



GMB Submission: Separate Pay Spine for Nursing

Thursday 4th April 2024

1. Is there any evidence to suggest that the current AfC pay structure is creating issues for the career progression and professional development of nursing staff in the NHS? (Max 500 words)

Yes – but for many professions, not just nursing. GMB does not believe that the Agenda for Change (AfC) pay structure is creating issues for nurses alone. To divide the workforce at a time of low staff morale, burnout and staffing shortages would prove to be divisive and damaging.

GMB Union represents tens of thousands of members working across all professions in the NHS and ambulance service, across England, Wales, Scotland and Northern Ireland.

GMB is one of the recognised trade unions sitting on the NHS Staff Council and is elected on to the NHS Staff Council Executive. GMB fully supports the NHS Staff Council Submission into this consultation.

Agenda for Change needs some structural reform – for the benefit of all professions, not just nursing. Investments of finances and resources would be best used to work with the Staff Council to reform AfC for the benefit of the entire workforce. AfC powers and functions, which exist in theory, do not apply in practice. Examples include the application of national recruitment and retention premia, and reform of the antiquated High-Cost Area Supplement system. If reforms were made in these areas, then occupational shortages could be better addressed. The correct mechanism for this reform would be via the NHS Staff Council. Dividing the workforce into separate pay structures for certain professions would be damaging to the remaining workforce at a time when retaining existing staff is crucial.

The NHS Staff Council submission details key points which could be a barrier to career progression and personal development: time and access to training due to staffing shortages and operational demands; pay structural issues which have removed the financial incentive from progressing (base pay, unsocial hours enhancements, overtime); and lack of capacity resourcing of the job evaluation scheme.

GMB has engaged with the recent review of the whole suite of ambulance service profiles and is currently engaged with the on-going review into nursing and midwifery profiles. GMB has concerns that access to job evaluation reviews for staff in lower

bands has resulted in many staff performing duties at levels above their pay grade. Failure to implement the job evaluation scheme appropriately not only hinders career progression for many occupation groups, but it also leaves the NHS vulnerable to potential equal pay claims.

2. Is there any evidence to demonstrate that issues with career progression and professional development are impacting the recruitment and retention of nursing staff in the NHS? (Max 500 words)

GMB does not believe that the crisis in recruitment and retention is restricted to nursing roles only. The lack of investment in the workforce as a whole is damaging to the retention of staff in all roles.

Below inflation pay increases since 2010 have seriously impacted the NHS workforce, who as a result have experienced a large decrease in their take home pay in real terms. GMB estimates using OBR RPI projections for 2024 show that since 2010, NHS staff working at Band 2 have lost 24% in real terms pay. This increases to 28.6% for Band 5 staff, 29.1% for Band 6 staff and 30.1% for Band 8a staff.

Insufficient investment in pay, no collective maintenance of the AfC pay structure and the difficulties in accessing job evaluation, are all contributory factors in limited career progression and professional development opportunities for all NHS staff and are not limited to nursing roles.

3. To what extent could existing AfC arrangements accommodate changes to the nursing profession, including changing responsibilities within roles and the introduction of new nursing roles? (Max 500 words)

Fully. The NHS Staff Council Job Evaluation Group (JEG) have undertaken a significant amount of work in reviewing and revising national job profiles. GMB is actively engaged with this work. The reviews ensure that job profiles are updated and are reflective of changes to roles. It is then the responsibility of local NHS trusts to review jobs locally and apply the necessary changes. In order to ensure that the job evaluation scheme remains constant and equal pay proofed we need to be assured of the consistency of application at a local level. Existing AfC arrangements do not prevent the development of new roles.

Investment and resources should be focussed on enabling JEG to carry out its work efficiently. Underpinning the creation of AfC was the development of a valid job evaluation scheme. Job evaluations under AfC have been shown to be legally robust and therefore any deviation from that creates risk. There is far less legal risk involved in maintaining the current terms and conditions and one pay spine, albeit with new

roles/amended roles created for nurses and other staff groups as required, than compared to introducing other options / pay spines. The NHS could be at risk of potential equal pay claims if separate pay spines are created for parts of the workforce.

An already overstretched job evaluation system could be detrimentally impacted if new pay spines were created and demands for resources and capacity with JEG increased further.

4. Is there any evidence to suggest that issues with career progression and professional development in the NHS are unique to nursing, and would therefore require a solution that is exclusive to nursing? (Max 500 words)

No. GMB believes that issues affecting career progression and professional development in the NHS are not unique to nursing staff. We refer you to answers already given in this submission identifying some of the barriers. All barriers to progression and development should be addressed and resolved for all professions.

GMB has real concerns regarding treating nursing staff exclusively and in isolation to other parts of the workforce, and the potential impact this could have on staff morale across the NHS and damaging to the established multi-disciplinary approach to the delivery of care and services to patients.

5. Do you think the introduction of a separate nursing pay spine would improve the career progression and professional development of nursing staff? (Max 1000 words)

No. The introduction of a separate pay spine would not automatically resolve issues with career progression and professional development for nursing staff. A pay spine would not address barriers connected with access to protected learning time, training, access to development discussions and appraisals, that are currently experienced by nursing staff due to chronic staffing shortages and organisational pressures.

GMB recognises the need for structural reform of the pay system and supporting terms and conditions framework but does not support any moves that would threaten the integrity of the original AfC agreement that created a single unified pay and grading system.

6. Do you think there are any additional benefits to introducing a separate nursing pay spine that are not directly related to career progression and professional development? (Max 500 words)

No. GMB believes that it could potentially prove to be damaging to parts of the NHS workforce and AfC pay structure, as described earlier in this submission and outlined in the NHS Staff Council submission into this consultation.

7. Do you think there would be risks or potential unintended consequences of separating nursing staff from the current AfC pay arrangements? (Max 1000 words).

Yes. GMB fully supports the NHS Staff Council submission into this consultation and the details outlined to respond to this question. A forced exit from the AfC structure onto a new pay spine for nurses would not be agreed by the majority of recognised trade unions on the Staff Council, and therefore threats of potential dispute and conflict are real.

AfC is a fully equality-proofed industrial agreement that provides an integrated set of terms and conditions for NHS staff. The solution to pay dissatisfaction is to build on AfC, not to fragment it.

There can be no going back to the world before AfC. The DHSC's predecessor departments described an 'antiquated system of pay, education and training which obstructs our aims for modernising the service and getting best value from the staff.' Pay spines and structures were split across multiple bargaining units – there were six separate London weighting schemes alone – and pay discrimination was widespread.

The negotiation of the AfC agreement was the culmination of years of careful negotiation in pursuit of pay modernisation. AfC was negotiated in good faith by all the NHS unions, on the basis that there would be a single pay spine with the flexibility to address recruitment and retention problems in particular occupations within that structure.

AfC is not perfect. It has been undermined since 2010 through an increase in outsourcing and the failure to agree an extension to the agreement to cover apprentices. GMB questions the independence of the Pay Review Body and imposed sharp real-terms cuts.

These are political decisions that could be reversed by government. But establishing a second pay spine would inevitably lead to similar demands from other occupational groupings and the unified industrial relations system would be fatally undermined.

8. If you are responding as a membership organisation, please include a view of how this would be received by your membership or profession, and any potential consequences of this.

GMB represents staff employed on AfC contracts across the whole of the NHS and ambulance services, and across all AfC pay bands.

AfC was hard fought for by GMB and other health unions and there must be no going back to the days of discriminatory pay awards that were inefficient at best, and unlawful at worst.

A separate pay spine for nurses would be divisive and damaging to staff morale across the NHS. The delivery of care and services is a collective effort by staff across all professions. The NHS is built on cooperation from its hard-working staff and this would completely undermine that cooperation.

There should be no doubt that the establishment of a separate pay spine for one group of workers will be followed by demands for similar arrangements for other professions and services.

9. Do you agree or disagree with the principle of introducing a separate pay spine exclusively for nursing staff?

Disagree.

Option 1: Introduce a separate nursing pay spine within the existing AfC Contract

Option 2: Introduce a separate nursing pay spine as a part of a new contract for nursing staff.

10. What would be the benefits, if any, of option 1? (Max 500 words).

None. GMB retains the view that no option is beneficial overall for reasons already outlined in this submission. There should however be further investment into the modernisation of AfC which would benefit all staff groups, including nursing – for example addressing issues of differentials between pay bands. Particularly pronounced occupational recruitment and retention challenges could be addressed through the existing and underutilised provisions for Recruitment and Retention Premias that already exist under Agenda for Change.

11. What would be the challenges and wider implications, if any, of option 1? (Max 500 words).

A two tier workforce with potential equal pay implications.

A demoralised and demotivated workforce with exacerbated feelings of being undervalued and underappreciated.

This would also not be agreed by the majority of health unions and therefore could only be imposed upon the workforce using fire and rehire. Forced transition of parts of the workforce onto separate pay spines would no doubt lead to further disputes and conflict across the NHS. The forced transition would also result in a diversion of resources away from providing care and services and tackling organisational challenges.

Damaging to local partnership relationships and industrial relations generally, especially amongst the health unions that represent nurses and are not supportive of these proposals.

12. What practical steps and decisions would be needed to implement option 1? (Max 500 words).

Consideration and agreement about exactly who is in scope – nursing staff, health care support workers, midwives, senior nursing leaders, nursing associates, etc. It is unclear who would currently be in scope, or even how it will be determined who should be in scope.

Consideration and agreement on how pay will be determined in future pay rounds. Will the Pay Review Body be asked to make a recommendation and could this differ from remaining AfC staff. Alternatively, there could be good reason to agree collective bargaining arrangements for one group of staff.

There is currently no collective agreement from staff council on a separate pay spine for nurses. Agreement on what this looks like, and even what the future role of the NHS Staff Council would be, could prove to be challenging.

If the plan to introduce a separate pay spine for nurses went ahead without the agreement of the NHS Staff Council and the majority of health unions, including those representing nurses, arrangements to terminate and re-engage contracts would need to be considered. Alongside this would be consideration as to how to address the real danger of industrial disputes and unrest as a result.

13. What would be the benefits, if any, of option 2? (Max 500 words).

None. GMB retains the view that no option is beneficial overall for reasons already outlined in this submission. There should however be further investment into the modernisation of AfC which would benefit all staff groups, including nursing – for example addressing issues of differentials between pay bands. Particularly pronounced occupational recruitment and retention challenges could be addressed through the existing and underutilised provisions for Recruitment and Retention Premias that already exist under Agenda for Change.

14. What would be the challenges and wider implications, if any, of option 2? (Max 500 words).

A completely new set of terms and conditions, requiring new structures. This would need a significant amount of resources from across the Department of Health & Social Care, HM Treasury and employers. This would require a whole new job evaluation system and process. All efforts will be focussed on this alone – and not on improving access to quality and safe standards of NHS care and services.

A two-tier workforce where the majority of demoralised and excluded from access to investment in modernised pay structures and pay awards. Increasing numbers of staff leaving the NHS due to feeling undervalued and underappreciated.

Potential equal pay implications.

This would also not be agreed by the majority of health unions and therefore could only be imposed upon the workforce using fire and rehire. Forced transition of parts of the workforce onto separate pay spines would no doubt lead to further disputes and conflict across the NHS. The forced transition would also result in a diversion of resources away from providing care and services and tackling organisational challenges.

Damaging to local partnership relationships and industrial relations generally, especially amongst the health unions that represent nurses and are not supportive of these proposals.

15. What practical steps and decisions would be needed to implement option 2? (Max 500 words).

Additional funding to deliver the proposal.

Consideration and agreement about exactly who is in scope – nursing staff, health care support workers, midwives, senior nursing leaders, nursing associates, etc. It is unclear who would currently be in scope, or even how it will be determined who should be in scope.

Consideration and agreement on how pay will be determined in future pay rounds. Will the Pay Review Body be asked to make a recommendation and could this differ from remaining AfC staff. Alternatively, there could be good reason to agree collective bargaining arrangements for one group of staff.

There is currently no collective agreement from staff council on a separate pay spine for nurses. Agreement on what this looks like, and even what the future role of the NHS Staff Council would be, could prove to be challenging.

If the plan to introduce a separate pay spine for nurses went ahead without the agreement of the NHS Staff Council and the majority of health unions, including those representing nurses, arrangements to terminate and re-engage contracts would need to be considered. Alongside this would be consideration as to how to address the real danger of industrial disputes and unrest as a result.

16. If a separate nursing pay spine were introduced, which of the following would you prefer?

No preference – neither options would work.

17. Please explain your answer. (Max 200 words)

GMB retains the view that no option is beneficial overall for reasons already outlined in this submission. There should however be further investment into the modernisation of AfC which would benefit all staff groups, including nursing – for example addressing issues of differentials between pay bands. Particularly pronounced occupational recruitment and retention challenges could be addressed through the existing and underutilised provisions for Recruitment and Retention Premias that already exist under Agenda for Change.

18. If you have any views on which members of the nursing workforce should be in scope of separate nursing pay spine, please outline them. (Max 500 words)

GMB retains the view that no option is beneficial overall for reasons already outlined in this submission. There should however be further investment into the modernisation of AfC which would benefit all staff groups, including nursing – for example addressing issues of differentials between pay bands. Particularly pronounced occupational recruitment and retention challenges could be addressed through the existing and underutilised provisions for Recruitment and Retention Premias that already exist under Agenda for Change.

19. Are there any adjustments that could be made to the existing AfC pay structure, or any existing flexibilities within AfC that could be used more effectively, to address any issues you have identified in the 'Understanding the problems' section? (Max 500 words)

Yes. Investment in terms of finances and resources in to the existing NHS Job Evaluation scheme.

Improved use of recruitment and retention premia payments across the NHS. Better use to address skills shortages – locally and nationally. These could be used for the nursing workforce when trying to recruit into specialised areas or remote locations.

Modernise the AfC pay structure to address pay band differentials and incentivise career progressions. Remove barriers that prevent career progression, for example the removal of section two unsocial hours enhancements in the ambulance service. Improve access to unsocial hours enhancements and overtime pay for NHS staff.

Local NHS organisations should honour AfC arrangements for overtime instead of forcing people onto bank contracts.

Introduce a lever to prevent the bottom of the pay structure falling below the Foundation Living Wage.

Better access to flexible working under section 33 AfC.

Greater use of Annex 20 AfC to develop staff quickly into professional roles requiring autonomous decision making.

Greater use of Annex 21 where appropriate to provide training and development opportunities for existing staff.

A robust appraisal system is essential to support career progression and development as set out in section six and annex 23 AfC. These could be implemented locally and would effectively support career progression and development.

20. Are there other measures that could be considered to support any issues you have identified in the 'Understanding the problems' section? (Max 500 words).

Yes. One area that could be considered would be in recognition of the role of apprentices in the NHS – new and existing staff. However, an agreement on pay levels would need to be agreed, particularly protection of pay for existing staff.

There is also on-going work around career progression and safe staffing as result of the non-pay work streams agreed as part of the NHS pay 2022-24 negotiated settlement. The findings from these working groups should be considered once they have concluded their work.

21. Is there evidence of effective solutions that are currently in place within the NHS to support the issues you have identified in the 'Understanding the problems' section?

Yes. GMB fully supports the NHS Staff Council submission and the examples given in that.