

for the duration of their careers. The PRB must acknowledge the structural barriers that exist within the Agenda for Change pay and grading structure and unlock the potential to recognise

acuity of care required. Although they are currently being reviewed as part of the nursing and midwifery profile review, this process has been ongoing for almost three years, and it is not expected to complete for at least two further years which will not address the immediate recruitment and retention crisis in nursing. Furthermore, no funding has been allocated to address any future amendment of the profiles such that employers can uplift member salaries. We have witnessed this in respect of the roll out of the new Agenda for Change Band 2 and 3 profiles and employers are simply refusing to review their workforce on those bands as they have no budget to support salary uplifts to the next grade. We anticipate the same problem and on a larger scale in respect of the nursing and midwifery profiles which will cause yet further industrial unrest. This could have been avoided if the service had maintained the

as an opportunity to raise the flaws in the current arrangements. Further evidence relating specifically to Wales and Northern Ireland is submitted separately. We repeat our ask that the PRB upholds its remit to provide an independent, balanced recommendation based on the evidence. However, we must give notice that our longer-term support for the PRB process and institution of pay determination is conditional. We urge the PRB to fully consider its original purpose and principles and undertake to work with us to find a way of ensuring the pay determination process is fit for purpose and fair for all parties and offers the unique solutions it is capable of to address the crisis in the NHS and the crisis in nursing.

2. What we are asking for

2.1 At the time of this submission, the RCN remains in dispute regarding the 2022-23 and 2023-24 pay awards. We call on the PRB to support our claim and to reopen those pay rounds.

2.2 We repeat our call for an immediate national nursing Recruitment and Retention Premia to address the chronic and increasing nursing workforce shortages faced across the UK in all NHS areas and specialties.

2.3 In respect of 2024-25 we again request a substantial and an above inflation pay rise for nursing that delivers pay justice to one of the lowest paid professions in the public sector and is predominantly female. Only by awarding a substantial and an above inflation pay rise will this begin to restore nursing pay. As our recent London Economics report identified, due to a decade of pay stagnation, our members are experiencing on average real terms 29.4% reduction in salary, and this must be rectified. It is within the PRB's gift to make these recommendations and by shying away from the historical context we have outlined above; this only serves to reinforce our lack of faith in this system as a means of influencing nursing pay. Regrettably, if the PRB continues to ignore the past and makes no efforts to resolve the issues that blight nursing pay for future generations, the RCN will withdraw from the process entirely.

2.4 In addition to the above, the RCN calls on the PRB to make recommendations regarding career progression for nursing (such as automatic progression) and to confirm that Agenda for Change in 2024 does not accurately reflect the relative job weight of the realities,

of-living crisis rather than by labour market conditions. Just as private sector pay rises are the result of workers' demands to offset the rising prices that are eroding their pay packets in real terms, NHS nursing staff need a substantial above inflation pay rise to prevent living standards falling further behind.

3.3 Figure 1 shows annual average earnings growth for NHS nursing staff in England between 2012 and May 2023, which includes overtime, shift work overtime, shift work payments and geographical allowances against annual inflation. Earnings growth has failed to keep up with the cost of living, with the cumulative effect being that nurses and health visitors have seen an average 29.4% real terms gap, while nursing support workers have lost 20.4% on total earnings.

Figure 1: Annual growth in average total earnings: nursing staff employed in the NHS in England

Source: NHS Digital; Office for National Statistics RPI All Items Index

3.4 Recent data from the OECD provides an analysis of wage levels among full-time nurses employed in hospitals in terms of both the relative value compared to the national average and in terms of purchasing power parity

Figure 2: OECD analysis: remuneration of hospital nurses, ratio to average wage, 2021 (or nearest year)

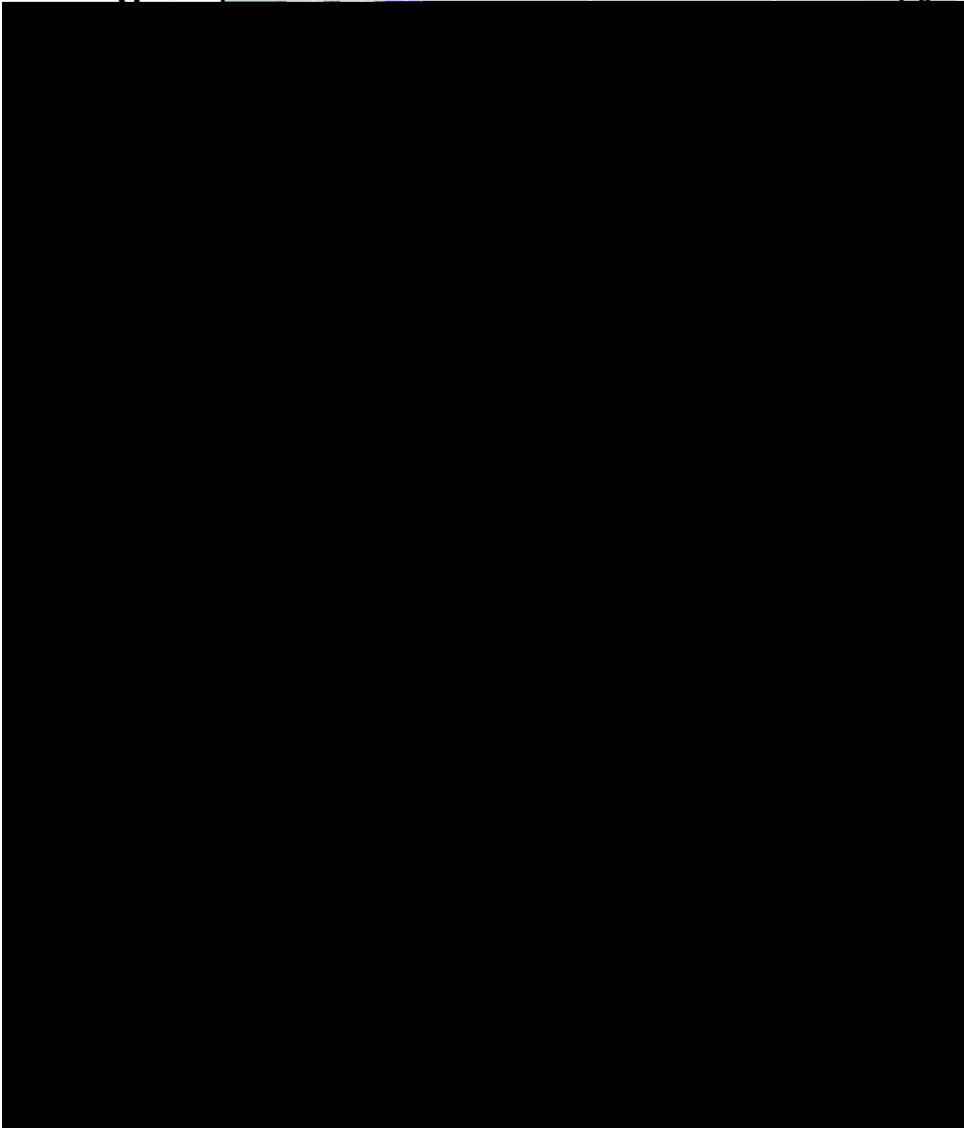
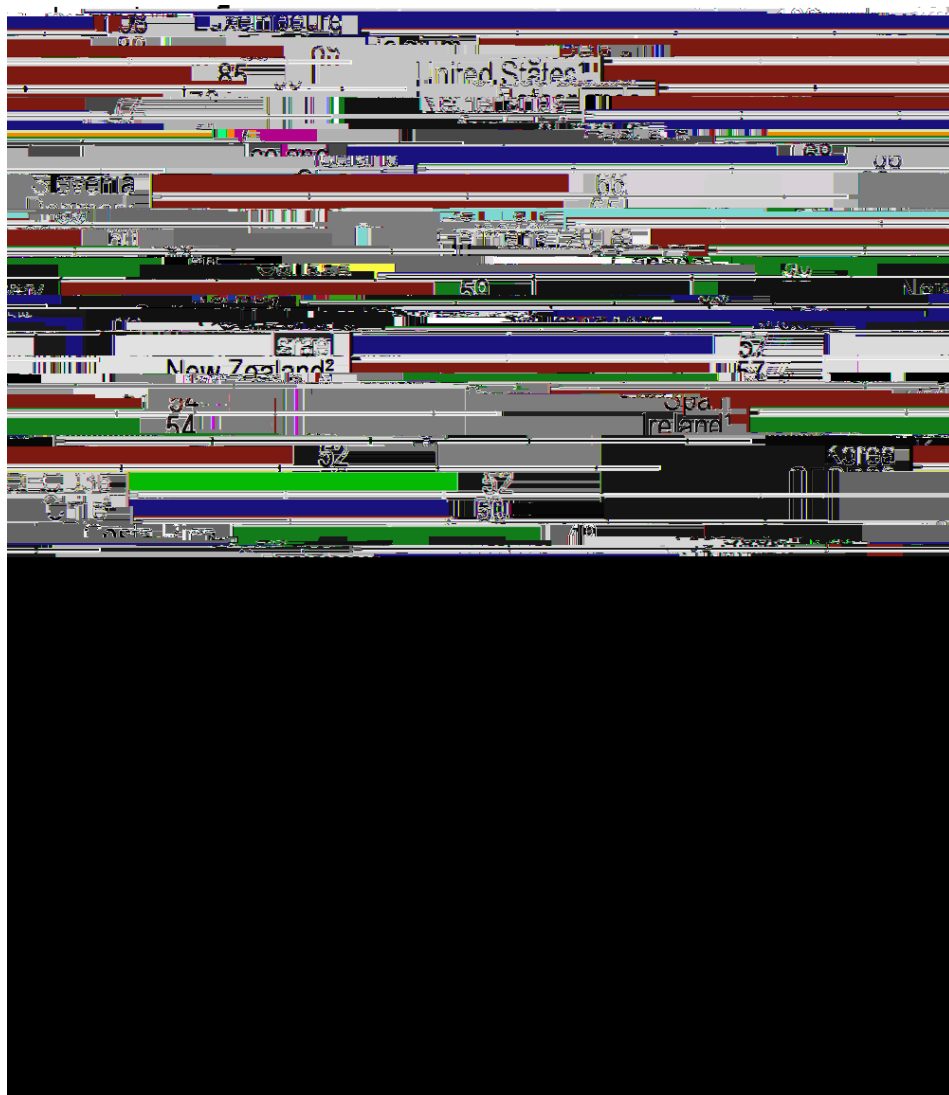


Figure 3: OECD analysis: remuneration of hospital nurses, USD PPP, 2021 (or nearest year)



Source: OECD, Health at a Glance: Europe 2023

NHS nursing staff are under financial pressure

3.6 The pressures facing the nursing workforce are both manifold and well documented. The RCN and others have clearly set out the crisis facing the NHS and nursing staff. In previous PRB submissions and other reports, we have drawn attention to the extent and impact of unsafe staffing levels; nursing staff working unpaid overtime and unable to take breaks; staff leaving due to unsustainable workloads, long working hours, and lack of flexibility; limited opportunities for career progression all capped by a pervasive feeling of being undervalued. These problems are worsening day by day and are contributing to the retention crisis set out below in section 4.

3.7 Expecting NHS nursing staff to cope with acute staff shortages, in addition to the already high demands of the job is harming their wellbeing and risks retention. Indeed, the King's Fund warns that the shortages are counterproductive, both now and in the future³. The King's Fund

³ The Kings Fund (2022) [NHS staffing shortages: Why do politicians struggle to give the NHS the staff it needs?](#)

assert that the NHS spends too much time today trying to find staff when they could be providing patient care. And looking to the future, any "NHS leaders wishing to develop new and more efficient and effective models of care, and different ways of staffing them, will find a lack of ready, available and willing health care professionals to help them do so."

3.8 This submission focuses on the economic impact of successive below inflation pay rises since 2010 which have left nursing staff vulnerable to the cost-of-living pressures facing the UK. The cumulative real terms fall in pay on its own has led to recruitment and retention challenges for the NHS nursing workforce. Combined with rising prices, ongoing attacks on pay, terms and conditions from within the NHS have left nursing staff with little resilience to cope with the economic assault from outside.

3.9 Tables 1 and 2 demonstrate the impact of financial pressures on NHS nursing staff, with two thirds stating they have cut back on food and travel costs and almost two in ten stating they regularly skip meals. Among actions taken to meet everyday living expenses, nursing staff are regularly using credit cards while a third work extra hours or undertake bank work to make ends meet.

3.10 Table 3 shows the level of dependence on extra earnings through unsocial hours pay (32.3%), bank or agency work (30.2%) and overtime pay (17.4%) showing that a significant proportion of respondents cannot survive on basic pay alone.

Table 1:

Dissatisfaction with pay among nursing staff

3.13 Figure 6 shows findings from the 2023 RCN Employment Survey and indicates that dissatisfaction around pay levels or banding has gradually been growing since 2011, with over two thirds (69.5%) of members working in the NHS stating that their pay level or band is inappropriate, compared to 37.9% in 2011. Just one fifth (19.5%) view their pay as appropriate compared to half (49%) in 2011.

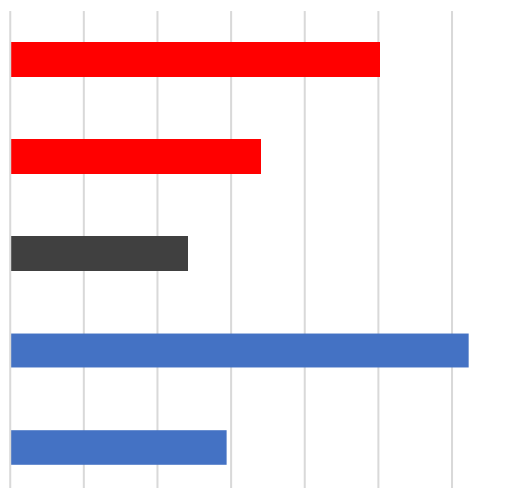
3.14 These findings echo those from the latest NHS Staff Survey in England in Figure 7 which show that levels of satisfaction with pay have plummeted among nursing staff since 2019. Figure 7 indicates that there was a 17.8 percentage point drop among nurses and midwives and a 11.3 percentage point drop among nursing and health care assistants between 2019 and 2022 expressing satisfaction with their pay.

Figure 6: RCN Employment Survey: Views about pay level or band, 2011-2023

Source: NHS respondents to the 2023 RCN Employment Survey

Figure 7: NHS Staff Survey for England: Levels of satisfaction with pay, 2019-2022

Figure 8: Are you currently thinking about leaving your job?



Source: NHS respondents to the 2023 RCN Employment Survey

Table 5: What are the main reasons for you thinking about leaving?

Feeling undervalued	32.3%
Too much pressure	28.8%
Feeling exhausted	28.0%
Staffing levels are too low	27.5%
Levels of pay are too low	26.9%
Not enough managerial support	21.8%
Can't give level of care to standard I would like	21.5%
My own stress levels	20.3%
Too much paperwork/bureaucracy	16.3%
Looking for a new challenge	8.4%
Seeking promotion	8.0%
Retirement	6.5%

Source: NHS respondents to the 2023 RCN Employment Survey
Respondents allowed to choose multiple answers

4.4 Table 6 indicates the strength of feeling among those respondents who indicated they were considering or planning to leave their jobs, with just over a third stating they would prefer a completely different job outside of the NHS and outside of nursing. Just one quarter (25.6%) stated they would prefer a different nursing job within the NHS.

4.5 Respondents were allowed to pick more than one option, with around a third stating they were thinking about different options, both nursing and non-nursing jobs in and outside of the NHS. However, further analysis shows that many respondents thinking about leaving are focused on one area of employment and that for a quarter (23%) their only consideration is a completely different job outside the NHS, indicating the high level of dissatisfaction with nursing as a career.

Table 6: Where would you consider? (respondents allowed to choose more than one option)

Source: NHS respondents to the 2023 RCN Employment Survey

4.6 Results from the 2022 NHS Staff Survey in England also show increasing numbers of NHS nursing staff articulating their wish to leave their jobs. Figure 9 shows a 7.1 percentage point increase in the proportion of registered nurses and midwives, stating they 'often think about leaving' between the

Why retention matters

4.7 The importance of retention has been highlighted in several recent reports which demonstrate the impact of nursing levels on patient safety. For instance, a longitudinal study of nursing staffing and inpatient mortality led by Imperial College demonstrates that when fewer nurses are on shift, patients have an increased chance of missed care, longer stays and in-hospital deaths.⁷ Meanwhile, a further study undertaken by the University of Southampton shows that low baseline staff levels with a high use of flexible staff are not cost-effective and do not solve nursing shortages.⁸ Similarly, a more recent study undertaken at the University of Surrey suggests that in hospital care, excessive staff turnover may generate pressure on the remaining workers leading to lower quality of patient care.⁹

4.8 The 2022 King's Fund government-commissioned report on waiting lists

Figure 10: Northern Ireland vacancy rates, 2018-2023

Source: Northern Ireland health and social care workforce vacancies

4.11 Figure 11 shows a similar picture for Scotland, with a vacancy rate of 7.7% for registered nurses and 7.8% for nursing support staff in September 2023.

Figure 11: Scotland vacancy rates, 2018-2023

Source: NHS Education for Scotland

4.12 In England, the level of vacancies among registered nurses peaked at 46,607 FTE in the second quarter of 2022-23 and had slightly fallen to 43,339 by the first qua0 1 (4)qu8.33 1q095.2 6SG(2)2

previous year, and around £2.4bn in the previous four years. Spending on bank staff (£5.8bn) together with that on agency staff made up 11.6% of all employee expenditure in 2022-23.

Figure 12: England vacancy levels and rates, 2020-2023

Source: NHS Digital, Vacancy Statistics

NHS Long-Term Workforce Plan (England)

4.14 The RCN believes that the 2023 plan lacks the detail and funding necessary to address the challenges facing the nursing workforce. The Institute for Fiscal Studies (IFS) estimates that there would need to be funding growth of between 3.1% and 3.4% per year, compared with previous growth estimated at 1.1% between 2009 and 2020, in order to enable the increased growth in the workforce set out in the Plan¹³. The IFS state that the workforce plan must be

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4.18 However, this modelling is not based on projections of demand, factoring in changing health and care needs in the population, the impact of the economic crisis on health inequalities, nor any potential impact of climate change, population migration or other factors.

5. Conclusion

5.1 For all the reasons and evidence referenced above, the RCN is calling for a substantial and above inflation pay rise to address the worsening nursing workforce crisis and the long-term reduction in the value of nursing pay.

5.2 We urge the PRB to demonstrate its independence and recommend a substantial pay