



## **GMB Supplementary Evidence: Section 2 Agenda for Change**

The NHS Pay Review Body requested this additional written evidence on the impacts of Section 2 Agenda for Change on ambulance workers in England, following GMBs oral evidence session on 21<sup>st</sup> January 2025.

Additional detail is now provided below, alongside a report from a survey of 3,000 ambulance workers (**Ambulance Service (England): Annex 5 or Section 2**) following the request from the PRB for this additional evidence.

### **Summary of reasons to revoke Section 2**

GMB has campaigned for the revoking of Section 2 for ambulance workers since it was introduced in 2018. GMBs written and oral evidence clearly outlined the key reasons for this. In summary they are:

- Significant loss in earning potential compared with Annex 5.
- Financial penalty for being ill (an incentive to come into work ill or injured).
- Pregnant workers impacted by reduced take home and maternity pay.
- Deterrent to career progression.
- Retention barrier as workers choose to leave the NHS.
- Two tier ambulance workforce, with potential discrimination when male and female workers are doing the same job but receiving different pay.
- Damaging to staff morale.
- Inconsistencies in application, including where some technicians training to be paramedics are forced onto Section 2 at the start of the pathway and others at the end date.

### **Summary of 3,000 responses from ambulance workers**

Please see the attached report for the full breakdown of responses to the GMB survey.

The headline findings are:

- Survey open between: 4<sup>th</sup> – 10<sup>th</sup> February 2025
- 3,015 responses received

- 61% of respondents are on Section 2.
- Of the 39% of respondents on Annex 5, 71% stated they had not pursued a promotion or job change so as not to be forced onto Section 2. The most common being Technician to Paramedic.
- Of the 39% of respondents on Annex 5, 61% stated they had considered leaving the NHS rather than progress within and be moved to Section 2.
- Of the 61% respondents on Section 2, 33% were moved to Section 2 by a forced transfer. 89% of those would move back to Annex 5 given the option.
- 81% of the respondents on Section 2 stated that they had come into work ill or injured so as not to lose unsocial hours enhancements.
- Of the respondents that stated they had been on maternity leave whilst on Section 2, only 27% of those respondents said their unsocial hours enhancements were reflected in their occupational maternity pay.

### **Devolved Nations**

Ambulance workers in Wales, Scotland and Northern Ireland are not impacted by Section 2 in the same way that ambulance workers in England are. This is hugely damaging to the workforce as they see colleagues working outside of England receiving more beneficial terms.

The arrangements which apply to ambulance staff in Scotland and Wales have been discussed and agreed in partnership in each country. Northern Ireland ambulance workers all remain on Annex 5.

Please see below statement from GMBs Ambulance Branch in Northern Ireland.

#### Northern Ireland

The Northern Ireland Ambulance Health and Social Care Trust has **avoided** Section 2 Unsocial Enhancements. They remain on Annex 5. Up to 25% unsocial payments for fixed rotas where unsocial remains paid even when sick or on leave etc.

It is strongly felt that Section 2 is NOT suitable for ambulance workers as a workforce. We are more susceptible to assault, KSF and Complex PTSD, not forgetting we are open to infection transmission due to poor triage protocols at ambulance call centres where our staff only engage with correct infection control measures after their assessment [#too late].

Sickness levels will be predominantly higher which in turn under Section 2 will mean ambulance staff may not be able to pay/meet their mortgage or other essential financial obligations during periods of long term sick and highly probably try to avoid long periods of leave.

## **Maternity Discrimination**

GMB has serious concerns about how the application of Section 2 is impacting on pregnant workers and those on maternity.

See below details of a recent case:

Three GMB members supported by GMB East of England Ambulance Branch Maternity & Family Lead, Jenny Tilling, had uncovered that Normal Pay had not been calculated properly for the purposes of Maternity Pay and successfully fought a Grievance. These three members have now been reimbursed but have not yet agreed compensation. Around 300 members of staff employed by East of England Ambulance Service since 2018 on Section 2 are now likely to have suffered a financial detriment with their Maternity Pay.

This was highlighted after GMB was approached by union members confused at the different treatment each of the pregnant members of staff had received compared with colleagues who were still on Annex 5.

All three members were deemed high risk for front line duties and told they were no longer able to be patient facing.

- One member was given full time 9am-5pm Temporary Redeployment Duties (TRD) in a training role. A role on those hours that attracts no unsocial payment on section 2. Previously the member had been on a fixed rota with no relief that attracted Unsocial Hours Payments. HR2a had been signed protecting payments but fixing that to the average of the 3 months prior to the maternity notification – the member had a work-place injury therefore hours worked did not reflect normal hours and pay also did not reflect normal pay.
- Another member was given full time 9am-5pm TRD as a Make Ready Operative and described by management as an ‘errand girl’ moving things from station to station. This member had also been on a fixed rota with no relief and previously attracting Unsocial Hours Payments. HR2a had been signed, protecting payments and the 3-month average but this had been fixed to a period of sickness related to a miscarriage, therefore incorrect hours worked under section 2.
- The final member was deemed high risk and placed on management stand down, after not being able to find a suitable area for redeployment. The member was placed within a team for TRD but no work provided. The member was placed on hours associated to that role, 9am-5pm with no unsocial. HR2a signed and 3-month period used to calculate payments included a period of 9-5 for training as the member is an apprentice technician.

Other members have been affected and have notified the union, the trust are aware of 300+ women that have been affected however they have not implemented any change or yet worked out how to correct their employees pay.

### **Higher risk of illness**

At a meeting with the Ambulance Policy Team of the DHSC on 20<sup>th</sup> February 2025, GMB ambulance reps were given an update about the current pressures facing the NHS. This included information on the increased numbers of hospital beds being taken up by Norovirus, alongside an explanation of how tackling overcrowding in hospitals has been an issue for containing the virus. It is highly likely that these patients were transported to hospital by ambulance workers.

Ambulance workers are regularly in the back of ambulances – small and confined spaces – with patients who are ill. The likelihood of them contracting illnesses from patients is high. And yet, staff on Section 2 are financially penalised for being ill by losing their unsocial hours payments.

GMB repeats our calls on the PRB to make a recommendation to revoke Section 2 Agenda for Change and put all ambulance workers on to Annex 5.