

oyal College
of Nursing

Royal College of Nursing Evidence to the NHS Pay Review Body 2018-19

EVIDENCE SUBMISSION



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1. Introduction

1.1

The Royal College of Nursing is pleased to submit evidence to the NHS Pay Review Body for the 2018-19 pay round. This submission, which is accompanied by the 2017 RCN Labour Market Review of the nursing workforce and the 2017 RCN Employment Survey, is made alongside and supports the Staff Side submission which calls on the PRB to accept our proposals to recommend:

- a pay rise in line with RPI inflation
- £800 consolidated increase for all Agenda for Change staff to make up for lost earnings over

2. The nursing workforce crisis

2.1

This year we have seen signs from governments and policy makers of a long overdue recognition of the crisis facing the nursing workforce. This recognition comes after repeated warnings made

3. Pay and earnings

3.1

Seven years of pay restraint have eroded the real terms value of pay for all nursing staff in the NHS. Chart 1 indicates how far annual earnings (which includes basic pay, overtime, shift pay, geographical allowances such as London weighting and redundancy pay) have fallen behind the cost of living since 2010.

While RPI has grown by 20% and CPI has risen by 14%, nominal earnings for the following groups of nursing staff have grown as follows:

- Band 4: 9.1%
- Band 5: 6.1%
- Band 6: 7.3%
- Band 7: 6.2%

Chart 1: Annual earnings Bands 4-7, England. Retail Prices Index and Consumer Prices Index 2010-2017. Index 2010=100

Sources: NHS Digital, annual earnings April to March. Annual RPI and CPI 2010-2016, first two quarters 2017

3.2

Chart 2 shows the real terms annual change in

Sources: NHS Digital, annual earnings April to March. Annual RPI and CPI 2010-2016, first two quarters 2017

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“We feel insulted by the 1% pay rise. If we weren't so close knit – morale would be much lower. No wonder we can't recruit people into nursing, the government doesn't respect the role or us.”
Band 6 Charge Nurse, Scotland

“I'm at the top of Band 7 but I still have to do overtime to pay for school uniforms for the next school year – I wouldn't expect to have to do that now after 17 years as a nurse. That's not fair when we work so hard.”
Band 7 Ward Sister, South West England

“Everybody has tightened belts, but bills are starting to go up. We're all fed up with austerity. It's come to a critical point where austerity comes crashing down on us and the nursing shortage is having an impact on patient care. I feel sorry for the younger nurses especially those facing debt from student loans.”
Band 7 Senior Nurse, Northern Ireland

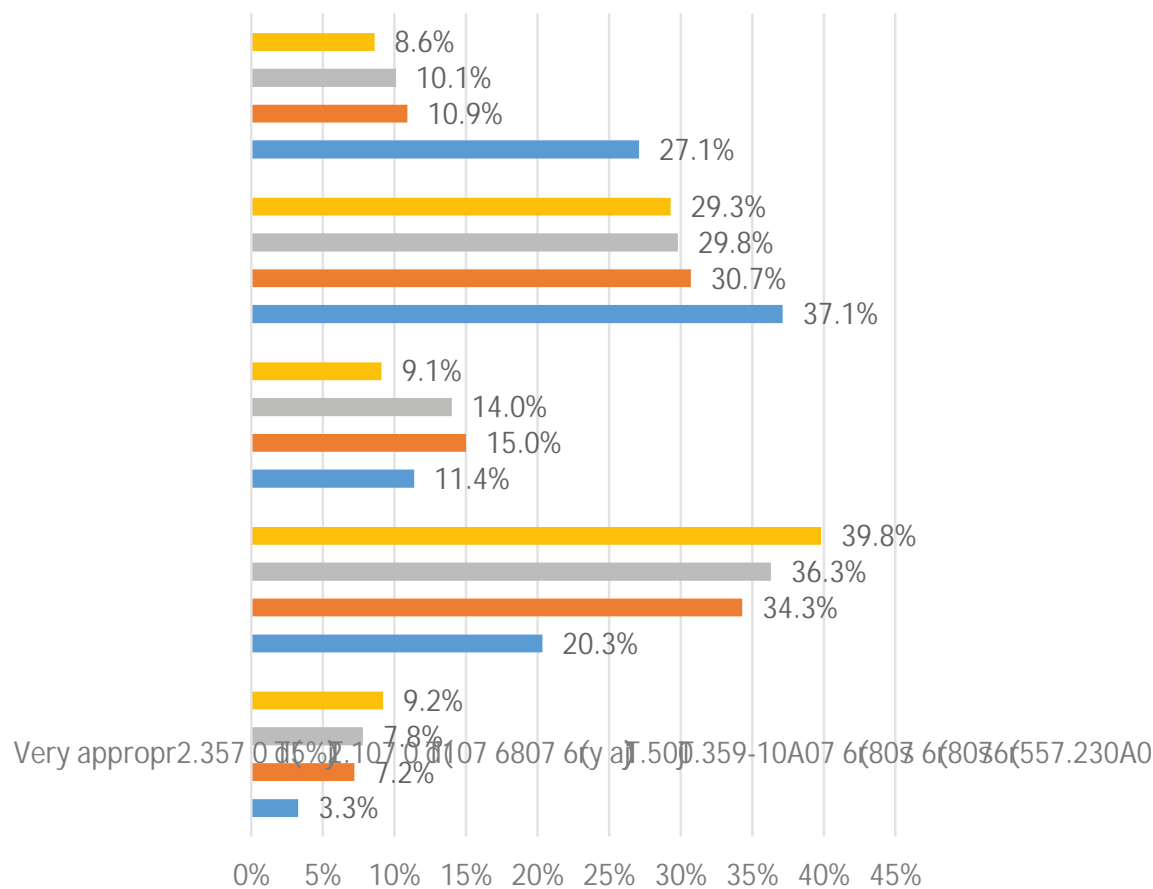
“The government are happy to ride roughshod over people's concerns over the NHS and pay. People are getting tired and fed up with being taken for granted and starting to vote with their feet and leaving. People are withdrawing their goodwill and enthusiasm.”
Band 7 Clinical Nurse Specialist, South East England

3.3

Chart 3 shows a dramatic increase in the proportion of respondents stating that their pay band is inappropriate, given their role and responsibilities. Almost two-thirds (64%) described their pay band as inappropriate,

compared with 42% in 2015, 40% in 2013 and 38% in 2011. This year, just under a quarter (24%) described their pay band as appropriate.

Chart 3: Given your role and responsibilities, how appropriate would you say your current pay band/rate is?

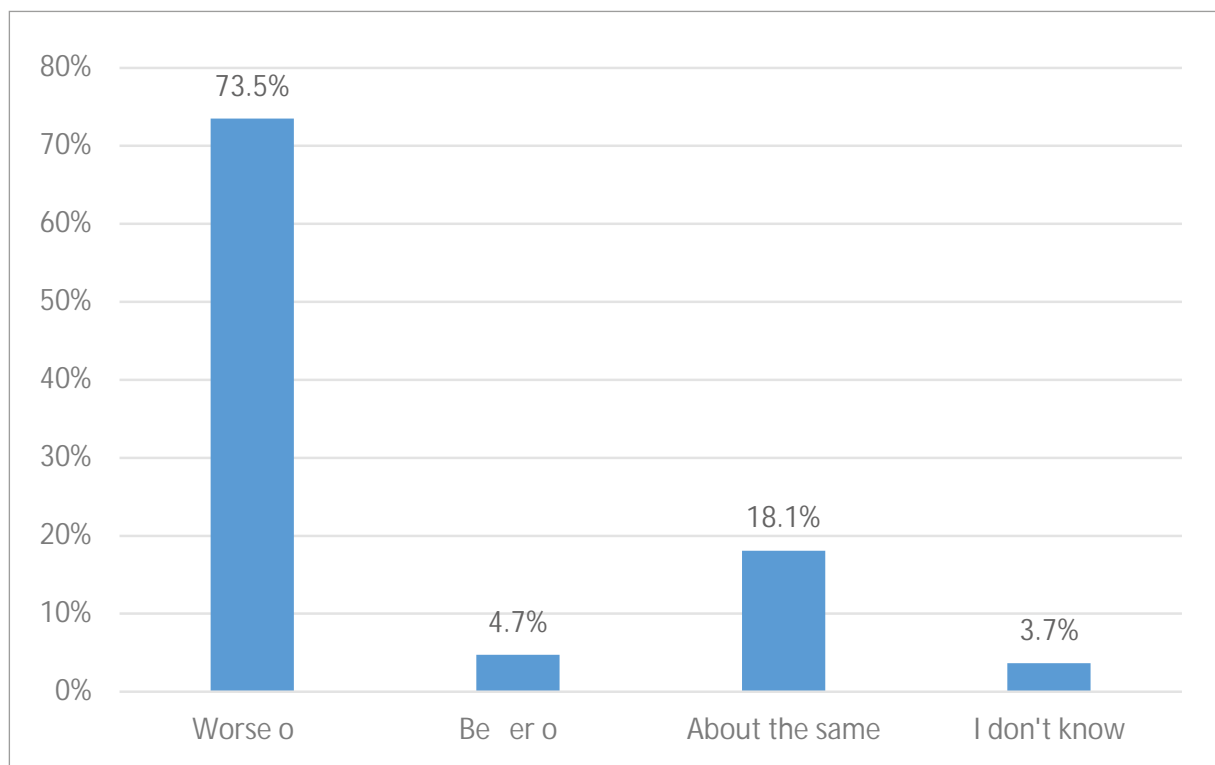


Source: NHS respondents to 2017 RCN Employment Survey

3.4

Chart 4 shows that three-quarters of respondents (73.5%) said they were worse off financially than they were five years ago, with just under 5% stating they were better off and 18% saying they are about the same.

Chart 4: Compared to five years ago, how do you feel financially?



Source: NHS respondents to 2017 RCN Employment Survey

3.5

Chart 5 shows that the main way of coping with everyday expenses is to take on extra work, either

3.6

The impact of financial struggles is more than apparent in Chart 6, with 63% stating they had had to make adjustments or get financial help. Six out of ten (59%) nursing staff stated they have cut back on food. 8 (f f)-35 (i)8500030029.8 00003004A1.3 0048>7 (i)850003002>7 (i)8500448.1 (n f)6 900030.1 (n50400519)8

4. Morale and motivation

4.1

While survey evidence (including the latest NHS staff Survey for England) shows that intrinsic

Chart 9: Are you currently seeking a new job? By Agenda for Change pay band

Source: NHS respondents to 2017 RCN Employment Survey

5. Recruitment and retention

5.1

In Scotland, there were 2,247 vacancies for registered nurses as at March 2017, with a vacancy rate of 4.9%. The number of vacant posts has risen by 40% since March 2015. The vacancy rate has risen by 1.3 percentage points over this period.

5.2

Up-to-date vacancy data is not available for Northern Ireland, Wales or England. The RCN has had to resort to Freedom of Information requests to establish vacancy levels in England due to the lack of central collection of this data.

5.3

The RCN report *Safe and Effective Staffing: the Real Picture* published earlier this year shows the level of vacancies in the NHS in England with around 40,000 nursing posts vacant. only outside the NHS. A small but notable number (4%) are considering working abroad only and not thinking about a different role in the UK.

The RCN report shows that as of December 2016:

- there were approximately 40,000 registered nurse vacancies in England
- the vacancy rate for registered nurses in England has nearly doubled in the last three years from 20,000 to 40,000 nursing posts; a rise from 6% in 2013 to 11.1% in December 2016
- there were approximately 12,000 vacancies in the health care support worker workforce
- nearly a quarter of NHS Trusts reported a registered nurse vacancy rate of over 15%, with the highest vacancy rate at 37%
- there were approximately 28,000 vacancies of Band 5 nurses, with an average vacancy rate of 16%
- over a third of trusts reported a Band 5 vacancy rate of over 20%, the highest being 39%
- seven out of the top 10 highest reported vacancy rates for registered nurses were in Mental Health Trusts.
- 65% of Trusts who responded employed a higher proportion of health care support

workers than registered nurses in their 2016 funded establishment compared to 2015, showing a growing use of substitution between registered and non-registered staff

- 16% of the Trusts who responded decreased their registered nursing establishment while also increasing their unregistered nursing support workforce.

The report also includes interviews with Directors of Nursing across the UK which show that:

- three-quarters (76%) of nurse leaders say they are concerned about ensuring safe staffing

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5.6

Figures from the 2017 Labour Force Survey clearly

Chart 12: Working excess hours

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6. Productivity and nursing

6.1

Suggestions from the government that pay should be linked to productivity gains have understandably resulted in great confusion and anger among nursing staff; they ask how much more productive can NHS nursing staff be when so many of them are already working extra hours, have seen their pay cut in real terms for many years, have worked without pay, working through their breaks and staying on after their shift to ensure safety is not compromised and that patient handovers are undertaken properly.

6.2

However, nursing staff are well placed to see the blockages to productivity gains and how can improvements could be made without resorting to worsening their terms and conditions. They can see how the pressures and the pace of work are forcing older nurses to take early retirement and while some return to working in the NHS – often as bank nurses – this is a huge loss in terms of skill and experience.

“My stress level is high. I finish on a Friday but am too tired to do anything but go home and go to bed. I will retire at 55 and most of my colleagues will do the same but there is no one ready to take up the helm and replace that level of experience, there has been no succession planning. We will be heading for a cliff edge.”
Band 8a Nurse Manager, Scotland

6.3

Our members also tell us that the lack of clinical opportunities for experienced nurses is both demotivating and can prompt staff to leave. Many feel that they are forced into managerial roles with no space to carry on their clinical, patient facing roles.

“There is a lack of clinical opportunities above band 7 and nurses are forced into management roles. So you get older nurses choosing to retire early then return as a bank or agency nurse because it means return to a clinical role as well as affording them a job with less stress.”
Agency nurse, Yorkshire & Humberside

6.4

In terms of productivity, many staff also point to the scale and complexity of the paperwork they have to contend with as a barrier to service quality. They describe the target culture and the level of paperwork as getting in the way of improving productivity and patient care.

“The nursing job is form filling, ticking boxes and risk assessments with no time to care. We have highly skilled practitioners doing paperwork instead of spending time with patients.”
Band 8a Nurse Manager, Scotland

“We’re treating the target not the patient. The focus is beating the clock and not necessarily looking at the patient properly.”
Band 5 Staff Nurse, North East of England

6.5

We also hear that work pressures not only mean that nursing staff often work extra hours, leaving them exhausted and stressed, but that they get in the way of staff keeping up with new developments, updating their own skills and knowledge and working to their own potential. Moreover, as funding for CPD has been cut drastically in recent years

7. Northern Ireland

7.1

Nursing staff in Northern Ireland continue to be the lowest paid in the UK. Despite the announcement by the Northern Ireland Department of Health in December 2017, staff have still not received a pay award for this year (2017-2018), meaning it is the only UK country in which no pay award has yet been implemented for the current financial year. This follows several years of pay restraint, including two years of a pay freeze and the 2014-15 non-consolidated award, which meant that many nursing staff in Northern Ireland received no 'cost of living' pay increase.

7.2

Nursing staff have seen their standard of living fall, with no sign of light at the end of the tunnel. The failure to implement an award for 2017-2018 is intensifying the inequity and unfairness experienced hard-working nursing staff. The hardship felt by nursing staff adds to the perception that the care they provide to the people of Northern Ireland is not valued.

7.3

It is also clear that the real terms fall in pay is having a negative impact upon recruitment and retention and, therefore, on staffing levels and

Chart 18: Salary differences, top and bottom of each AfC pay band by percentage. Northern Ireland compared to Scotland and England

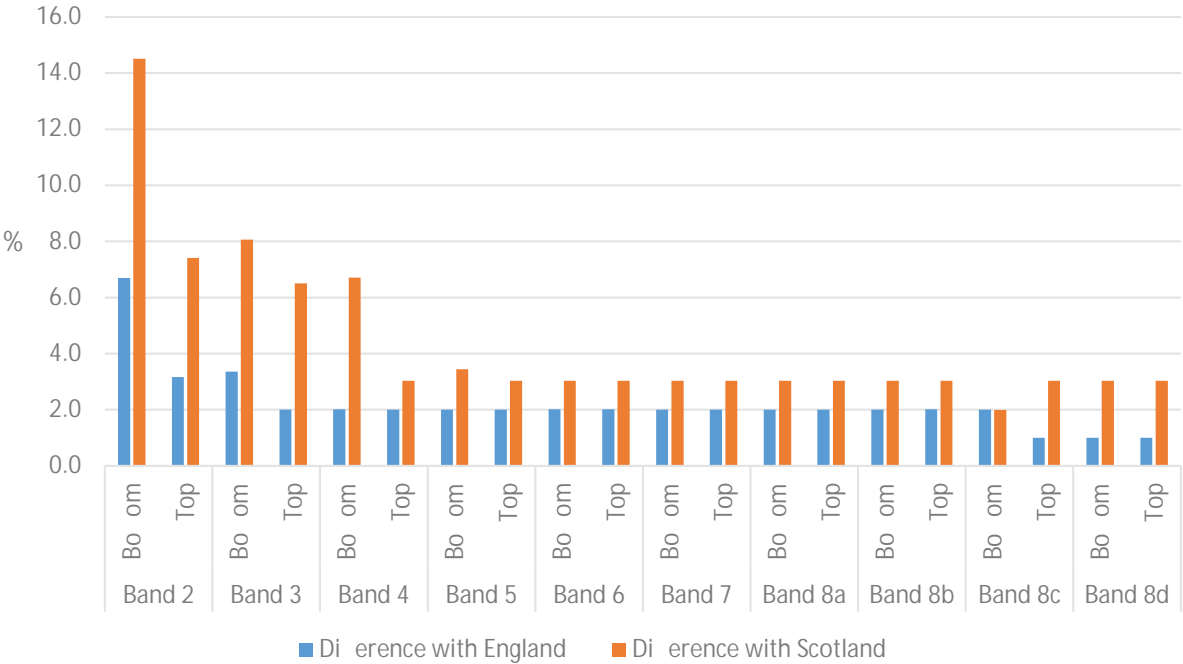
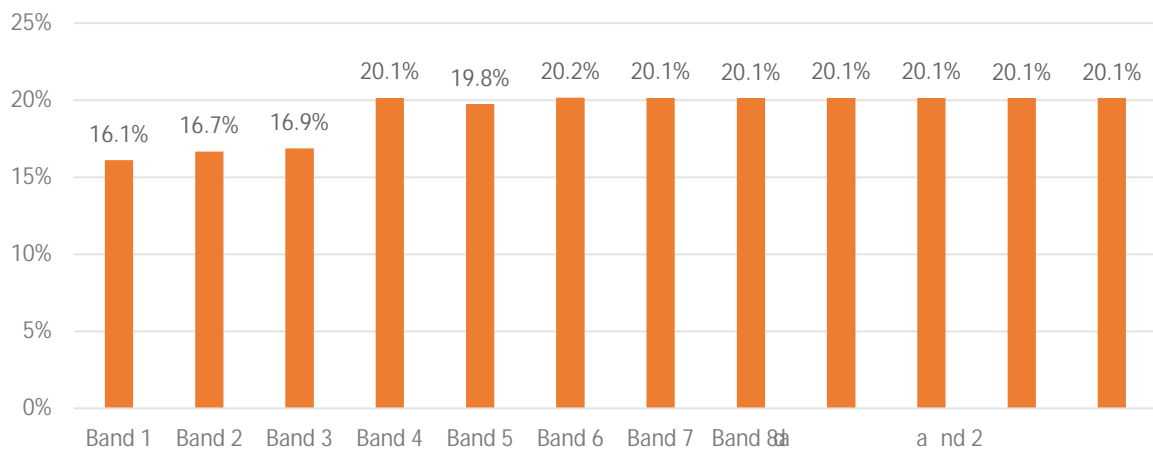


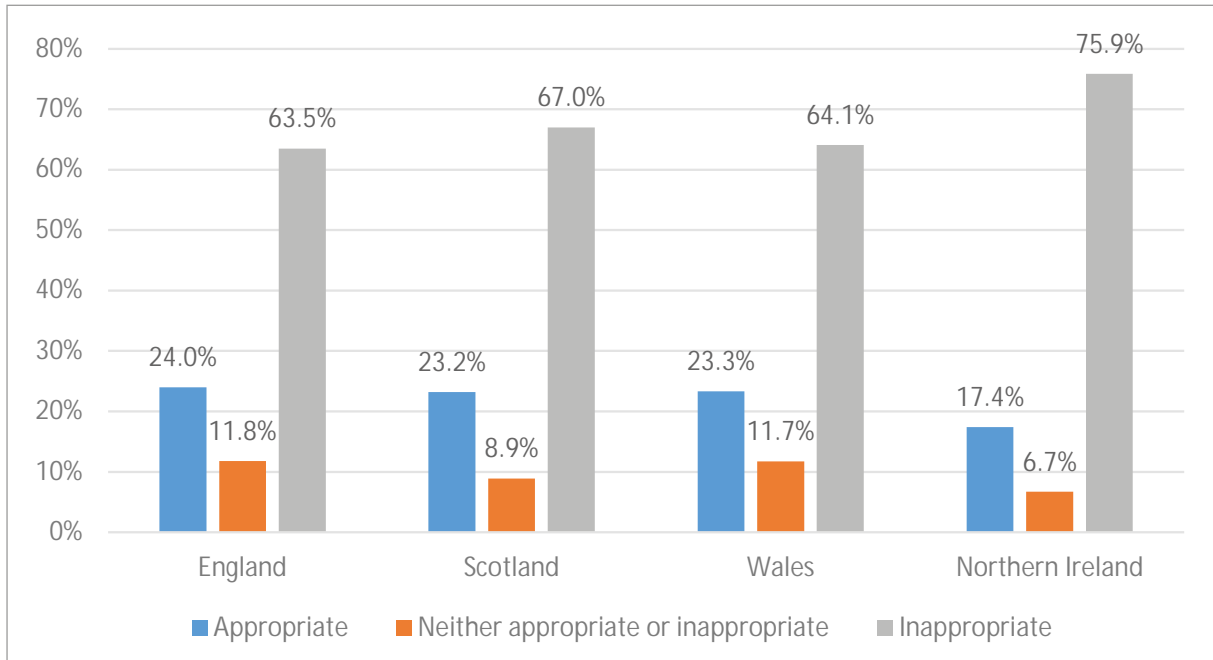
Chart 19: Salary differences, top and bottom of each AfC pay band in cash terms. Northern Ireland compared to Scotland and England

Chart 20: Real terms loss for top of Agenda for Change pay bands, Northern Ireland



7.6

Chart 22: Views about appropriateness of pay band/grade

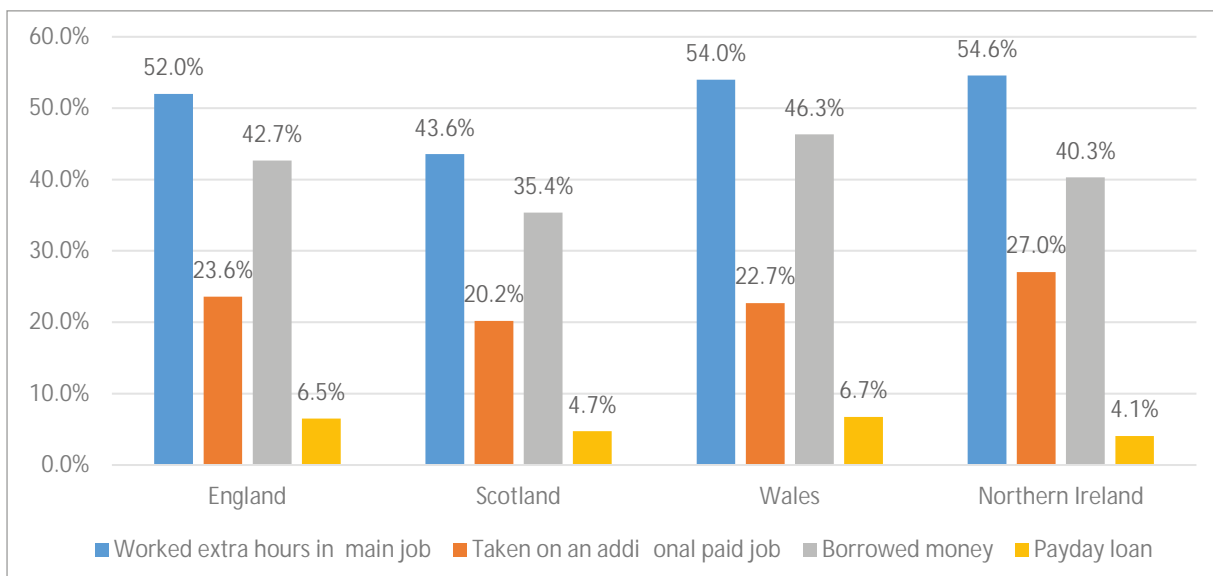


Source: NHS/HSC respondents to RCN Employment Survey 2017

7.8

Chart 23 shows that over half (55%) of nursing staff in Northern Ireland are working extra hours in their main job in order to cope financially. A quarter (27%) have taken on additional work and

Chart 23: Action taken to meet everyday living expenses



Source: NHS/HSC respondents to RCN Employment Survey 2017

7.9

Chart 24 shows that a higher proportion of nursing staff in Northern Ireland have struggled to pay bills (30%) and have cut back on travel and food costs (62%) than in the other UK countries. A small but worrying number (11%) have missed or been late with rent or mortgage payments and

Chart 25: Impact of financial struggles

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“There are a large number of very experienced band 5 nurses within NI but very few opportunities for Band 6 / 7 grades unless you want managerial type posts. Difficulties with work life balance are what prompts younger staff to leave. Older staff are just tired.”

Band 5 staff nurse, Northern Ireland

7.11

It is unfortunate that vacancy data is no longer published in Northern Ireland, so it is not possible to ascertain the level of shortages in Health and Social Care services. However, turnover data presented in table 1 suggests a growing problem with recruitment and retention in the HSC. While the number of joiners to the nursing and midwifery workforce has grown since 2014, so has the number of leavers – rising from 4.2% to 5.9% in 2017.

Table 1: Nursing & Midwifery turnover 2014-2017

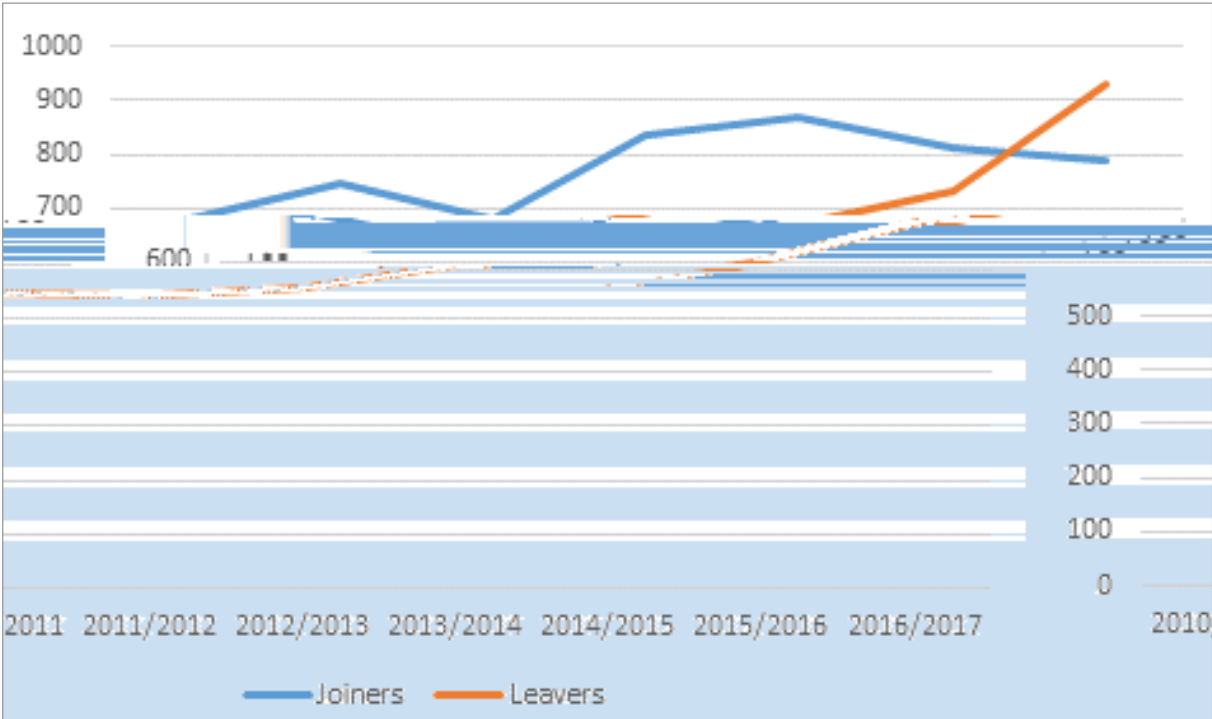
	Leavers		Joiners		Movers	
	Headcount	%	Headcount	%	Headcount	%
2014	889	4.2	1,256	5.9	238	1.1
2015	1,071	5.0	1,228	5.7	323	1.5
2016	1,117	5.2	1,464	6.8	375	1.7
2017	1,299	5.9	1,613	7.4	397	1.8

Source: Northern Ireland health and social care (HSC) workforce census 2014-2017

7.12

Moreover, broader NMC data on joiners and leavers to the register show that the number of leavers is now higher than joiners. This indicates a recruitment and retention problem across the whole health and social care economy in Northern Ireland.⁵

Chart 26: Joiners and leavers to the NMC Register in Northern Ireland 2010/11 to 2016/17



Source: Nursing and Midwifery Council

End notes

¹ www.rcn.org.uk/news-and-events/news/hunt-the-cap-has-been-scrapped

² www.rcn.org.uk/professional-development/publications/pub-005779

³ www.parliament.uk/business/committees/comm /

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