

Written evidence submitted by GMB (RTR0089)

Introduction:

GMB, the union for health and social care workers, is proud to represent hundreds of thousands of workers in the public and private sectors across England, Wales, Scotland and Northern Ireland including across the health and social care sector in all manner of job roles.

GMB has regional organisers or full-time officials and workplace organisers or elected workplace representatives throughout the health and social care sectors including the private companies that manage outsourced contracts, and information provided not only by them but by the wider membership which has informed this evidence. We have conducted a representative survey of NHS and ambulance members to assist in the writing of our submission. The survey closed on Friday, 14th January. Some of these results are featured in this submission.

GMB union welcomes the opportunity to submit evidence to this inquiry, following correspondence with Jeremy Hunt, Chair of the Health & Social Care Committee on 24th October 2021 regarding ambulance specific pressures and his request that we make a submission when this inquiry was eventually launched.

We are therefore making this submission in line with that request. We would very much welcome further engagement on any of the points made including the opportunity to give oral evidence and provide supplementary evidence.

Questions:

What are the main steps that must be taken to recruit the extra staff that are needed across the health and social care sectors in the short, medium and long-term?

Substantial pay increases are needed across the whole of the health and social care sector - not only to recognise pandemic efforts - but to recognise and reward the true value of the vital roles health and social care workers carry out, day in day out.

There are also a wide range of non-pay issues which have serious negative impacts on recruitment and retention across the sector, including the impact of government immigration policies and the imposition of mandatory vaccinations.

NHS & Ambulance

GMB rejected the 2018 and 2021 pay settlements. It remains our view that the settlements were inadequate in restoring a decade of real terms pay cuts. The average NHS worker has lost 15% in real terms in their pay since 2010, whilst at the same time seeing their workloads and pressures increase as they system failed to address a chronic staffing crisis.

Last year's pay award was paid to workers six months late. This was due to the Government being late in issuing their PRB remit, being late in submitting their own evidence into the PRB and then waiting until the end of the Parliamentary session to announce the pay award. These delay's,

followed by the 3% award announcement, were received by GMB members working across the health service as an insult to their efforts during the pandemic and viewed as the Government attempting to undermine the PRB process themselves.

To add insult to injury, we know that this year's pay award will also be delayed, with the PRB not expecting to report back to Government until May. Even more shocking this year as that as of April 2022, without a pay award in place, the lowest paid in the NHS will fall below the National Living Wage minimum rate of £9.50. This is before forecast inflation rates and proposed increases in national insurance and NHS pensions contributions. How can it be that these 'NHS Heroes' who we clapped for during the pandemic, will fall below minimum wage levels?

If Government is serious in attracting more people to come and work in the NHS, investment in pay and meaningful increases are essential. Private sector employers are offering much higher levels of pay in jobs with a lot less responsibilities and if the NHS is to compete, low pay has to be addressed.

Social Care

GMB believes that only a minimum rate of £15 per hour for the social care workforce will suffice in recruiting the numbers of workers into the sector that are needed. The provision of contractual sick pay is also a fundamental condition of employment that workers want access too – specifically in a sector where the biggest infection risk is workers feeling forced into work due to not being able to afford a reduction in pay if they take time off work.

The majority of social care workers are on minimum rates of pay, without access to sick pay schemes and are expected to work long and exhausting shifts. Higher paid jobs in the private sector have become a more attractive option during the pandemic.

GMB has long campaigned for higher wages, national standards for training and the professionalisation of the role. In a care system that is so fragmented it struggled to respond to the pandemic, only real investment in pay and terms will make the profession an attractive one that people want to join.

What are the principal factors driving staff to leave the health and social care sectors and what could be done to address them?

Health and social care workers have made – and are making – extraordinary sacrifices during the pandemic. Recognition of this has been seen in Wales, Scotland and Northern Ireland where Covid-19 related bonus payments have been made to workers across the sector. No such reward or recognition has been made by the Government in England.

Health and social care workers have been pushed to and in some cases beyond their limits. Too many workers in the sectors lost their lives to this terrible disease. PPE is still insufficient. Dedicated professionals are buckling under extreme pressure and accumulated fatigue. The mental and physical health impacts of coronavirus are translating into serious retention pressures.

A meaningful pay rise is both necessary and the right thing to do. Flawed pay settlements in the NHS, or minimum wage increases only in the care sector, continue to have adverse effects on

workforce morale.

There are also a number of non-pay factors that continue to have negative impacts on recruitment and retention – long hours, exhaustion, burnout, stress and mental health.

GMB has grave concerns about the impact of the Government's mandatory vaccination requirement for workers across health and social care on the staffing crisis. Large numbers of adult residential social care workers chose to leave employment prior to the 11th November 2021 when it became law for them to have had two doses of the Covid-19 vaccination. Many left for employment in the wider social care sector and health service. However, Government have now announced an extension to this policy which will see it become mandatory for anyone working in a health and social care setting that is CQC regulated to have had two doses of the Covid-19 vaccination. This is set to have a huge impact on social care workers in the community, who deliver care to people in their homes, and also right across the health service in patient facing roles. The latest information received from NHSEI is that if uptake amongst NHS staff continues at its current rate, there will be approximately 60,000 staff in England facing termination of employment on 1st April 2022. This is a particular issue amongst the ambulance service workforce where there is more than 10% of the workforce unvaccinated in some areas. The date by which staff need to have had their first vaccine is 3rd February and is fast approaching. There has yet to have been a credible response from Government as to what will happen if all these thousands of workers leave the sector or are dismissed.

GMB is supportive of the vaccine programme, however we are opposed to mandatory vaccination of any worker. A lot more could, and should be done, to educate, encourage and support workers to be vaccinated. This draconian measure of mandating vaccinations has only served to fuel the anti-vax arguments and once again leaves England in an entirely different position to Wales, Scotland and Northern Ireland.

If staff continue to leave the NHS, Ambulance Service and Social Care, this will have a worsening impact on the crisis we are already facing.

NHS & Ambulance Service

In the recent GMB survey of NHS and ambulance members, 71% of respondents stated that they had considered leaving the NHS in the last six months. The main reasons given were pay, stress and mental health, workloads and Covid-19. This compares with 61% in our last survey in December 2020 – and the percentages in each of the above categories increasing significantly.

Are there specific roles, and/or geographical locations, where recruitment and retention are a particular problem and what could be done to address this?

There is a staffing crisis across the whole of the health and social care sector, in all job roles and types. We have seen announcements made by care providers stating they are unable to take in residents or service users from the community or hospital due to extreme staffing shortages. This impacts directly on hospitals as people have to stay rather than be discharged back into the community. This impacts on pressures in hospitals, who are also chronically understaffed, with extremely low staffing to patient ratios. This impacts on non emergency treatments. It also

impacts on A&E as there are no beds to admit people into which knocks onto waiting times in ambulances outside A&E departments. And whilst ambulances are waiting in long queues to handover patients at hospitals, no one is there to answer emergency call outs leaving people in need of emergency care waiting for hours and hours for help to arrive. The whole system is crumbling and linked. There is no quick fix in one area.

Ambulance Services

Our members tell us through our lay structures that inadequate pay for top of band workers remains a significant driver of poor retention - and in the case of ambulance workers, the imposition of poorer terms and conditions upon a change in contract is an active barrier to career development and progression

The requirement that all new ambulance contracts will be on worse terms and conditions for unsocial hours payments, as set out in the 2018 pay award, has led to a number of problems within the service. Some of these are due to inconsistent implementation, others maybe down to interpretation by both staff and employers. It is clear that the introduction of section 2 into the ambulance service has caused major concerns and frustrations amongst our members. It has introduced financial uncertainty at a time when members mental health and wellbeing is being put to the test. It has also had a detrimental impact on staff pursuing promotions. The GMB National Ambulance Committee have collated current issues as we see them.

Without serious strategic and joined up action led by Government and across the healthcare system it will become even more devastating for our members and those in need of care.

The list of immediate issues facing the service are very extensive, but to name a few in this submission:

- The increasing demands on the service and hospitals as a result of Covid-19 cases alongside the huge backlog of routine hospital treatments where the delays have resulted in the need for more emergency care or where there have not been enough hospitals beds or A&Es are already over capacity.
- The Governments approach to Covid-19 communications and the lack of serious and clear public health communications including the need to spell out to the public what they should and should not be calling an ambulance for.
- The ongoing failures of the entire health and social care system that then need emergency responders, including the lack of pathways for social care cases, the failure of the NHS 111 service to triage calls within the 60 minute deadline including in non emergency cases and the lack of access patients have to secure GP appointments and primary care in the community.

These issues all result in the existing workforce struggling with severely increased demands on their time and as a result of understaffing, increased working hours with contractual breaks not being met and unscheduled overtime.

Low pay, exhaustion and fatigue are causing staff to burn out as well as impacting workers mental health and with little or no support in place and a culture in many services where the goodwill of workers is being exploited by management so they feel they have to work while sick.

Unless rapid and serious action is taken, we feel these problems will become insurmountable.

With poor access to GPs and other NHS services, the ambulance service has become the gateway

to treatments. It is clear that this cannot work and will fail patients and also staff in the service and beyond. We have raised these issues with the Secretary of State for Health and have yet to receive a response. GMB is calling for an inquiry into the issues facing ambulance services and the pressures around burnout facing staff.

We need details from the Government as to what their approach is going to be to ensure the details above raised by our members in the ambulance service are addressed, including what the clear public health communications will be.

What should be in the next iteration of the NHS People Plan, and a people plan for the social care sector, to address the recruitment, training and retention of staff?

People have to be at the heart of any plan for the NHS and Social Care. The NHS has had many 'plans' over the years. Lots of time and resources is put in at the top to try and implement these plans – but in reality, the experience of workers remains unchanged. Workers have to feel as if they are respected and appreciated with acknowledgement for their efforts shown in their pay and rewards package. This applies across social care too – which deserves parity with the NHS. For too long social care has been seen the lesser of the two and a problem which successive Governments have been unable to address.

To what extent are the contractual and employment models used in the health and social care sectors fit for purpose of attracting, training, and retaining the right numbers of staff with the right skills?

NHS & Ambulance Service

The Agenda for Change Handbook outlines conditions of employment for NHS staff. There are many flexibilities within it which local employers could use to make work better for NHS workers locally. Unfortunately, many of these are not used. Some Trusts force staff onto lower paid bank contracts to do overtime or allow a culture of unpaid additional hours.

Recently, the right to request flexible working from day one of employment has been introduced in the NHS. It will be some time before we see the impact this has had on staffing, but providing employers engage with the process as intended, it should improve the working life experiences for NHS staff.

The issue of unsocial hours payments when on sick leave remains a main area of concern for ambulance service members. A two tier system of payments exists – staff with longer service receive unsocial hours when on sick under Annex 5 AfC; new staff are on section 2 and are not paid. Staff who choose to change jobs or pursue promotion are forced onto section two contracts. This has for several years now been a deterrent to workers pursuing promotions within the ambulance service. GMB wants to see section two scrapped and all colleagues treat the same with full access to unsocial hours payments as if at work when on leave.

Social Care

The whole workforce model in social care is not fit for purpose. Minimum rates of pay, no enhanced sick and annual leave entitlements, no respect as professionals, no national standards, etc. The system is completely fragmented which makes it extremely difficult to have a national response to the sector as was clearly demonstrated during the pandemic.

Zero hours contracts are also an issue in social care. Some care providers tell us that this is due to funding issues from local authorities, who are cash strapped themselves. Serious investment into social care is essential if the employment model is to be modified and made attractive for people to want to work in care.

What is the role of integrated care systems in ensuring that local health and care organisations attract and retain staff with the right mix of skills?

ICSs are due to be up and running in all areas in England from April 2022.

It is absolutely essential that local unions are involved in these. GMB has concerns regarding how some are already operating. We have examples of where major decisions regarding the restructuring and closure of health services being taken at ICS board level without union involvement locally. After the decision has been taken at board level, details of the restructure and closure are cascaded down to the local hospital to implement. It is only at local hospital level that union representatives are notified of the major changes to our members terms and conditions of employment. However, by this stage, the decisions have been made and it is too late to engage with the process. Prior to this – consultation on the proposed changes would not only be done with workers, it would also include consultation with local communities.

Regardless of the above, ICSs have to commit to genuinely attractive pay and reward terms if they are to recruit and retain. There may also become an issue with competition between ICSs as they compete for staff by setting competitive rates, that poorer areas may not be able to follow.