased to 16 per cent when considering results from hospital settings only, and 44 per cent of those working in community settings. It cannot be that we have a health service being propped up on the stolen time of NHS staff.

Ambulance Unsocial Hours – Section 2 AfC

The closure of Annex 5 AfC provisions for unsociable hours payments to new entrants in the ambulance service has been one of the most detrimental conditions of the 2018 pay settlement, which was opposed by GMB members.

Under Section 2, fewer hours are classified as unsociable during the working week (Monday to Friday), and the maximum enhancement is reduced from 25 per cent of total basic pay to 30 per cent of time worked. In practice, this change in terms and conditions represents a significant loss in earning potential. The 2018 pay settlement, reduced payments for Bands 1-3 and removed the entitlement to enhancements when on sick leave. NHS staff on Section 2 AfC in England are effectively penalised for being ill.

Alongside the financial impacts of the loss of earnings per hour under Section 2, the enforced transition to Section 2 upon a change of contract has prevented promotions or relocations for many of our members.

When asked what the barriers to your career progression are, respondents stated:

“Would move onto a relief rota with no work life balance. Would also move to section 2 and suffer financial detriment.”

Technician

“The requirement to switch from Annexe 5 USH to section 2 USH if I receive any promotion.”

Paramedic

“Unwilling to accept section 2”.

Associate Ambulance Practitioner

“Changes to my NHS unsocial hours payment I’m now stuck in band 7 and won’t apply because I’ll be forced into section 2.”

Paramedic

Section 2 has also created a two-tier ambulance workforce which could create potential discrimination claims when male and female workers are carrying out the same roles but receiving differing levels of pay. This is hugely damaging on staff morale.

GMB has been trying to resolve the inconsistencies in the application of Section 2 across ambulance services in England since its introduction. A joint ambulance union paper on the issue was even submitted to the National Ambulance Strategic Partnership Forum (NASPF). Despite a working group putting a considerable amount of effort into trying to adopt a consistent approach to the many issues we raised, only one area was agreed upon. This was the right to request a transfer back to Annex 5 for those who had been forced onto Section 2 when changing jobs within the same pay band – and even this still needed to be voluntarily adopted at local level.

The unpopularity of this provision and the changes introduced in 2018 cannot be overstated. GMB is asking that all changes made under the 2018 pay settlement are reversed.

5. Job Evaluation

Job evaluation has become a major problem across the whole of the NHS and ambulance services and affects GMB members working in all roles and across all Agenda for Change pay bands. Years of underfunding to the NHS has resulted in chronic staffing shortages and increased workloads for those staff who remain, and job creep has become a real issue.

GMB is actively involved in supporting campaigns for job re-evaluations and has been successful in securing uplifts in pay to ensure workers are being paid appropriately for the work they do: Healthcare Support Workers in Barnsley and Plymouth Hospitals from Band 2 to 3; Clinical Care Assistants in North East Ambulance Service from Bands 4 to 5; Call Takers in Yorkshire Ambulance Service from Bands 3 to 4; and Emergency Medical Technicians in Wales from Band 4 to 5; to name but a few.

GMB has engaged in the review of the full set of ambulance profiles and the on-going review of nursing and midwifery profiles. GMB is also represented on the NHS Staff Council Job Evaluation Group (JEG) and are engaged in that work.

However, we have grave concerns about the lack of capacity and resources across JEG. The huge amount of work that needs to be undertaken to ensure staff are being paid appropriately cannot be understated. The current crisis in the system is set to get worse when the nursing and midwifery profiles are published in spring 2025.

Of GMB members surveyed, only 19 per cent of respondents have requested that their job descriptions be reviewed, even though a majority stated their workloads and lists of tasks had increased, their jobs become more complicated and there were fewer staff doing the same amount of work. Of those that requested a review, 75 per cent were unsatisfied with the outcome.

Action is needed immediately on this matter. This means attention and resources to provide physical support and infrastructure to speed up the work of JEG is needed. Failure to act with urgency risks damaging staff

morale even further and puts the NHS in immediate danger of breaching equal pay laws.

6. Non-Pay Aspirations

Ambulance Retirement Age

GMB has raised the issue of ambulance service workers retirement age, repeatedly in previous PRB submissions and we cannot stress how much of a priority this remains for GMB members. A reduced retirement age was by far the most important issue raised by GMB members in the recent survey.

“Retirement age is far too high (67yrs = joke) for emergency response work. It should be 60yrs as promised when I joined the ambulance service 31 years ago. I feel robbed. If it was 60yrs I would be able to retire and return into a lesser paid role without being penalised.”

Paramedic

The ambulance service is the only ‘blue light’ emergency service that does not provide an earlier retirement age. GMB members (particularly those on the frontline) report that they are increasingly leaving the service before their normal retirement age due to the increased physical and mental strains associated with heavy lifting, the risk of assault, extended shift working, and other formal or informal demands. Current working arrangements mean that Paramedics and other ambulance workers are expected to endure these pressures until they are up to 68, depending on when they joined the service.

The lack of a structured route to early retirement is leading to a premature loss of skills and institutional knowledge (as many workers feel that a career change is the only way to achieve financial security in retirement). The new flexible working and retirement options are proving to be most difficult to access for ambulance workers due to the nature of their working patterns and conditions. Without any credible redeployment options, they are forced

into jobs outside of the NHS – such as in GPs and colleges, where the working hours and conditions are more suitable.

There is a profound sense of injustice amongst GMB members employed in ambulance services against the different treatment between blue light services, and against the Government's decision to raise the normal retirement age twice in ten years.

GMB is calling for an urgent review into the retirement age of ambulance workers. Ambulance workers should be able to retire at the age of 60, in line with other emergency service workers, or there should be consideration given to an NHS Special Class arrangement that was utilised previously for some NHS workers. This is an issue that our members feel incredibly strongly about.

Car Parking for Staff

GMB has long campaigned for parking at our members places of work to be free. Our position remains that this is a 'stealth tax' on NHS workers.

Many NHS workers need to travel by car to either get to work or travel to the communities that they serve.

72 per cent of respondents to GMBs survey who work in a hospital setting say that they pay to park at work. Not all areas of the country are well served by public transport or have safe and accessible cycle routes.

During the pandemic we secured car parking for NHS workers at no cost. As we work our way through the worst cost of living crisis in a generation, this is a financial relief that many who work in the NHS need.

GMB is asking Government to restore the funding for NHS trusts to enable them to provide parking at no cost for their essential workforce

7. NHS Staff not on Agenda for Change

Disparity in pay, terms and conditions between staff on Agenda for Change contracts and contracted-out staff remains a serious issue and a cause of

resentment. Outsourced public service workers' pay has been progressively devalued and terms and conditions have been slashed. GMB is opposed to any further outsourcing of staff across the NHS and ambulance services and is calling for contracts to be brought back in house.

Outsourced workers across the country are winning their campaigns for parity and the respect they deserve for being an integral part of the workforce in the NHS - and their campaigning will continue for as long as their terms are lesser.

Our members at Royal Liverpool Hospital ended their strike action after 19 days to get the COVID bonus they missed out on because they are outsourced workers. These are porters, cleaners, and caterers – *essential workers*. They risked their lives and were worried about the safety of their families just as much as every other worker in the health service during that time. It is shameful that they had to take such action to get an award, and wait years for it to be resolved.

Whilst we appreciate that non-AfC staff are outside the remit of the PRB, it is not acceptable that tens of thousands (possibly more) are on lesser terms and conditions. Funding should be provided to allow all NHS workers to be paid the pay award.

We want to see any pay award for Agenda for Change staff also given to all staff providing NHS services – whether they are employed by private contractors or wholly owned subsidiaries. We must give parity of pay and terms to all workers in the NHS.

8. Concluding remarks

The Pay Review Body has the opportunity to recommend a pay award which makes steps towards a full pay restoration for NHS staff. GMB members have engaged in this process this year in good faith, despite hesitancy in the past. They are determined to deliver a health service which not only tries to keep us a healthy nation, but makes us a prosperous

nation. For this to be sustainable, pay must keep pace with how much it costs to live. As our evidence has shown, morale has the potential to wain to a point where staff feel compelled to leave. We urge the PRB to give our members dignity and respect through an offer which reflects the conditions laid out in this submission.