

NHS Pay at a crossroad

UNISON evidence to the
NHS Pay Review Body 2008/09



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Background

When last year's pay round began in earnest, it was widely acknowledged that the pressures faced by having two mechanisms in place for discussion of NHS pay only added to discontent and confusion. The Nursing and Other Health Professions Review Body (NOHPRB) saw UNISON presenting written and oral evidence on behalf of staff across the UK, albeit that Northern Ireland was not officially covered by the review body. The occupational groups covered included ambulance staff, nursing, midwifery and health care assistants, allied health professionals and professional and technical staff.

The Pay Negotiating Council (PNC) saw UNISON present a pay claim, including terms and conditions issues, on behalf of the following groups of staff - administrative and clerical, ancillary, estates, building and craft workers and senior managers. This dual system proved unsatisfactory as both groups were on the same pay system and, in effect, could offer no difference in any pay uplift to ensure continued pay harmony.

Discussions took place at the NHS Staff Council and, following internal and external consultation that included a debate at the UNISON health conference in April 2007, an agreement was reached to extend the remit of the NOHPRB to cover all Agenda for Change staff groups. This decision is welcomed by UNISON and the inclusion of Northern Ireland for the first time is seen as another positive step towards ensuring the voice of all NHS staff is heard by the newly established NHS Pay Review Body.

The independence of the review body has always been supported by UNISON and, despite the recommendation of a below inflation 2.5% pay uplift in the 22nd NOHPRB report standing below the level that UNISON sought, we did recognise and applaud the process and the level of integrity shown in the work of the review body. The fact that this was undermined by the government in England leading to the offer of a staged pay award created tension, anger and disappointment that this independent review process had been undermined. The decision of the respective governments in Scotland, Wales and Northern Ireland to pay the offer in full only added to the general discontent and confusion experienced by NHS staff.

The review body has a vital role to play in recognising the achievements of the NHS and its staff and is an integral part in its development. The review process demonstrates how staff are valued and rewarded, thereby acting as a significant tool in addressing staff morale and motivation.

We hope that the extended remit of the review body offers a new opportunity for all NHS staff groups to have their voice heard and that the independence and integrity of the review body is fully respected for the forthcoming pay round.

Introduction

The 2007 UNISON evidence to the NHS Pay Review Body seeks to examine the principal drivers that are changing the environment in which NHS staff operate and their implications for core issues of concern to the review body in terms of morale, motivation, recruitment and retention.

With members drawn from across the widened remit of the review body, we have sought to communicate the experience and views of this broad and diverse range of staff.

In line with the request from the Nursing and Other Health Professionals Review Body following submission of evidence in 2006, the evidence also provides details of the specific circumstances facing staff in England, Scotland, Wales and Northern Ireland wherever possible.

The opening chapter of our evidence sets out the array of government policy initiatives that are shaping the delivery of services in the NHS and their impact on staff over the last year, together with the performance levels achieved by the workforce during this period of intense change and cuts.

The next chapter then goes on to look at the broad economic forces impinging on employees' standard of living, the relative position of NHS staff in terms of pay settlements compared to other sets of workers and the financial situation facing the NHS.

Beyond the macroeconomic figures, we seek to illustrate the financial realities confronting staff with a number of case studies of typical employees drawn from across the service.

The third chapter draws out the particular issues facing staff formerly covered by the Agenda for Change Pay Negotiating Council

The fourth chapter provides a review of developments in the establishment of Agenda for Change three years on from the signing of the agreement. The review covers such key areas as CAJE data, unsocial hours payments, Knowledge and Skills Framework, equalities, high cost area supplements, recruitment and retention premia and the future of pay determination.

In the final chapter, we summarise the results of UNISON's largest ever health membership pay survey. Despatched to 8,000 individual members and distributed through the union's extensive branch network, the survey gained 1,845 responses. The results were processed and weighted by an independent statistical analysis agency to accurately reflect our membership and they provide a powerful insight into staff views on the realities of life in the NHS.

We set out the major points from the evidence in the executive summary along with a clear statement of UNISON's recommendations to the review body.

Executive Summary

In presenting our evidence to the NHS Review Body for the pay round 2008/09 UNISON requests that the following headline conclusions are noted:

- Staff are continuing to deliver a first-rate service despite increased workloads and growing fears about job security. The NHS continues to treat more than a million people every 36 hours, without compromising patient satisfaction – in the Healthcare Commission’s National Survey of Adult Inpatients in England 2006, nine out of 10 people surveyed rated overall care in NHS hospitals as “excellent”, “very good” or “good”
- The Retail Price Index (RPI) is the true measure of inflation, a statement supported by the Mervyn King, governor of the Bank of England, and that rises in the cost of living are best measured against this fact
- The RPI has been steadily rising for over a year and has been running at well in excess of 4% throughout 2007. Despite at the time of writing standing at 3.8% in August 2007, the rate is still above the 3.4% level recorded at this point 12 months ago
- The rising level of inflation heavily eroded the value of last year’s review body recommendation for a 2.5% pay uplift and that this was subsequently reduced further by the government’s decision to stage the award, effectively leaving staff with a pay cut
- The effects of increases in the cost of living are again analysed and supported by a series of UK-wide case studies that will also demonstrate via a personal inflation calculator how inflationary pressures have really affected NHS staff over the last 12 months
- Current gross domestic product (GDP) rose by 0.8% on the three months to June 2007 but year-on-year GDP growth is forecast by the British Chambers of Commerce to fall from an above-trend 3.1% in Q4 2006 to 2.0% in Q2 and Q3 in 2008
- The published NHS accounts in England revealed in June 2007 that the organisation had swung from a net deficit of £512m to a net surplus of £510m in less than a year
- This is the first net surplus recorded since 2003/04
- NHS Employers argued last year that the scope for any pay uplift was limited by the £512m deficit. However, the financial turnaround experienced since now offers enormous scope to deliver a pay package that serves to restore the value of staff wages after last year’s below inflation award
- Every indicator from the UNISON Pay Survey 2007 points to the same direction – 59% of staff believe they are now worse off than this time last year just a year after 64% saw themselves as better off and 53% are considering leaving the NHS because they feel undervalued in terms of pay
- Evidence presented on new pay deals agreed outside the health sector during 2007 reflects the reality of high inflation and highlights how the private sector has been particularly quick to respond to these changes by offering pay settlements that go some way towards compensating for the extra costs faced by employees to maintain their standard of living

- The NHS is losing its appeal as a model employer and a place that staff feel secure and want to build their careers within. In UNISON's survey 64% of staff said that they would probably or definitely not recommend their occupation/profession as a career in the NHS, while 56% of staff are fairly or very worried about their job security

Recommendations

Following presentation of our evidence to the NHS Pay Review Body for the pay round 2008/09 UNISON will be making the following recommendations:

- A substantial pay award defined as significantly above the rate of inflation as measured by the Retail Price Index (RPI)
- In setting an award significantly above the RPI for the 2008/9 pay round, the pay award also serves to restore the value of staff wages that were eroded by last year's below-inflation award.
- A flat rate increase for bands 1-3 (inclusive) equal to the increase on pay point 14 (this being the first pay point above band 3)
- Extend the High Cost Area Supplement payment to South Cambridgeshire following the revised claim from partners at Addenbrooke's NHS Foundation Trust in Cambridge
- To note the independent research conducted by the University of Greenwich on behalf of the NHS Staff Council on National Recruitment and Retention Payments (NRRP) and duly continue these payments for qualified maintenance craft workers and to recommend this payment to certain building trades
- To analyse and further support the re-launch of the Knowledge and Skills Framework (KSF) and to ensure the necessary funding is available to meet the target of full implementation by the end of 2008
- To note the guiding principles behind the Improving Working Lives (IWL) initiative and other appropriate schemes in Wales, Scotland and Northern Ireland to monitor improvements in the work-life balance of NHS staff that maintain the impetus to keeping the NHS a model employer
- Commission further independent research to assess the benefits realisation of Agenda for Change and to report in full for the next pay round in 2009/10
- Upon completion in autumn 2007, to review the Equality Impact Assessment conducted by the NHS Staff Council on Agenda for Change outcomes and to report its findings to the review body either in supplementary evidence or via oral evidence
- To acknowledge that all parties (ie the four UK health departments, NHS Employers and the NHS trades unions) are committed to enter into discussions for a multi-year deal to cover all or part of the next Comprehensive Spending Review and to ensure the outcomes and progress are reported to the review body in due course
- We call upon the governments to not only fully fund all the review body recommendations but also to recognise the independence of their decisions and to honour these recommendations in full.

Chapter One – Policy and Performance

1.1 Introduction

Staff in the NHS must contend with political pressures and government-driven reforms on a daily basis. Within this chapter we will outline some of these demands and changes and then highlight, through evidence collated in our staff survey, the impact that these are having on staff. We will also demonstrate that to many staff the NHS is losing its appeal as a model employer. However, we will show that despite these increasing pressures and stresses, the dedication of staff to their patients and the health service has meant that reforms are being implemented effectively despite staff workloads, waiting times for patients have dropped and, in England, the NHS has come in under-spent.

1.2 The NHS in flux

The four countries of the UK all have different health systems but each is continuing to experience significant reforms, which we will detail within this chapter.

We will demonstrate through the results of UNISON's survey of over 1,800 members that this has contributed greatly to feelings of unease and uncertainty among staff about their future.

Although the new Secretary of State for Health has said that there will be no more top-down reforms, there are already considerable mechanisms and drivers in place in England from Department of Health documents, such as Commissioning a Patient-Led NHS and the white paper *Our Health, Our Care, Our Say* to ensure that significant levels of structural change will continue to take place at a local level.

Below we have outlined some of the most significant changes that have taken place, forcing staff to worry about their future employment and implementing changes rather than carrying out their jobs.

- In July 2006, the reconfiguration of the 30 NHS ambulance trusts in England to form 12 trusts began, while the number of strategic health authorities in England was reduced from 28 down to 10.
- In October 2006, the number of primary care trusts (PCT) in England was reduced from 303 to 152.
- In England all PCTs have had to undergo complex assessments under the PCT Fitness for Purpose programme, with failing PCTs required to develop a recovery plan.
- Other PCTs are laying the foundations for the outsourcing of their provider services, through the Fairness in Primary Care procurement, which has seen calls for expressions of interest of primary medical care and related services from private providers and social enterprises. Some PCTs that would like to keep their services in-house are having to employ the services of consultants to carry out time and motion studies in order to justify keeping their services in-house.

- By 2008 the government intends that all acute and specialist trusts in England will take on foundation status and plans are being developed to bring in community foundation trusts.
- Commissioners, under which PCTs in England can access independent providers to support their commissioning functions. This has led to some PCTs such as Hillingdon PCT in London suggesting that they will outsource their entire commissioning function – again leading to worries about redundancies and outsourcing.
- Reforms brought about in England in Our Health, Our Care, Our Say are moving health care increasingly into the community to ensure the smoother integration of health and social care. As a result many staff are having to adapt to changing work environments, revised job specifications and, in some cases, new employers.
- In Northern Ireland five health super trusts have been created from a total of 18 separate organisations and four health boards will be replaced by a health department, regional health authority, seven commissioning bodies and a raft of local commissioning bodies.
- Private sector involvement in Northern Ireland has increased through the establishment of integrated clinical assessment and treatment services (ICATS), set up along the lines of plans from north-west England. Tentative moves have also been made towards an English tariff-based system of payments.
- Scotland saw its first independent sector treatment centre established in Stracathro at the start of 2007 and some GP services are now being run by private companies.
- In Wales despite the announcement from the First Minister in June 2007 that reconfiguration proposals would be put on hold, the following month his health minister announced a consultation on a major reorganisation of NHS trusts that proposed mergers for a number of trusts.
- The government has recently announced proposals for unprecedented levels of structural change for primary care in London in “Healthcare for London: A Framework for Action”.
- The Mental Health Act 2007 – due for implementation in England in 2008 – introduces expanding roles for healthcare professionals including nurses, occupational therapists and psychologists, as well as introducing advocacy rights for patients.
- In the field of nursing, the last year has seen the chief nursing officer conclude her review of mental health nursing, commission a review of health visiting and announce a group of stakeholders to look at the future of nursing under the umbrella of modernising nursing. Major consultations on the future of nursing, its education programme and health visiting will take place while the pay review body takes and considers evidence.
- We welcome the recent announcement of a moratorium on future NHS structural change, which will give some relief to staff already handling the massive programme of change in place.

1.3 Efficiency savings or increasing unease?

Further challenges and upheavals for staff are coming about as a result of the government’s ongoing efficiency agenda. With the Comprehensive Spending Review awaited in autumn 2007, Sir Peter Gershon’s targets still apply to the Department of Health in England, which

is committed to achieving a target of £6.47 billion annual efficiency savings by 2007/8 – the largest of any government department and nearly a third of the total across all departments.¹ This will be achieved in part through reallocations of staff time and workforce remodelling.

The review of NHS Arm's Length Bodies in England has led to further upheaval, including the outsourcing of NHS Logistics to DHL with the creation of NHS Supply Chain in October 2006.

The Scottish government's Efficient Government Plan commits the NHS to saving £166 million a year up until 2007/08, amounting to £523 million in total.

These targets are being achieved by changes to procurement and logistics arrangements, distribution of pharmaceuticals, and patient booking systems.²

As envisaged by the Designed for Life and Making the Connections papers, health and social services in Wales are required to produce cumulative annual efficiency gains of £196.6 million by March 2008 on the way to an eventual target of £236 million by 2010.³ Such initiatives have their roots in the report Derek Wanless produced for the Welsh Assembly government – following his wider review of the UK NHS – which stressed the need for service redesign to boost the efficiency of the Welsh health system.⁴

In Northern Ireland, A Healthier Future commits the Department for Health, Social Services and Public Safety to efficiency gains and service improvements of at least 2.5% per annum from 2004/5 to 2008.⁵

1.4 Patients as consumers

The government announced in July 2007 that in England most of the top-down public sector targets were to be scrapped, but patients and the media are still keen to compare league tables and achievements, with one of the most high-profile targets remaining the drive for an 18-week maximum wait from GP referral to treatment.

The evolution of the patient choice agenda in England, and similarly challenging initiatives in the devolved administrations, has encouraged a consumer ethos among patients and the public, prompting the NHS Confederation's recently published report into what customer focus means for the NHS.⁶

The report found that 93% of the public think it is important for the NHS to pay more attention to customer services such as friendlier staff, easier appointment booking systems, clearer information about treatment and better bedside manner.

¹ *Releasing resources to the front line: independent review of public sector efficiency*, HM Treasury, July 2004, pp29-30

² *Building a better Scotland: efficient government – securing efficiency, effectiveness and productivity*, Scottish Executive, November 2004, pp25-26

³ *Making the connections: making the most of our resources framework and guidance*, Welsh Assembly Government, March 2005, p11

⁴ *The review of health and social care in Wales: the report of the project team advised by Derek Wanless*, Welsh Assembly Government, June 2003

⁵ *A healthier future: a twenty year vision for health and wellbeing in Northern Ireland 2005-2025*, Department for Health, Social Services and Public Safety Northern Ireland, December 2004

⁶ *Great expectations: what does customer focus mean for the NHS?*, NHS Confederation, June 2007

1.5 The NHS – a model employer?

The huge shifts towards moving care out of hospitals and into the community, in order to bring care closer to patients and create smoother integration with social care has meant staff must become more adaptable and flexible in their working roles. Not only are staff having to relocate geographically, but they are experiencing new challenges in their job roles as they begin to operate increasingly away from a hospital setting.

For many staff the constant structural change and the threat of being outsourced to a private provider or the community and voluntary sector mean that they must cope with an uncertain future, and for staff whose employer has changed they must adapt to the new working environment.

According to UNISON's survey:

- 56% of staff are fairly or very worried about their job security
- 54% of staff have fairly or very seriously considered leaving their current position in the NHS
- for those who have considered leaving, 53% attribute this to feeling undervalued due to levels of pay (up from 37% in 2006), 49% because of the changing nature of the NHS, 49% due to staff shortages, 45% because they felt undervalued due to managers treatment of staff and 41% because they feel their job is too stressful.

With constant change and an uncertain future, staff require better incentives to stay with their employer.

With an ageing workforce and population there is even more reason why we need to retain and reward staff within the NHS and to prevent the continued erosion of their morale and motivation.

New entrants to the NHS pensions scheme, under the new scheme, will see an increase in their normal pension age from 60 to 65 years.

In UNISON's survey 64% of staff said that they would probably or definitely not recommend their occupation/profession as a career in the NHS, compared with 62% in 2006.

1.6 Staff under pressure

The role of staff in reducing the financial problems experienced by the NHS, predominantly in, though not restricted to, England, should not be underestimated. In this time staff have had to alter ways of working, come up with creative solutions to boost efficiency and make other savings. And yet belt-tightening measures across the NHS led to many redundancies and, for the staff that remain, the past 18 months have been a time of massive uncertainty. With many hospitals operating recruitment freezes, the pressure has built up on staff to cover vacancies and fill gaps.

- UNISON's survey found that 52% of staff reported that their employer had announced a deficit over the previous 12 months, as opposed to 81% in 2006.

However, there were many overspends from previous years that staff had to cope with in 2006/7.

- In Wales the ambulance service has experienced cuts as a means of reducing financial deficits.
- In Northern Ireland boards have remained under pressure to meet access targets.
- Audit Scotland reported that the NHS had returned to overall surplus but financial pressures continued to be a problem with not all boards avoiding deficits.⁷

The impact on staff of these deficits is highlighted by some of the responses to UNISON's survey:

- The survey showed that in 63% of workplaces morale is low or very low and in 71% of workplaces morale has deteriorated since 2006.
- 80% of staff reported that they had experienced an increase in workload over the year.
- Stress increased on 2006 for 78% of staff
- The number of staff in their working area/department fell for 61% of staff
- The number of patients increased for 53% of staff
- For staff whose workload had increased, 74% said that this was down to additional duties/responsibilities placed on them (up from 45% in 2006), 58% due to insufficient sickness, maternity and holiday cover, 46% due to vacancy freezes and redundancies and 45% due to pressure to meet government targets
- There may be added pressures in Scotland with the removal of Availability Status Codes, which recorded certain specified circumstances whereby it was not possible to meet a waiting time standard such as where a patient refuses a reasonable offer of admission. Patients with Availability Status Codes are not subject to national waiting time guarantees.
- Although measures have been taken by the NHS Social Partnership Forum in England to address problems around graduate recruitment, in July 2007 this was still a substantial problem with the Department of Health reporting that nearly a third of newly qualified nurses had failed to find a job within six months of qualifying.
- Training has been particularly seriously affected by the deficits crisis, with the Health Service Journal revealing that strategic health authorities in England raided £117 million from training this year.⁸
- The impact has been verified by the UNISON survey finding that the number of staff who received more than three days of training over the previous year fell from 48% in 2006 to 31% in 2007.
- This trend has raised questions about the sustainability of the Knowledge and Skills Framework, a key strand of Agenda for Change with the potential to deliver a modern, responsive NHS for all countries of the UK through workforce development and service redesign.
- The Healthcare Commission's staff survey in England for 2006 paints a picture of reduced job satisfaction among health staff compared with 2005, and high levels of unpaid overtime, particularly within ambulance trusts where the proportion of those working more than their contracted hours has increased to 84%.

⁷ *An overview of the financial performance of the NHS in Scotland 2005/06*, Audit Scotland, December 2006

⁸ *SHAs' £117m training raid attacked*, Health Service Journal, 31 May 2007

- Worst of all, there are unacceptably high, and increasing, levels of violence and abuse, particularly in ambulance and mental health trusts in England; the number of staff saying they experienced physical violence is approaching a third of the workforce.
- The number of staff who experienced bullying, harassment or abuse increased in almost all trusts types in England, with a 5% increase in ambulance trusts from 2005.
- Almost half of ambulance workers in England reported that they had experienced bullying, harassment or abuse from patients or their relatives⁹, as they continued to face an annual 7% increase in calls equating to 250,000 extra responses.
- The NHS Scotland Staff Opinion Survey 2006 indicated that 72% staff had experienced violence or aggression from patients in the last two years.
- Crown Office figures in Scotland revealed that attacks on emergency workers have risen by 80% since the introduction of the Emergency Workers (Scotland) Act in May 2005. 255 people were convicted under the Act in 2005/6, rising to 461 in 2006/7.
- In Northern Ireland there was an overall increase of 628 in the number of violent incidents, both verbal and physical, against staff comparing the period 1 April 2006 to 31 March 2007 and the same period in 2005 to 2006. The number of incidents for the 2006-2007 period was 1,727 verbal incidents and 4,283 physical incidents.¹⁰

It is likely that even these figures do not tell the whole story, with many incidents of violence and intimidation going unreported.

- Across the UK, recent surveys have also highlighted the threat to nurses of lone working. Around 85% of nurses working in the community spent more than a quarter of their time working alone, which raises the prospects of physical and verbal assaults.¹¹

In terms of the bigger picture, the NHS workforce, which has generally expanded since 1997, has started to show signs of contracting as a whole. This is due to a substantial reduction in jobs in England.

- According to an employee census by the Department of Health, the English NHS shed more than 17,000 jobs in the last year.¹²

The trend is reflected in joining rates that have dipped across all occupational groups. Excluding staff transferring within the NHS, the Office of Manpower Economics 2007 workforce survey found matched sample joining rates falling to 6.3% in nursing, 8.7% among allied health professionals, 7.5% among scientific, technical and therapeutic staff and 1.5% for ambulance staff. As a result, the wastage rate now exceeds joining rates for all groups except scientific, technical and therapeutic staff¹³. The data was backed up by publication of NHS Information Centre statistics for 2005 and 2006, which found the 10.9% leaving rate surpassing the 9.6% joining rate and, in the case of nursing, midwifery and health visitor staff, the 21.4% leaving rate stood 7.5% above the joining rate.¹⁴

⁹ *The views of staff: key findings from the 2006 survey of NHS staff*, Healthcare Commission, March 2007

¹⁰ *Social Services and Public Safety*, Northern Ireland Department of Health, Circular HSS (GEN 1) 1/2004

¹¹ *You're not alone*, Royal College of Nursing, June 2007

¹² *Staff in the NHS 2006*, The Information Centre for Health and Social Care, April 2007

¹³ *2007 Workforce Survey*, Office of Manpower Economics, August 2007

¹⁴ *Joiner and Leaver Statistics 2005/6*, NHS Information Centre, August 2007

The reduction in staff inevitably places greater levels of stress on those that remain within the service. As a corollary to this, expenditure on temporary staff remains high. Reports by the House of Commons Public Accounts Committee in 2007 and the National Audit Office in 2006 have both highlighted the fact that spending on temporary nursing is particularly high. The reports recognise not only the potentially damaging effect this may have on patient satisfaction, but also that extensive use of temporary staff can damage staff morale.¹⁵

An Audit Scotland report (Planning ward nursing: legacy or design?) published in January 2007 found that the NHS in Scotland has made progress towards improving the planning and management of ward nursing. However, it stressed that the NHS now needs to build on this development work and address continuing issues, for example ensuring that workforce planning builds in enough time to cover predictable absences such as sick leave. It should also make sure that senior nurses have time to develop their leadership and clinical roles and needs to do more to develop information on the quality of nursing care so that this becomes part of routine management information.

Although bank and agency nurses can be a useful way of filling temporary nursing needs, this is a more expensive way of meeting temporary staffing needs and Audit Scotland has previously recommended that NHS boards review their use of such staff.

Between 2001/02 and 2005/06 the combined use of bank and agency nurses increased by 43% across Scotland.

NHS boards and the Health Department need to monitor this trend and the reasons for it to ensure that quality of care is maintained and appropriate use is made of bank and agency staff. In 2005/06 bank and agency nurses cost £96 million – about 5.5% of the total nursing budget in Scotland.

This is backed up UNISON's 2007 survey of its membership, which found that 33% of staff reported a rise in the use of temporary staff as opposed to 20% who experienced a decline.

Job cuts and recruitment freezes have clearly intensified pressure on staff while also serving to mask the growing dissatisfaction of employees in the service through falling vacancy rates because of the resultant lack of positions that require filling.

1.7 Coping against the odds

NHS staff across the UK remain committed to delivering the best services for patients and producing the best health outcomes for the public. Considerable progress has been made and ambitious government targets remain achievable as a result of their hard work.

Such success is all the more remarkable given the widespread pressures that staff are under, both at the personal level within their workplaces and within the wider context of an NHS that has seemed for many to be in a state of perpetual flux in recent years.

¹⁵ *Improving the use of temporary nursing staff in NHS acute and foundation trusts, June 2007; National Audit Office, Improving the use of temporary nursing staff in NHS acute and foundation trusts, House of Commons Public Accounts Committee, July 2006.*

1.8 Patient satisfaction

The NHS continues to treat more than a million people every 36 hours as demand increases. In total, more than 1.5 million patients and their families are in contact with NHS services every day.¹⁶

- In the Healthcare Commission's National Survey of Adult Inpatients in England 2006, nine out of ten people surveyed rated overall care provided by NHS hospitals as "excellent", "very good" or "good".
- 93% of patients said their room or ward, was "very clean" or "fairly clean", compared to the 2005 survey.
- 84% of patients said they waited six months or less for planned admissions, compared with 78% in 2005.
- In the Healthcare Commission's survey of Community Mental Health service users, 77% of service users rated their overall care as excellent, very good or good.

Despite recent pressures and uncertainties resulting from financial instability and major structural reorganisation, staff that work in the NHS are making substantial progress towards achieving the main objectives of the NHS.

NHS staff continue to work diligently to help the government achieve its target of no patient in England waiting longer than 18 weeks between referral and treatment by 2008. The Department of Health was able to report in January 2007 that waiting lists were at an all-time low.

Although methods of measurement differ between England, Scotland, Wales and Northern Ireland, and are not always directly comparable, it is clear that considerable progress has been made on inpatient and outpatient waiting times as well as overall waiting lists in all the countries of the UK.

1.9 The waiting game

1.9.1 In England:

- From May 2007 the number of inpatients waiting over 20 weeks was 13,200, a huge 72.8% reduction from May 2006.
- The number waiting over 13 weeks had also fallen considerably to 112,400 – 43.4% less than May 2006.
- The percentage of patients waiting under 13 weeks was 83.3%, compared to 74.3% in May 2006.
- For outpatients, the number waiting over 11 weeks was 3,600, down a massive 36,900 (91%) from May 2006.
- The number waiting over eight weeks at the end of May 2007 was 90,600, less than half of the May 2006 figure.
- The percentage of patients waiting under eight weeks was 90.6%, compared to 82.2% in May 2006.¹⁷

¹⁶ *The Year: NHS Chief Executive's Annual Report 2006/7*, Department of Health, p20

¹⁷ *NHS patient and outpatient waiting times figures 31st May 2007 statistical press notice*, Department of Health, June 2007

- The past year has seen the NHS achieve both the key targets of the NHS Cancer Plan, namely reducing maximum waits from urgent GP referral to first treatment to 62 days, and from diagnosis to first treatment to 31 days.

1.9.2 In Scotland:

- By the end of March 2007, no inpatient with a guarantee to be seen had been waiting more than 18 weeks compared to 6,117 patients the previous year.
- The total number of patients on the waiting list was 21,565 lower than in March 2006.
- The number of outpatients with a guarantee waiting over 18 weeks at 31 March 2007 was 12,393; 885 fewer than the previous year.
- The median waiting time for outpatients with a guarantee was 48 days, down from 53 in March 2006.
- Nine out of every 10 patients waited a maximum of 150 days – down from 174 in March 2006.
- The proportion of patients seen within 26 weeks increased to 99.1% from 91.9% in March 2006.
- The proportion of patients seen within 18 weeks also showed improvement at 84% compared to 78.5% per cent in March 2006.¹⁹
- By March 2007 there were no patients with a guarantee waiting more than eight weeks for angiography, and no patients waiting more than 18 weeks for coronary heart disease surgery.²⁰
- By March 2007 only 2,152 patients waited more than nine weeks for diagnostic and therapy services, down 2,923 (58%) from December 2006.²¹

1.9.3 In Wales:

- The total number of inpatients waiting for care had dropped by May 2007 to 61,772 from 66,820 the previous year.
- Of this number 9,149 were waiting over 22 weeks, compared to more than 12,000 in May 2006.
- For outpatient appointments, the total waiting had dropped from over 200,000 in May 2006 to 170,778 in May 2007.

¹⁹ Statistical publication notice: acute activity, waiting times and waiting lists to 31st March 2007 (quarterly and annual data), NHS National Services Scotland, May 2007

²⁰ NHS National Services Scotland, op. cit.

²¹ NHS National Services Scotland, op. cit.

- Again, of this number 19,322 waited over 22 weeks compared to 32,741 in May 2006.²²
- Those waiting more than 14 weeks for diagnostic and therapy services dropped from 5,094 to 4,865 within a month (April to May 2007).²³

1.9.4 In Northern Ireland:

- The total number of inpatients waiting for hospital admission had dropped by 3,740 to 37,978 (an 8.4% reduction) between March 2006 and March 2007.
- Of this number, 92.5% received their treatment within six months, compared to less than 84% the previous year.
- The number of outpatients waiting for a first appointment had fallen by a massive 78,495 (43.4%) in the same period to 102,491.
- Of these, 85.4% received their first outpatient appointment within six months, another improvement on the previous year.²⁴
- In March 2007 the waiting time for cardiac surgery had been reduced to six months.²⁵

Particular progress has been made in tackling heart disease.

It was revealed in January 2007 that premature deaths from coronary heart disease in England were down by 35% since 1996.²⁶

In addition, the Royal College of Physicians has shown that more patients in England and Wales are getting life-saving treatment more quickly after a heart attack.²⁷

According to the Healthcare Commission, 85% of patients with heart failure now have access to effective medication compared to the previous figure of fewer than 50%.²⁸

The latest statistics show that Scotland is on track to meet its target of a 60% reduction in the death rate from coronary heart disease from 1995 to 2010.²⁹

Death rates from coronary heart disease continue to fall for both men and women in Northern Ireland.³⁰

Where cancer treatment is concerned, Cancer Research UK reported in May 2007 that the 10-year survival rate for a patient with cancer has doubled since the late 1970s.³¹

²² *NHS Wales waiting times: at end May 2007*, Welsh Assembly Government, June 2007

²³ *NHS Wales diagnostic & therapy services waiting times: at end May 2007*, Welsh Assembly Government, July 2007

²⁴ *Social Services and Public Safety, Statistics release: Northern Ireland waiting lists – March 2007*, Northern Ireland Department of Health, June 2007

²⁵ "Northern Ireland waiting times for cardiac surgery", Northern Ireland Chest, Heart and Stroke Association, March 2007

²⁶ *The coronary heart disease national framework: shaping the future, progress report for 2006*, Department of Health, January 2007

²⁷ *How the NHS manages heart attacks, April 2006-March 2007*, Royal College of Physicians, July 2007

²⁸ *Pushing the boundaries: improving services for people with heart failure*, Healthcare Commission, July 2007

²⁹ NHS National Services Scotland, Coronary Heart Disease – Incidence and Mortality, www.isdscotland.org

³⁰ British Heart Foundation, Age-standardised death rates from CHD per 100,000 population by country and Standard Region, 1978 to 1996, and by country and Government Office Region, 1997 to 2005, United Kingdom, www.heartstats.org

³¹ "Vision for 2020 launched as ten-year survival for cancer doubles in 30 years", Cancer Research UK, May 2007

There are many examples of how NHS staff have been at the forefront of innovative practices to help boost patient care and ensure that the NHS provides the flexible and modern services demanded by the public.

Around 80 nurse-led NHS walk-in centres are now up and running in England, most of which are open 365 days a year and activity has increased with the centres together seeing around 250,000 patients per month.³²

The NHS Direct call-line continues to be a success with more than 500,000 calls received by staff each month, in addition to a recently relaunched website. Of those calls received 40% are completed without onward referral to any other service and nearly 70% of all calls are completed either by NHS Direct or with referral to routine in-hours services³³, thus relieving some of the care burden from accident and emergency departments and out-of-hours GP services.

These improvements do not just exist at a statistical level but continue to be increasingly appreciated by patients.

Perhaps the single most telling piece of recent research that covers the UK health system as whole, was the Commonwealth Fund's comparison of the health systems of five countries: Australia, Canada, Germany, New Zealand, the USA and the United Kingdom.

The UK finished top of the survey in which services were evaluated based on a number of key areas including efficiency, quality of care, fairness and access.³⁴

1.10 Conclusions

- The huge amount of proposed and actual reforms that are continuing to take place within the NHS are having a negative impact on staff and their workload.
- The NHS is losing its appeal as a model employer and a place that staff feel secure and want to build their careers within.
- Staff in England have worked under extreme pressure and harsh conditions, including recruitment freezes and redundancies with the result that the NHS was under-spent, but with little reward offered in return.
- Despite increased workloads and growing fears about job security, staff are continuing to deliver a first-rate service with increasing levels of patient satisfaction, reduced waiting lists and massive steps taken towards implementing the government's reform agenda

³² *Department report 2007*, p38, Department of Health,

³³ *Department report 2007*, p38, Department of Health,

³⁴ *Mirror, mirror on the wall: an international update on the comparative performance of American health care*, The Commonwealth Fund, May 2007

Chapter Two – Financial Reality

2.1 Introduction

In last year's evidence to the Nursing and Other Health Professions Review Body (NOHPRB) UNISON highlighted in Chapter 2, Economic Arguments, the effects of rising inflation and the rapid increases to the cost of living that members were being faced with. Case studies highlighted how in reality the 2.5% pay uplift for 2006 was eroded by increasing financial commitments and how the true measure of inflation, the Retail Price Index (RPI), had reached record levels confounding both economic experts and the government insistence that inflation could be controlled at a level of 2%.

This chapter will set out the key economic factors that UNISON believes should shape the pay award for NHS staff in 2008/9 and will focus heavily on how inflation directly impacts on the workforce's standard of living, the trend in pay settlements across the private and public sector affecting the competitive position of the NHS as an employer and the continued controversy of finances within the NHS itself. We have again used case studies to provide real examples of the financial pressures faced by members and have this year linked expenses to a personal inflation calculator that will explain how in reality the cost of living for some comes at an extremely high price.

2.2 Economic growth

The latest figures show that the UK economy grew at a faster rate than expected in the second quarter of 2007 increasing the chances of further interest rate increases. The Office for National Statistics said that gross domestic product (GDP) rose by 0.8% in the three months to June, signalling its sixth consecutive quarter of above-average growth, ahead of analysts' predictions of 0.7%.

However, according to David Kern, economic advisor to the British Chambers of Commerce, this growth is set to decelerate sharply. Year-on-year GDP growth is forecast to fall from an above-trend 3.1% in Q4 2006 to 2.0% in Q2 and Q3 in 2008.

UK interest rates now stand at 5.75%, after having been increased five times since last August by the Bank of England. The possibility of another rate increase, hinted at by the Bank of England will mean additional pressures on mortgage costs.

2.3 Inflation

The Retail Price Index (RPI) has risen steadily from 2.2% in December 2005 to 4.4% in June 2007. It has been well in excess of 4% every month since December 2006, peaking at 4.8% in March 2007³⁵ before finally dipping to 3.8% in August 2007.

Between December 2005 and June 2007, the RPI excluding mortgage interest payments has shown a similarly strong rise from 2% to 3.3%.

³⁵ National Statistics, June 2007

Over the same period, the Consumer Price Index (CPI) has risen from 1.9% to 2.4%, reflecting the importance of including mortgage interest payments and council tax in line with the RPI to gain a true indication of the actual financial pressures facing NHS staff.

Indeed, it was the Bank of England's own governor, Mervyn King, who was moved to criticise the Treasury for not including mortgage costs in the official inflation target. Speaking to BBC Radio 4's Inside Money programme, King said the CPI was a broad measure of a representative sample of goods and services. However, he admitted the absence of mortgage costs was "surprising". He went on to explain that CPI was meant to be constructed in the same manner in all European countries, although European statisticians had not worked out a way of calculating the cost of housing uniformly across Europe. He concluded by saying that he "wished inflation did include housing..." that again reinforces the strain that NHS staff have felt with rises in housing costs alone.

In line with the findings of the UNISON survey set out later in this report, the main contributors to the surging level of the RPI were housing costs (which rose 10% in the year to June 2007), fares and other travel costs (which rose 8.3%), household goods (5.1%), food (4.8%), tobacco (4.8%) and fuel/light (4.7%).

Treasury and National Statistics data was backed up by the annual Croner Reward Cost of Living Regional Comparisons study, which found that the income a family needs to maintain its standard of living rose by 4% to March 2007, with most of the increase (2.3%) taking place in the final six months³⁶.

The Health Departments of Great Britain made the claim in their 2006 evidence to the Review Body that the increases in inflation that had taken place at the time were temporary. In fact, inflation climbed considerably further and high levels have been sustained over the year since that evidence was lodged³⁷. Similarly, NHS Employers were predicting RPI at 2.4% by the second quarter of 2007, whereas the actual level was 4.5%³⁸.

In reality, the rate of retail price inflation over the first quarter of the 2007/8 financial year was 1.9% in excess of the 2.5% pay award. Extended over the full year, this would represent the biggest decline in the real value of NHS wages in over a decade and comes on top of a relative decline in 2006/7, when RPI outstripped the pay award by around 1.2%.

2.3.1 House prices

The average house price will rise by 40% over the next five years to reach £302,400 according to the latest research published by the National Housing Federation (NHF). It also revealed that the average house price in London will increase to almost half a million pounds by 2012³⁹.

The NHF warned that prices are now almost 11 times average earnings following property inflation of 7.5%. Over the past decade this means that house prices have gone up 156% while during the same period incomes have gone up by only 35%.

³⁶ Croner Reward Cost of Living Regional Comparisons, March 2007

³⁷ Written Evidence from the Health Departments for Great Britain, October 2006

³⁸ NHS Employers' evidence to Nurses and Other Health Professions Review Body 2007/08, September 2006

³⁹ BBC, Aug 07

In England the annual house price inflation rose to 12.8% in the 12 months to August, up from 10.3% on the previous month. In fact, in only seven areas across England do the cheapest homes cost less than four times the average earnings, broadly what a mortgage lender will now lend.

In Wales, according to figures released by the Halifax, the average price of a house was £163,280 and despite this representing a 2.8% fall in Q2 in 2007 it still shows a rise of 116% in the past five years.

In Scotland house prices fell by an average of 2.2% over the first quarter of 2007 but figures published by the Department of Communities and Local Government (DCLG) stated in a recent report that prices still represents a 12.3% increase on the same period in 2006. Once again the region of Lothian boasts the highest average in Scotland at £178,139.

In Northern Ireland the average cost of a house was £215,590 which shows a dramatic increase of 40.1% on the last quarter and an 11.9% increase over the last 12 months.

The Bank of England raised UK interest rates from 5.5% to 5.75% in July, its fifth rate rise since last August. Its Monetary Policy Committee (MPC) has since warned that inflation remains a danger, saying "most indicators of pricing pressure remain elevated". As an alarming consequence the number of people having their homes repossessed has reportedly surged by 30% on the same time last year, according to research conducted by the Council of Mortgage Lenders (CML).

2.3.2 Council tax

The average household experienced a 4.3% increase in council tax from April 2007. The average council tax per dwelling rose to £1,101 in 2007/8 from £1,056 in 2006/⁴⁰. In fact over the past decade, according to a report by the Halifax Building Society the average council tax bill has almost doubled in the past decade. The rise from an average of £550 to almost £1,100 is three times higher than the rate of inflation and twice the increase in average earnings. The tax is now 91% higher than when Tony Blair first took office which compares with retail price inflation rising on the whole by 31%.

2.3.3 Transport

Rail fares that are regulated by the government, including season tickets, rose by an average of 4.3% at the start of 2007. The remaining 60% of fares, including tickets bought on the day, rose by nearly twice that amount⁴¹. On many lines this represents the fourth successive year in which tickets have risen by more than inflation.

⁴⁰The Guardian Business, March 2007

⁴¹Telegraph, Jan 2007

2.3.4 Energy

Successive price rises between 2003 and 2006 saw average domestic gas bills rise by 94% and average electricity bills by 60%. The biggest surge in the trend came in the year to October 2006, when energy prices rose almost 30%. This led to average household energy bills breaking the £1,000 barrier in 2006. Even though price reductions have since taken place, bills are still expected to stand at £928⁴².

Similarly, the cost of petrol for consumers in June 07 stood at just 1.5p shy of the record high of 98.54p per litre established in August 2006⁴³. Increases in fuel duty that came into effect in October pushed the price of diesel up to around £1 a litre.

2.3.5 Water

In April 2007, the average household water and sewerage bill went up £20. The rise, which was well in excess of inflation at 7%, brought the average bill to a record high of £312⁴⁴. No less than 23 of the 24 water suppliers have raised their water prices this year. Customers expected to suffer most are those with South West Water, which will raise its prices by over 10% and Thames Water, which could increase its bills by up to 50% in the next 10 years if plans for a new £2 billion sewerage system in London come to fruition.

2.3.6 Food

In June 2007, food inflation was running at 5% higher than the growth in wages⁴⁵. Prices for all kinds of food, including staples, have risen in line with stronger global demand for agricultural raw materials. For instance, over the year to June 2007, the price of a loaf of bread in UK shops has risen 15%, the supermarket price of milk has gone up 11%, eggs have gone up almost 18%, butter has gone up 5% and meat 6%, all above the general rate of inflation⁴⁶.

The annual Croner Reward Cost of Living Regional Comparisons study found even stronger price rises, with carrots up 24%, potatoes 22% and tomatoes 22%.

2.3.7 Childcare

A study produced by the Daycare Trust found that the average cost of placing a child aged under two in a nursery in England rose almost 6% to £152 per week in the year to January 2007 from £144 the previous year⁴⁸.

In some parts of the country, particularly London and the South East, the cost of a nursery place is much higher – typically £205 a week in Inner London and £180 a week in the South East.

Typical weekly costs for a full-time nursery place for a child under two in Scotland is £146 and in Wales it is £131.

⁴² *A Social Responsibility?*, Energywatch, May 2007

⁴³ AA, June 2007

⁴⁴ OFWAT, April 2007

⁴⁵ Telegraph, June 2007

⁴⁶ BBC, July 2007

⁴⁸ *Childcare Survey*, Daycare Trust, January 2007

The most startling summary of childcare costs comes from Emma Knights, Joint-Chief Executive of the Daycare Trust who stated that “parents in this country pay for 75% of childcare costs whereas some other European countries pay between 15-25% with the government paying the rest”. This highlights the fact that despite some positive steps made by the government towards access to childcare places, the increasing costs are particularly hitting lone parents and low income families hardest and, in the case of NHS staff with children, making a second job almost essential to meet such costs.

2.4 Pay deals

In the three months to the end of June 2007 over a third of pay deals were for wage rises above 4% and around a quarter were at or above the level of RPI inflation. The median pay settlement during that time stood at 3.5⁴⁹.

Over a longer timeframe, the Office of National Statistics found that average earnings across the economy rose 3.4% in the year to April 07.

2.4.1 Private sector

However, within the general figures it is clear that public sector staff are losing ground to the private sector as private deals show a much greater tendency to respond to the high level of RPI inflation.

For instance, the Industrial Relations Services (IRS) pay databank reports that private sector awards have been consistently outpacing public sector awards throughout 2007. For instance, in the three months to the end of June 2007, private sector pay settlements stood 0.3% above the median for the whole economy⁵⁰.

In 2006, average earnings in the private sector rose faster than in the public sector every month after January⁵¹.

The trend is set to continue, with Incomes Data Services anticipating that private sector pay settlements will mostly range between 3.5% and 4% in 2007 and average earnings growth in the private sector will grow at 4.5%. Therefore, the government 2% target limit on public sector pay would place the public sector at half the private level of pay growth.

2.4.2 Public sector

Even within the public sector, it is clear that 2006 pay increases left NHS staff at a disadvantage compared to many comparable areas, particularly central government. For instance, 1.3 million local government workers received 2.95%, Fire Service staff 2.7%, the police force 3%, Department of Works and Pensions staff 3%, Revenue and Customs staff 5.35%, Home Office staff 3.5% and MoD staff 3.5%.

In fact, the median settlement among 38 civil service pay increases during 2006 was 3.5%.

⁴⁹ IDS Pay Report, July 2007

⁵⁰ www.xperthr.co.uk

⁵¹ *Pay in the Public Services 2007*, IDS, March 07

Slippage in the NHS position is also reflected in the Annual Survey of Hours and Earnings comparison of wages among five key public sector workers (teachers, police officers, firefighters, social workers and nurses), which has seen nurses slip back into last place since 2003.

2.4.3 Long-term deals

The IRS Pay Databank found that a quarter of deals in the three months to the end of June 2007 were long-term deals. Over half of those stood at 4% or above and the majority were linked to RPI inflation.

Long-term pay deals have been reached at such organisations as Anglian Water, Western Power Distribution, Barclays Bank, BaE Systems, the Department for Works and Pensions, the Fire Service, Home Office and Scottish Executive, along with joint negotiating councils for local government, higher education and school staff.

Most are either fully linked to RPI, offer a RPI plus X% deal or afford some protection to staff from the impact of big rises in inflation by offering a formula along the lines of either X% or RPI.

Long-term fixed pay increases for 2007 range from 2.25% for school teachers in Scotland to 5% at the Joint Industrial Board for Electrical Contracting⁵².

2.5 NHS finances

The published NHS accounts revealed in June 2007 that the organisation had swung from a net deficit of £512m in 2005/6 to a net surplus of £510m a year later.

The gross deficit shrank from £1.3bn to £911m down while the gross surplus rose to £1.42bn. In addition, the proportion of NHS organisations fell from 33% to 22% .

The returns for the first quarter of this financial year have shown an even heavier swing toward surplus, with the NHS forecasting an overall surplus of £983m by the end of the financial year .

Of the 341 NHS organisations only 22 are not forecasting to be in balance or surplus this year compared to 81 in 2006/7. This means that there is now a combined forecast gross deficit of £204m compared with a gross deficit of £911m in 2006/7.

Even last year, when the NHS was facing an overall deficit, NHS Employers acknowledged in their evidence that “staffing issues have not been a major factor” in deficits “except in a few organisations where expenditure on temporary staffing has run over budget”

NHS funding has grown from £34.7bn 1997/8 to £84.4bn in 2006/7 at an average annual real term growth rate of 6.3% and every NHS organisation received an above inflation increase in funding for 2006/7 and 2007/8⁵⁶.

⁵² *Long term pay deals*, IDS, Oct 06

⁵³ *NHS Financial Performance Quarter Four 2006/7*, DoH, July 2007

⁵⁴ *The Quarter*, David Flory, Director General for NHS Finance, Performance and Operations, August 2007

⁵⁵ *NHS Employers' evidence to Nurses and Other Health Professions Review Body 2007/08*, September 2006

⁵⁶ *Government's Response to the Health Select Committee's Report on NHS Deficits*, February 2007

Similarly, tariff reference prices under Payment by Results for pay, prices and reform rose 2.5% for 2007/8. Therefore, contrary to the assertion by NHS Employers that “it was unlikely to exceed the target rate for CPI,” the NHS received a 0.5% rise above the target CPI rate set by the government⁵⁷.

2.6 Conclusion

The RPI surged upwards throughout 2006 and has been running at well over 4% during the great majority of 2007, eating heavily into the value of staff wages.

New deals struck during 2007 have reflected the reality of high inflation and the private sector has been particularly quick to respond to these changes by offering pay settlements that go some way to compensating for the extra costs faced by employees to maintain their standard of living.

However, the government’s 2% proposed limit to public sector pay would impose a straitjacket that year on year effectively imposes a pay cut in NHS staff, leaving the service less and less competitive in attracting skilled, high-calibre staff.

UNISON does not believe that “wage drift” resulting from implementation of Agenda for Change can in any way take the place of an adequate pay rise. As stated by Incomes Data Services in research for the Office of Manpower Economics, “those elements of pay systems that the government regards as producing ‘drift’ might more properly be seen as ‘drive,’ since far from being accidental, they are intended to reward employees for applying extra knowledge and skills, thereby providing their employer with additional flexibility.”

NHS Employers emphasised the NHS deficit heavily in their evidence to the review body last year in arguing for a very limited pay rise. It is now equally clear that greater scope has opened up to deliver the pay rise staff deserve.

2.7 Economic case studies

2.7.1 Introduction

This chapter has assessed the increasing costs associated with inflation and highlights some general material factors affecting the cost of living. The following case studies are presented to look at specific examples of how these changes have affected NHS staff and demonstrate how the most recent pay uplift is offset by increased personal expenditure.

After reflecting on the review body’s comments last year we have also assessed personal inflation calculations that will directly show individual inflation rates for the past year compared to the national rate. This additional information is used to input onto the National Statistics online personal inflation calculator and it is here that the true severity and economic hardship is displayed, further demonstrating how staff working in the NHS are struggling to come to terms with cost of living increases.

⁵⁷ NHS Employers’ evidence to Nurses and Other Health Professions Review Body 2007/08, September 2006

2.7.2 Case study 1

Name: Caroline

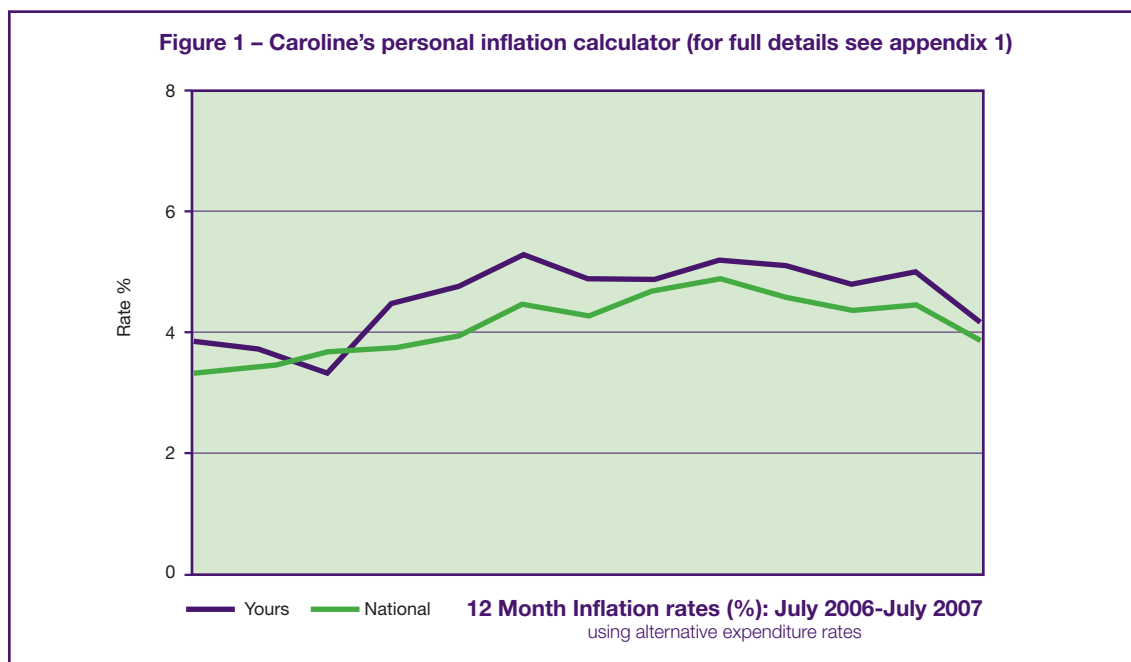
Job title: Nurse, ICU

Pay band: 5

The impact of interest rate increases has hit Caroline with her mortgage payments rising by 3% over the year and with council tax rising by over 5% this means an additional £15 per month on housing costs.

However, it is food, energy and transport costs that have had the biggest impact over the last 12 months. Electricity and gas bills have risen by over 26% with transport costs and petrol expenditure increasing by 29% and 18% respectively. This ensures Caroline is spending nearly £50 extra a month on these three factors alone.

The other main expense for a working mother with a family is food and despite changing shopping habits to try and accommodate any price increases, the yearly shopping bill has still risen by 20%.



2.7.3 Case study 2

Name: Tracy

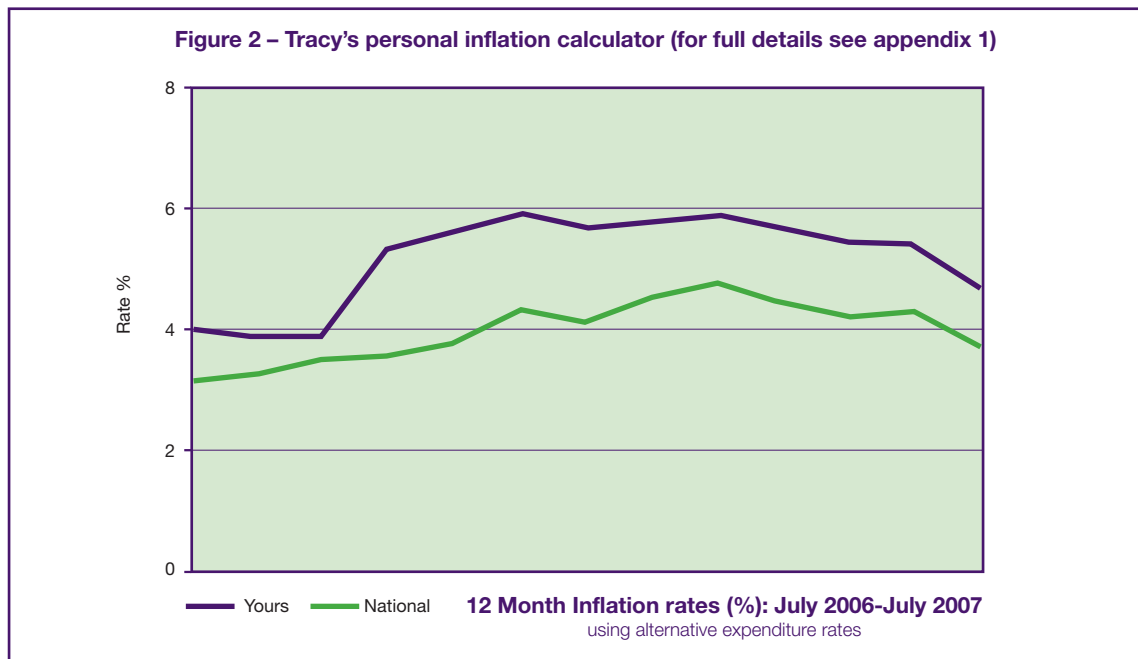
Job title: PTB sector

Pay band: 4

Despite her rent remaining at the same level as 12 months ago Tracy has found that due to other financial pressures and living in a high cost area in the South East of England she is forced to stay in a house too small for a growing family.

Her council tax has increased from £36 a moth to £92 a month, a rise of 155%. Water rates have also risen by 33% and while energy bills have risen less than other parts of the country they have still risen by 13%.

Petrol consumption for work and family is affected by a 14% rise in prices but it is the childcare and food increases that constantly place huge demands on the family with the childcare costs increasing from £559 a month to £591, up 6% with food expenditure rising by 20%.



2.7.4 Case study 3

Name: Iain

Job title: Nursing assistant, Scotland

Pay band: 3

While Iain has only seen a marginal increase in his council tax of 3%, his rent has risen by nearly 10% and electricity bills are now up from on average £45 a month to £80 a month, an increase of 78%.

The price of petrol and cost of running a car are now so great that Iain can no longer afford to run a car but with rail fares and tickets having gone up by 19% travel costs are still expensive.

Food and insurance have both increased by between 18-20% but it is the cost of uniforms that also places extra burden on expenditure. Despite the NHS providing a clothing allowance, the £40 per year received is far from adequate to cover Iain's costs and he therefore has to spend the equivalent of nearly £200 extra just to be able to do his job.

2.7.5 Case study 4

Name: Lucia

Job title: Health care assistant, Northern Ireland

Pay band: 3

For a working mother two of the most important factors affecting the standard of living will be childcare and food costs and both have risen substantially for Lucia. Her childcare costs have risen by 25% and food prices have risen by 20%.

Her biggest increases follow a similar path to the other case studies with mortgage rising by 8% and council tax by nearly 16%. Transport costs and getting to work have also seen dramatic rises with petrol costs going up by 50% and parking costs going from £17 a month to £30 a month, an increase of 76%.

Other seemingly hidden costs such as phone bills and house insurance have risen between 10-20% and all the above changes have resulted in Lucia's outgoings going up by approximately £120 every month.

Chapter Three - Former PNC Staff Groups

3.1 Introduction

This chapter deals with the staff groups which were formerly covered by the Agenda for Change Pay Negotiating Council (PNC).

Staff groups covered by the PNC included the following:

- Ancillary, maintenance and estates staff (eg cleaners, porters, catering, domestics, electricians, plumbers, builders);
- Administrative and clerical (eg medical secretaries, ward clerks, library services staff);
- Administrative managers⁵⁸;
- IM&T (eg analysts, technicians);
- HR (eg assistants, advisors);
- Finance (eg accountants, invoice clerks, salaries and wages staff)
- Chaplains.

These staff groups are now part of the expanded Review Body which was renamed the NHS Pay Review Body (NHSPRB) to reflect these changes.

Traditionally, these staff groups are the “hidden” workforce vital to the maintenance, effectiveness and success of the NHS but rarely receiving the same public acknowledgement as that of “front line” staff. Consequently, these staff groups are frequently seen as a “soft” target and are often the victim of cost improvement measures, reorganisation/restructuring and in the past have had least access to career development although it is hoped that the Knowledge and Skills Framework (KSF) will address their development needs in the future.

UNISON is the main union representing the PNC staff groups and is instrumental in influencing policy and service design at local, regional, national and international level. We work with government and NHS employers as well as other international organisations and unions to shape healthcare policy.

In UNISON PNC staff groups are represented by occupational sectors (currently based on the old Whitley definition) which through its membership reflect the four countries dimension. We also have members in the private and voluntary sector many of whom mirror NHS staffs’ pay and terms and conditions and are therefore directly affected by any pay awards.

The PNC staff groups account for over one quarter of all health workers in the NHS. In the latest data⁵⁹ obtained from the Information Centre it shows that there are 357,993⁶⁰ staff (England) in PNC staff groups. Figure 1 provides a breakdown of this group of staff. Due to the way in which data was collected by the Information Centre from NHS trusts/employers some staff which were traditionally within the ancillary and admin and clerical staff groups appear in

⁵⁸ It is unclear from the OME website if Administrative Managers includes the former Senior Managers. For the purpose of this chapter, Senior Managers are not included in the evidence as they have been covered in the general body of evidence

⁵⁹ Data obtained on 17th August 2007 based on NHS Hospital and Community Health Services Non Medical Workforce Census – England 30 Sept 2006 – The Information Centre (April 2007), Leeds

⁶⁰ Figure includes Managers/Senior Managers

other categories ie support worker, maintenance and works and manager and therefore it is difficult to be precise with the figures. However, as can be seen from the table below admin and clerical are the largest group (63%⁶¹) followed by ancillary - maintenance and works + support worker (27%).

Figure 1. Workforce numbers for PNC staff groups

England as September 2006	Headcount	Full Time Equivalent
Clerical and administrative	224,302	185,947
Support worker	86,011	64,889
Maintenance and works	10,929	10,487
Manager	26,096	24,782
Senior manager	10,655	10,258
Total	357,993	296,363
<small>Source: The Information Centre for health and social care 2006 Non-Medical Workforce Census © 2007 The Information Centre</small>		

For the purpose of our evidence we shall be referring to admin and clerical staff (A&C) and ancillary staff (ANC). For clarity in terms of the Information Centre categories A&C staff include the clerical and administrative and manager categories and ANC staff include the maintenance and works and support worker categories.

To supplement this evidence and also to clearly illustrate the aims and aspirations of this group of staff we have included case studies which demonstrate the impact that pay can have on staff and how this is offset against the rise in the cost of living and inflationary pressures.

The economic arguments and the impact of Agenda for Change have been covered elsewhere but if relevant we will reference how they impact upon these particular staff groups.

3.2 Pay

In the past few years although pay determination for this group of staff has been through a process independent of the Review Body, pay settlements have tended to mirror those of Review Body awards and in particular percentage based increases.

UNISON is in favour of “mixed” pay awards/settlements comprising both a flat rate and a percentage based increase. Percentage based increases applied alone to pay scales in terms of disposable income have a disproportionate effect on low paid staff when taking in to account cost of living increases. Cost of living increases apply equally to everyone but percentage based pay increases enable higher paid staff to accommodate such increases with less effect on their standard of living than lower paid staff. Pay differentials are also maintained.

Flat rate increases applied to the lower pay bands help to reduce existing differentials and also enable lower paid staff to absorb the impact of cost of living increases more favourably.

⁶¹ This rises to 70% when the “Manager” category is included

UNISON is of the view that for pay bands 1-3 a flat rate increase should be applied equivalent to any percentage based increase to pay point 14 (this is the first pay point above band 3). It is worth noting that, in this year's pay settlement, the government acknowledged our arguments for a flat rate increase and applied a flat rate of £400 to pay points 1-7 along with £38 on top of the percentage increase to pay points 8-18.

To illustrate how a flat rate increase would work we have included examples both below in Figure 2 and in Appendix 2. The rates chosen are arbitrary and purely for illustrative purposes only, no reference should be drawn from them.

Table 2 shows an overall 4% increase in salaries and how this would be applied as a flat rate increase on bands 1-3.

Column 2 shows annual salaries based on the 2007 pay offer. Column 7 shows what a 4% increase across the board would represent and column 8 details the revised annual salaries.

A flat rate based on the percentage increase at pay point 14 equals £716. When applying this figure or 4% (whichever is greater) column 13 shows the value of the increase and column 14 shows the revised annual salaries. The effect of the flat rate increase in terms of the value of annual salary measured against an increase of 4% across the board is shown in column 21. This shows a comparative uplift of £229 at pay point one and £26 at pay point 13.

Columns 3 and 4 show the difference of the preceding pay point in £ value and percentage difference respectively for the base salary (column 2) whilst columns 9 and 10 and columns 15 and 16 show the same information but based on a percentage increase and a flat rate increase respectively. When you compare columns 9 with column 15 and column 10 with column 16 you can see that a flat rate has a levelling effect on the differences between pay points as can be seen in column 22 where the variance is a negative percentage figure.

Columns 5, 11 and 17 show the relationship in £ value between band 1 pay point 1 and the lowest pay point in bands 2-9. So in column 5 the difference between band 1 and band 9 is £59,464 using the base salary (column 2). This rises to £61,843 with the 4% increase and with the flat rate increase the figure is slightly less at £61,614.

In columns 6, 12 and 18 there is a similar comparison but this time in terms of band percentage difference. Using the same bands as before the percentage difference between band 1 and band 9 is 488.13% using the base salary. It stays the same for the 4% increase but reduces to 477.70% with a flat rate increase.

Column 23 shows the band percentage difference variance which compares a percentage based increase with a flat rate increase. This shows an overall reduction in the band gap percentage when you use the flat rate increase method. The significance of these figures is that with a percentage based increase alone the £ value gap increases even though the percentage difference stays the same, so in real terms the gap widens. Using a flat rate increase still sees the gap widen in £ value but by a lesser amount and the percentage difference reduces as well.

In addition to the levelling effect these figures also demonstrate that a flat rate increase does not cause an earnings detriment to those who only get the percentage part of a mixed pay settlement.

Finally columns 19 and 20 show the band £ value for a percentage based increase and a flat rate increase compared with the base salary. Again the flat rate method shows a levelling effect.

Overall then, a flat rate increase based on a percentage increase monetary value applicable to pay point 14 and applied to pay bands 1-3 will benefit lowest paid staff more significantly than a percentage based increase alone. In real terms both methods see the £ value gap increase but the flat rate method has a levelling effect when compared with a percentage increase alone and so the gap is less. Equally a flat rate increase reduces the percentage pay differential between the lowest and highest bands whereas a percentage increase maintains the differentials.

Figure 2: 4% Flat rate increase applied to bands 1-3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Pay point	Pay scale based on 2007 pay offer	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference (bottom pp compared to ppt)	Band % difference (bottom pp compared to ppt)	4% pay increase	4% added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference (bottom pp compared to ppt)	Band % difference (bottom pp compared to ppt)	Flat rate increase £716 pp 1-13 -4% pp 14-56	Flat rate at pp 14 (£716) added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference (bottom pp compared to ppt)	Band % difference (bottom pp compared to ppt)	Column 11 - Column 5 - £	Column 17 - Column 5 - £	Annual Salary difference - £	PP % difference variance	Band % difference variance
1	12182	0	0.00	0	0.00	487	12669	0	0.00	0	0.00	716	12898	0	0.00	0	0.00	0	0	229	0.00	0.00
2	12577	395	3.24	395	3.24	503	13080	411	3.24	411	3.24	716	13293	395	3.06	395	3.06	16	0	213-	0.18	-0.18
3	12914	337	2.68			517	13431	350	2.68			716	13630	337	2.54					199	-0.14	
4	13253	339	2.63			530	13783	353	2.63			716	13969	339	2.49					186	-0.14	
5	13647	394	2.97			546	14193	410	2.97			716	14363	394	2.82					170	-0.15	
6	14042	395	2.89			562	14604	411	2.89			716	14758	395	2.75					154	-0.14	
7	14437	395	2.81	2255	18.51	577	15014	411	2.81	2345	18.51	716	15153	395	2.68	2255	17.48	90	0	139	-0.14	-1.03
8	14945	508	3.52			598	15543	528	3.52			716	15661	508	3.35					118	-0.1	
9	15523	578	3.87			621	16144	601	3.87			716	16239	578	3.69					95	-0.18	
10	15870	347	2.24			635	16505	361	2.24			716	16586	347	2.14					81	-0.10	
11	16332	462	2.91			653	16985	480	2.91			716	17048	462	2.79					63	-0.13	
12	16853	521	3.19	4671	38.34	674	17327	542	3.19	4858	38.34	716	17969	521	3.06	4671	36.21	187	0	42	-0.13	-2.13
13	17257	404	2.40			690	17947	420	2.40			716	17973	404	2.30					26	-0.10	
14	17892	635	3.68			716	18608	660	3.68			716	18608	635	3.53					0	-0.1	
15	18528	636	3.55			741	19269	661	3.55			741	19269	661	3.55					0	0.00	
16	19105	577	3.11			764	19869	600	3.11			764	19869	600	3.11					0	0.00	
17	19683	578	3.03	7501	61.57	787	20470	601	3.03	7801	61.57	787	20470	601	3.03	7572	58.71	300	71	0	0.00	-2.87
18	20261	578	2.94			810	21071	601	2.94			810	21071	601	2.94					0	0.00	
19	20801	540	2.67			832	21633	562	2.67			832	21633	562	2.67					0	0.00	
20	21494	693	3.33			860	22354	721	3.33			860	22354	721	3.33					0	0.00	
21	22187	693	3.22			887	23074	721	3.22			887	23074	721	3.22					0	0.00	
22	22823	636	2.87			913	23736	661	2.87			913	23736	661	2.87					0	0.00	
23	23458	635	2.78	11276	92.56	938	24396	660	2.78	11727	92.56	938	24396	660	2.78	11498	89.15	451	222	0	0.00	-3.41
24	24384	926	3.95			975	25359	963	3.95			975	25359	963	3.95					0	0.00	
25	25423	1039	4.26			1017	26440	1081	4.26			1017	26440	1081	4.26					0	0.00	
26	26463	1040	4.09			1059	27522	1082	4.09			1059	27522	1082	4.09					0	0.00	
27	27388	925	3.50			1096	28484	962	3.50			1096	28484	962	3.50					0	0.00	
28	28313	925	3.38	16131	132.42	1133	29446	962	3.38	16776	132.42	1133	29446	962	3.38	16548	128.30	645	417	0	0.00	-4.1

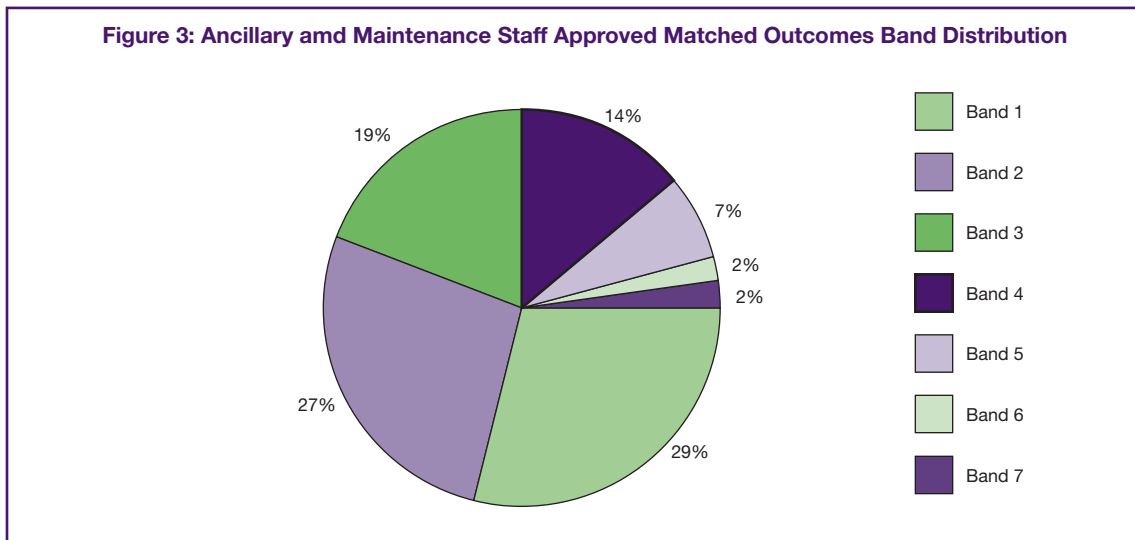
Figure 2: 4% Flat rate increase applied to bands 1-3 (continued)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Pay point	Pay scale based on 2007 pay offer	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference (bottom pp compared to pp 1)	Band % difference (bottom pp compared to pp 1)	4% pay increase	4% added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference (bottom pp compared to pp 1)	Band % difference (bottom pp compared to pp 1)	Flat rate increase £716 (14,877.6) added to salary pp 14-56	Flat rate of pp added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference (bottom pp compared to pp 1)	Band % difference (bottom pp compared to pp 1)	Column 11 - Column 5 - £	Column 17 - Column 5	Annual Salary difference - £	pp % difference variance	Band % difference variance
29	29237	924	3.26			1169	30406	961	3.26			1169	30406	961	3.26					0	0.00	
30	30276	1039	3.55			1211	31487	1081	3.55			1211	31487	1081	3.55					0	0.00	
31	31779	1503	4.96			1271	33050	1563	4.96			1271	33050	1563	4.96					0	0.00	
32	32704	925	2.91			1308	34012	962	2.91			1308	34012	962	2.91					0	0.00	
33	33744	1040	3.18			1350	35094	1082	3.18			1350	35094	1082	3.18					0	0.00	
34	34899	1155	3.42			1396	36295	1201	3.42			1396	36295	1201	3.42					0	0.00	
35	36113	1214	3.48			1445	37558	1263	3.48			1445	37558	1263	3.48					0	0.00	-5.26
36	37326	1213	3.36			1493	38819	1262	3.36			1493	38819	1262	3.36					0	0.00	
37	38828	1502	4.02			1553	40381	1562	4.02			1553	40381	1562	4.02					0	0.00	
38	40330	1502	3.87			1613	41943	1562	3.87			1613	41943	1562	3.87					0	0.00	
39	42064	1794	4.30			1683	43747	1803	4.30			1683	43747	1803	4.30					0	0.00	-6.12
40	43335	1271	3.02			1733	45068	1322	3.02			1733	45068	1322	3.02					0	0.00	
41	45531	2196	5.07			1821	47352	2284	5.07			1821	47352	2284	5.07					0	0.00	
42	48073	2542	5.58			1923	49996	2644	5.58			1923	49996	2644	5.58					0	0.00	
43	50616	2543	5.29			2025	52641	2645	5.29			2025	52641	2645	5.29					0	0.00	-7.37
44	52001	1385	2.74			2080	54081	1440	2.74			2080	54081	1440	2.74					0	0.00	
45	54313	2312	4.45			2173	56486	2404	4.45			2173	56486	2404	4.45					0	0.00	
46	56866	2543	4.68			2274	59130	2645	4.68			2274	59130	2645	4.68					0	0.00	
47	60669	3813	6.71			2427	63096	3966	6.71			2427	63096	3966	6.71					0	0.00	-8.83
48	62402	1733	2.86			2496	64898	1802	2.86			2496	64898	1802	2.86					0	0.00	
49	65002	2600	4.17			2600	67602	2704	4.17			2600	67602	2704	4.17					0	0.00	
50	68180	3178	4.89			2727	70907	3305	4.89			2727	70907	3305	4.89					0	0.00	
51	71646	3466	5.08			2866	74512	3605	5.08			2866	74512	3605	5.08					0	0.00	-10.43
52	75113	3467	4.84			3005	78118	3606	4.84			3005	78118	3606	4.84					0	0.00	
53	78718	3605	4.80			3149	81867	3749	4.80			3149	81867	3749	4.80					0	0.00	
54	82497	3779	4.80			3300	85797	3980	4.80			3300	85797	3980	4.80					0	0.00	
55	86458	3961	4.80			3458	89916	4119	4.80			3458	89916	4119	4.80					0	0.00	
56	90607	4149	4.80			3624	94231	4315	4.80			3624	94231	4315	4.80					0	0.00	

3.3 Pay band distribution

Traditionally, ANC staff have always been some of the lowest paid workers in the NHS. There is no data currently available that directly shows the number of staff in each pay band. However from an historical perspective it is generally accepted that the bulk of this staff group are distributed across bands 1-3 of the Agenda for Change pay scale which in terms of pay gives a starting salary of £12,182 rising to £13,253 for band 1, £12,577 rising to £15,523 for band 2 and £13,873 rising to £17,257 for band 3^{62 63}. Hourly rates are £6.23-£6.78 for band 1, £6.43-£7.94 for band 2 and £7.09-£8.83 for band 3.

In data provided by the Computer Assisted Job Evaluation (CAJE) Software for Agenda for Change it is possible to see the band distribution (Figure 3⁶⁴) resulting from Approved Matched Outcomes. As you can see in the table below the biggest proportion (75%) of outcomes are in bands 1-3 which while not a headcount does give an indicator as to where the bulk of staff are most likely banded.



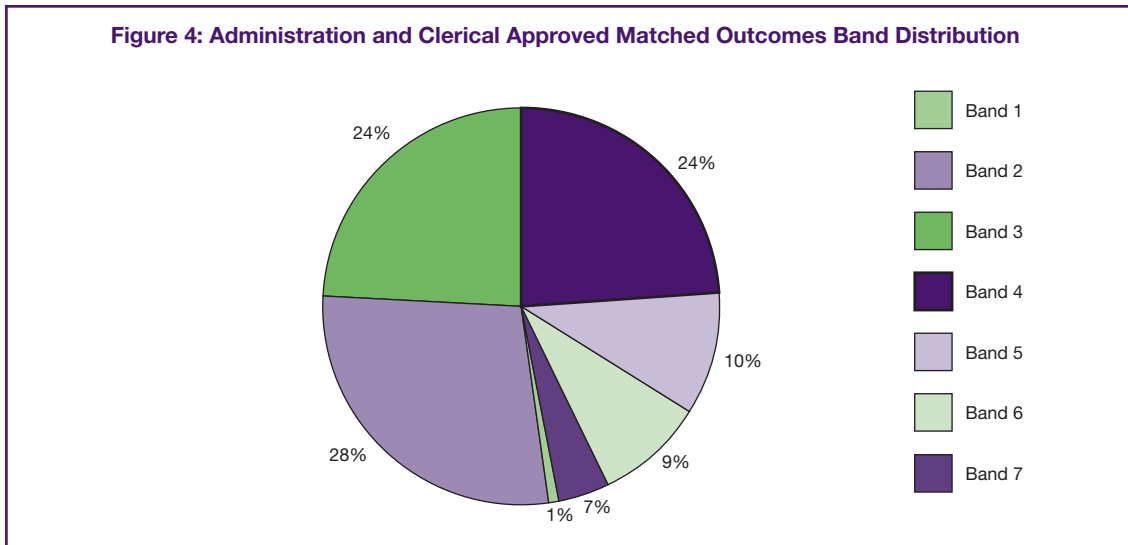
The A&C staff group covers a very diverse and wide range of jobs spanning virtually the entire pay band range. Again it is not possible to give exact numbers where the bulk of A&C staff are banded but traditionally they have been in the lower/middle end of the pay scales mainly around bands 2-6 with smaller numbers of staff either side in band 1 and bands 7/8. As with the ANC staff it is possible using the CAJE data to illustrate how the A&C Staff group based on Approved Matched outcomes is distributed across the pay bands.

⁶² Figures are based on pay spines uplifted by the proposed full year effect of the 2007 pay award/offer which at the time of writing was still subject to agreement.

⁶³ The starting salary for Band 3 is a transitional point due to expire in October 2007.

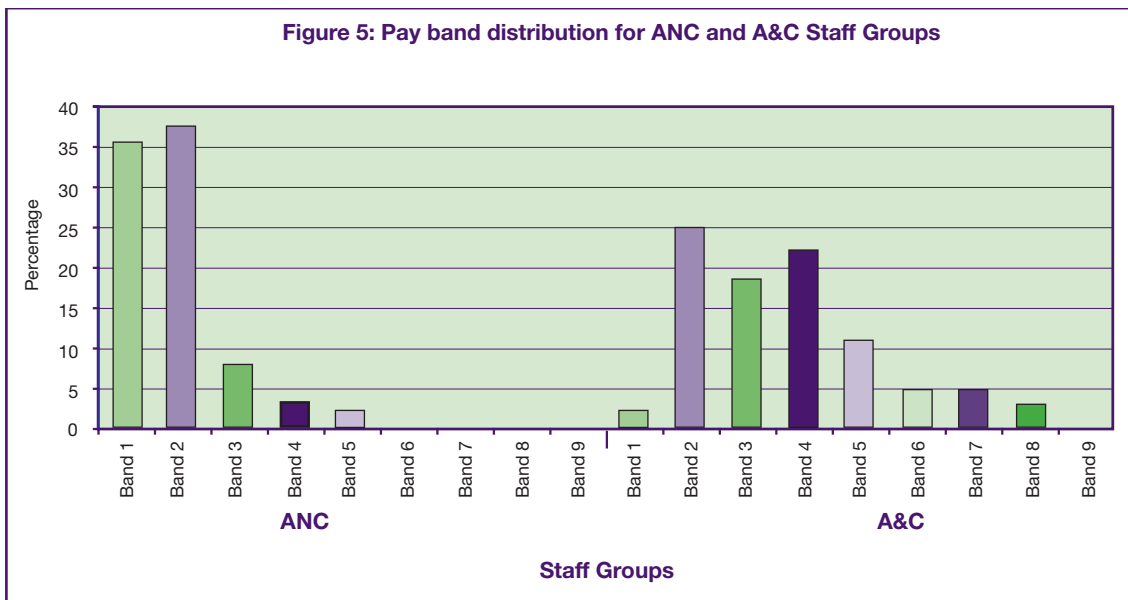
⁶⁴ Table is derived from the CAJE data by aggregating values for Job Families covered by the ANC Staff Group.

Figure 4⁶⁵ shows that 76% of outcomes are in bands 2-4 rising to 95% when including bands 5 and 6, again, though not a headcount these results would generally fit in with where staff are most likely banded.



In terms of pay for bands 2-6 then starting salary for band 2 would be £12,577 rising to £15,523, £13,873 rising to £17,257 for band 3, £16,101 rising to £20,261 for band 4, £18,528 rising to £25,423 for band 5 and £22,535 rising to £31,779 for band 6^{66 67}. Hourly rates are £6.43-£7.94 for band 2 and £7.09-£8.83 for band 3, £8.23-£10.36 for band 4, £9.48-£13.00 for band 5 and £11.52-£16.25 for band 6.

A similar band distribution pattern is also evidenced from results in UNISON's Health Group Pay Survey 2007 see Figure 5 below.



⁶⁵ Table is derived from the CAJE data by aggregating values for Job Families covered by the A&C Staff Group capped at Band 7 as Band 8 should be covered by Senior Managers

⁶⁶ Figures are based on pay spines uplifted by the proposed full year effect of the 2007 pay award/offer which at the time of writing was still subject to agreement

⁶⁷ Starting salary point for Bands 3-6 based on a Transitional point due to expire in October 2007

3.4 Pay patterns

According to the Office for National Statistics in their Economic & Labour Market Review⁶⁸ using data based on the Annual Survey of Hours and Earnings 2006 (ASHE) the median gross annual earnings of all full time employees for the 2005/06 tax year was £23,600. In pay band terms, even with figures based on a pay award/offer yet to be finalised this means that pay bands 1-4 fall below the median value, in the worst case (band 1, pay point 1) by £11,418 and the best case (band 4, pay point 18) £3,339. Staff in band 5 would need to be on their 10th increment pay point 24) to pass the median value and staff in band 6 need to be on their 2nd increment to do the same.

3.5 Low income threshold

The government has resisted calls to research the amount needed to meet a “minimum income standard” using instead the most commonly used threshold of income poverty which is 60% of median income. Using the figures above this would mean that NHS staff earning salaries below £14,160 (60% of median income) could be classified as on poverty income. To this end staff in bands 1, 2 and 3 below pay point 7 would fall in to this category with a difference of £1,978 at the bottom of band 1 and £118 at pay point 6 (£287 for band 3 staff on transitional point).

While hourly rates in the NHS remain above the National Minimum Wage, currently £5.35 (rising to £5.52 in October 2007), UNISON supports the concept of a “living wage”. The calculation for a living wage is based upon the minimum income needed by a family or individual to ensure a healthy diet, material security, social participation and a sense of control.

The Family Budget Unit currently calculates that the amount a worker needs an hour to achieve a living wage without recourse to in-work benefits is £7.74 for a two earner family with two children. The Greater London Authority’s Living Wage Unit says that a worker in London taking advantage of their full entitlement to tax credits and benefits would need to earn £7.20 an hour to avoid poverty. UNISON’s current position is for a minimum wage of £6.75. Using the UNISON target this would mean that staff in pay points 1-3 (most of band 1 and first two pay points of band 2) would fall below that threshold and if we use the Family Budget Unit figure then pay points 1-8 (All of band 1, most of band 2 and the first 3 pay points of band 3) fall below the £7.74 figure.

To achieve the UNISON hourly rate of £6.75 would require an 8.35% increase on pay point one⁶⁹. If band 1 were abolished then a 4.98% increase to pay point 2 would achieve the UNISON figure. As a flat rate increase based on a percentage increase value at pay point 14 (£473 = full year effect inc. £38) then it would mean a 7.65% increase on pay point 1 or 4.33% if band 1 were abolished.

UNISON believes that abolition of Band 1 is a necessary step towards achieving its “living wage” target.

⁶⁸ *Economic & Labour Market Review*, Vol. 1, No.2, February 2007 – Office for National Statistics, Newport

⁶⁹ Salary scales based on this years pay award/offer being accepted.

Band 1 itself is virtually redundant as there is only one pay point before it overlaps with band 2 and the majority of staff are on the top increment (pay point 4) already. Abolition would mean a minimum hourly rate of £6.43. UNISON recognises that the restructuring of the Agenda for Change pay bands and the impact upon job profiles is not within the remit of the Review Body but includes the argument for reference to the wider debate on income poverty.

3.6 UNISON Pay Survey 2007

UNISON carried out its largest ever members pay survey across all NHS staff groups. From the data obtained it is possible to identify staff groups covered by the PNC umbrella. Of all survey respondents, those covered by the former PNC represented 33% (608) of the total with 68% of this group having worked in the NHS ranging from 6 to 15+ years.

Within the PNC category when members were asked “Compared to 12 months ago, how do you feel your pay has changed relative to the cost of living?” 60% of A&C staff and 62% of ANC staff stated they were worse off. Only 5% and 8% respectively stated they were better off.

Members were asked the question “Compared to 12 months ago, how do you feel your pay has changed relative to the cost of the following aspects of your expenditure?” The areas of expenditure covered basic everyday areas of expenditure such as fuel and energy costs, council tax, food, mortgage/rent, transport, etc., Figure 6 below shows the outcomes.

As can be seen, in all expenditure categories the majority of members in both staff groups felt they were worse off now compared to 12 months ago. Very few (max. 3%) felt they were better off. These expenditure items are unavoidable costs and core expenditure for low paid workers and the results illustrate the impact of the above wage growth increases in these core expenditure items as discussed in chapter 2.

Figure 6: “Compared to 12 months ago, how do you feel your pay has changed relative to the cost of the following aspects of your expenditure?”

	Better off		Worse off		Neither better off nor worse off		Not stated	
	ANC	A&C	ANC	A&C	ANC	A&C	ANC	A&C
Fuel & Energy	3%	2%	72%	75%	15%	19%	10%	4%
Transport	0%	2%	56%	59%	29%	30%	15%	9%
Mortgage/Rent	1%	2%	51%	53%	32%	33%	16%	12%
Council Tax	1%	1%	77%	73%	16%	21%	6%	5%
Childcare	1%	1%	9%	9%	33%	47%	57%	43%
Food	2%	3%	55%	55%	32%	36%	11%	6%
Water	1%	1%	57%	54%	27%	35%	15%	10%
Car park charges at work	2%	1%	34%	29%	29%	45%	35%	25%

Source: UNISON Health Group Pay Survey 2007 – PNC Sample, UNISON, London

In a further question UNISON asked if staff were dependent on additional payments such as overtime, unsocial hours etc. to sustain their standard of living. For ANC staff just under half (47%) were dependent upon overtime whilst nearly a third (29%) were dependent upon unsocial hours. For A&C staff the figures were 14% and 7% respectively. In terms of paid overtime 25% of ANC staff worked up to five hours overtime in a typical week as did 15% of A&C staff. However, a further 19% of ANC staff worked between six and 15 hours overtime.

Members were also asked if they did another paid job in addition to their main NHS job, 14% of ANC staff indicated that they did and there was a similar figure 13% for A&C staff. Of those ANC staff with an additional job 23% worked for NHS Professionals or on bank and 6% for NHS (Other). Figures for A&C staff with an additional job were 17% with NHS Professionals or bank, 12% NHS (Other) and 6% Agency. In both staff groups 66% had an additional job outside of the NHS.

Low levels of pay features in responses from staff who were considering leaving the NHS. Fifty-nine percent of ANC staff and 56% of A&C staff had “fairly-” to “very seriously” considered leaving the NHS. For ANC staff the main reason for this was “feeling undervalued due to levels of pay” (58%) followed by “staffing shortages” (55%) and then “feeling undervalued due to manager’s treatment” (53%). The A&C staff group differed slightly with the chief reason being jointly held by “feeling undervalued due to levels of pay” and “the changing nature of the NHS (restructuring/reorganisation)” (52%) followed by “feeling undervalued due to unfair grading” (50%). Clearly the restructuring and reorganisation in the NHS over the last year which predominantly affected A&C staff is reflected in the responses. The recent announcement of nearly a £1 billion surplus in the NHS⁷⁰ has also perhaps added insult to injury for this group of staff.

When considering leaving and where to go and find different employment the majority of both staff groups were considering jobs completely outside of the health service and health care sector with 55% for ANC staff and 53% for A&C staff. These are worrying statistics given that almost 70% of all respondents have worked in the NHS for 6+ years which means that a significant number of long service staff are looking to leave the NHS/health care sector.

3.7 Training, development and the Knowledge and Skills Framework (KSF)

As mentioned above both ANC and A&C staff, historically have often had the least access to training and development (excluding mandatory). Training budgets in the NHS have frequently been cut at times of financial difficulty or through meeting cost improvement targets which has only compounded the situation further for these staff groups.

Training, development and the KSF are discussed more fully in Chapter 4, however it is perhaps useful to look at the outcomes from UNISON’s pay survey on these issues and whether staff perceive any improvement.

For many staff in the lower bands the most commonly recognised form of qualification is the National Vocational Qualification (NVQ/SNVQ in Scotland). Access to NVQ training has often been limited but initiatives such as NHS Learning Accounts and Skills for Life training allowed staff to access training, particularly NVQ 3 and above. In 2006/7 funding flows changed and

⁷⁰ Guardian 31 August 2007 - <http://politics.guardian.co.uk/publicservices/story/0,,2159623,00.html>

there is no longer a separate national designation for these initiatives which in the longer term we believe will have a significant impact on staff in the lower pay bands.

UNISON's pay survey asked members what access they had to NVQ training. Worryingly, nearly one third of all respondents in both the ANC (32%) and A&C (27%) staff groups stated that they had no access. Just over one fifth (22%) of ANC staff had access to levels 1 & 2 with 7% of A&C staff and for NVQ 3 and above the figure was only 6% for ANC staff and 14% of A&C staff. In overall terms it means that less than one third (28%) of ANC staff and just over one fifth (21%) of A&C staff were able to access NVQ level 1 or above.

Reasons for such low numbers of access to training are probably indicative of the cuts in training budgets that NHS trusts have implemented to maintain financial probity, however, our survey also indicates that the lack of a KSF outline and access to a development review may also contribute to such low level access to training. Our survey showed that 51% of ANC staff and 45% of A&C staff had not received their KSF outline.

In terms of personal development plans (PDPs) our survey showed that a staggering 70% of ANC staff had not had a development review with their line manager, with the figure dropping slightly for A&C staff to 61%. These are alarming figures and such inaction flies in the face of the NHS's attempts at being a model employer and undermines the principles of the KSF.

Where PDPs were in place, 66% and 59% of ANC and A&C staff respectively stated that there had been no further discussion about them.

Fortunately, the issues highlighted above have not gone unnoticed and the Staff Council have agreed to a re-launch of the KSF in autumn 2007 (discussed more fully in chapter 4) to address these problems. However, our survey also indicates that 69% of staff in both groups were unaware of any KSF re-launch in their area so it seems there is still much to do in terms of communication with staff and engagement in the process.

3.8 Case studies

As stated earlier we have included the following case studies to supplement our evidence and to demonstrate the impact that pay can have on staff and how this is offset against the rise in the cost of living and inflationary pressures.

The case studies below reflect staff from both ANC and A&C staff groups. Supplemental figures were obtained from the individuals so that we could use the National Statistics Online personal inflation calculator⁷¹ (PIC) to give an estimate of how their experience of inflation differs from the Retail Price Index (RPI).

3.8.1 Case Study 1

Name: Sam

Job title: Porter

Pay band: 1

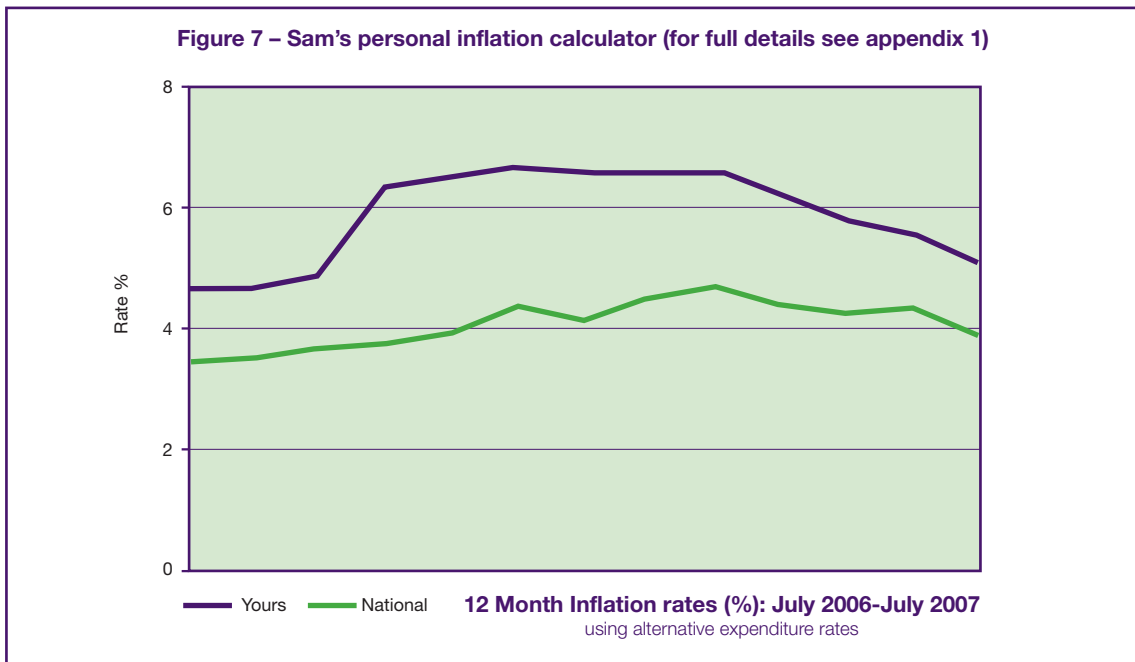
Being at the top of band 1 Sam is among the lowest paid group of NHS staff and therefore has been disproportionately affected more by cost of living increases.

⁷¹ <http://www.statistics.gov.uk/pic/>

Rent has risen by 11% and council tax in excess of 10%, reinforcing the opinion offered by Mervyn King, governor of the Bank of England, that inflation calculation should include such housing-related costs as per the Retail Price Index (RPI).

For Sam energy and fuel bills have risen in excess of 40% with the cost of petrol noted as rising from 82p a litre to 94.9p a litre, an increase of nearly 16%. This is compounded by an increase in parking charges imposed by his employer of 100% from £8 a month to £16. As a family.

Sam has recorded that second and third jobs have had to be taken merely to survive and thus provided the answer to Andy Burnham MP who questioned during his days out in the NHS⁷² how anyone on the lowest paid bands could possibly survive.



3.8.2 Case Study 2

Name: Katrina

Job title: Voluntary Services Manager, Scotland

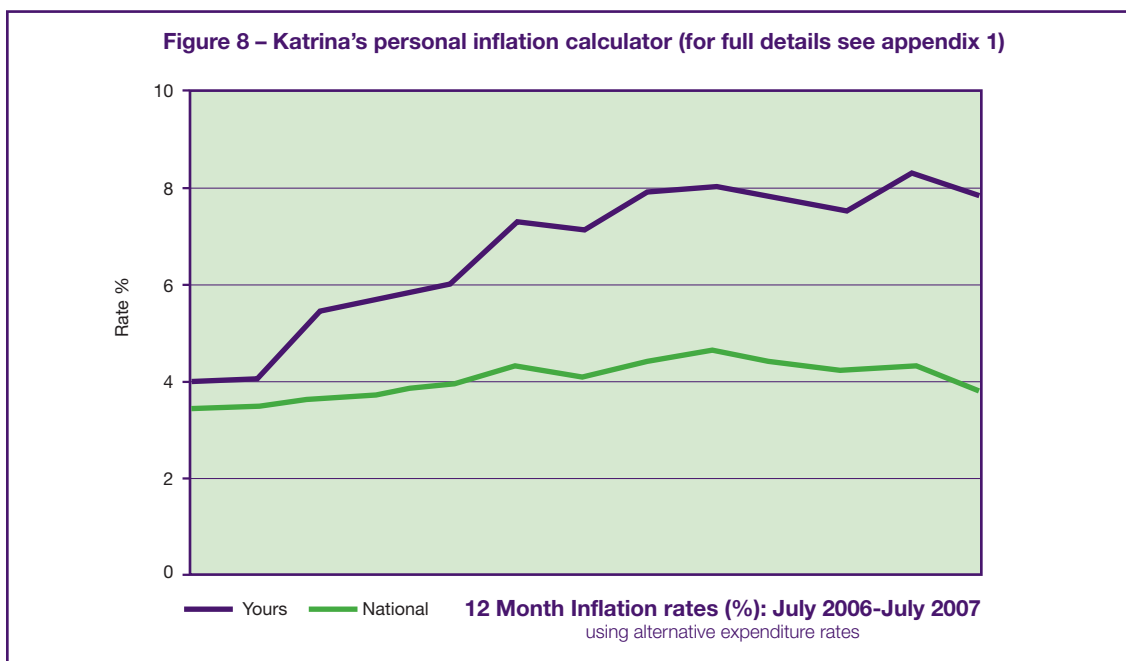
Pay band: 6

The rent for Katrina has increased by 11% although one bright moment is that the council tax has been frozen. However, the water and sewage have gone up by £6 per month, equating to an increase of 4.4%.

By curtailing her social life due to financial restrictions on her budget Katrina has managed to cut her transport costs by £20 a month, a saving of 28% but this is in the face of large increases in energy costs north of the border. Her gas has increased by 49% and electricity has gone up by 76%.

Household insurance has increased by 19% and with Open University fees to find to continue a course, all the increases in inflationary factors have resulted in Katrina making serious changes to her budgetary spending and lifestyle to be able to cope with a personal inflation level in excess of 8%.

⁷² Days Out in the NHS: Listening to NHS Staff – Andy Burnham MP, Minister of State for Delivery & Reform – 31 January 2007



3.8.3 Case Study 3

Name: Marion

Job title: Ancillary

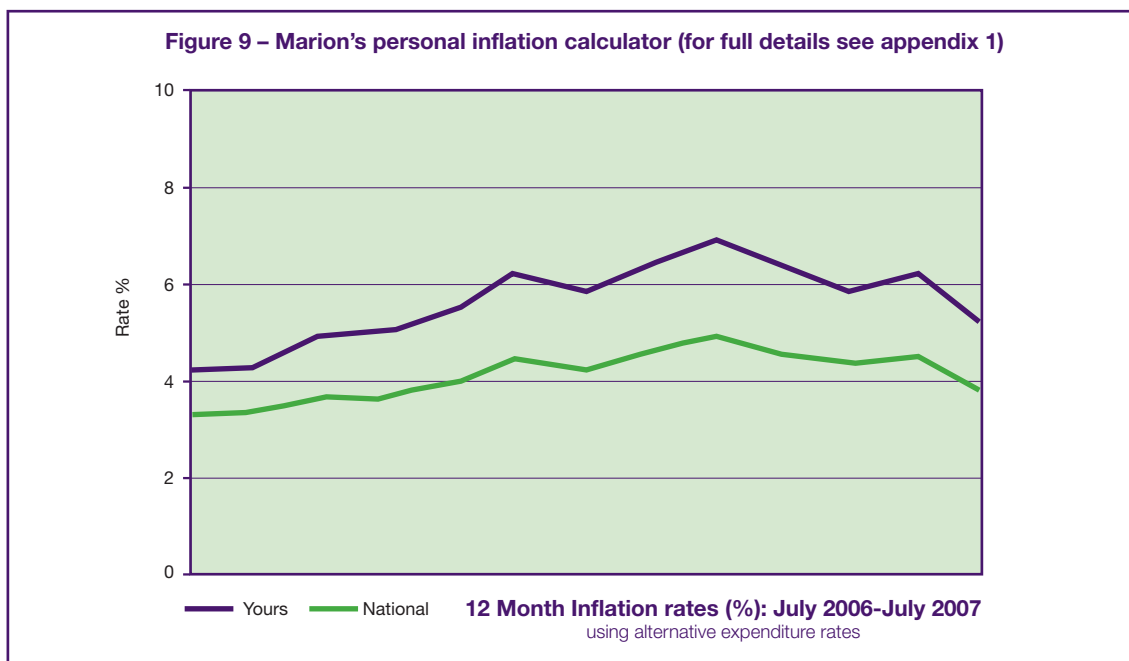
Pay band: 1

The full effects of interest rate rises have not yet hit Marion as she has benefited from a fixed rate mortgage. However, with five rate rises imposed by the Bank of England during 2007 there is real concern for the effects on mortgage payments when the fixed rate finishes.

Council tax has risen in line with other parts of the UK with a rise of nearly 4% although with the benefit of changing energy supplier her bills for electricity and gas have remained free of any substantial increase.

However, it is travel to and from work that has hit Marion the most. Bus fares have risen by 40% and with petrol prices rising by 14% it means transport costs are having a major impact on Marion's budget.

Food costs have also increased for Marion by 6% and with insurance costs rising between 10-15% it means that changes to the cost of living, that affect those on lower pay disproportionately more, are increasing more rapidly than recent pay uplifts.



3.9 Conclusion

The PNC staff group represent over one quarter of the NHS workforce. The A&C and ANC staff groups are the second and third largest staff groups in the NHS. The emerging picture from our evidence above is one of a loyal and long standing workforce of which a majority feel that their pay is not matching cost of living increases and as such are feeling significantly worse off in terms of pay.

UNISON calls for a flat rate increase for pay bands 1-3 equivalent to any percentage based increase to pay point 14.

A flat rate increase based on a percentage increase monetary value applicable to pay point 14 and applied to pay bands 1-3 will benefit lowest paid staff more significantly than a percentage based increase alone.

In real terms both a percentage increase and a flat rate increase method see the £ value gap increase between the lowest and highest bands. However, the flat rate method has a levelling effect when compared with a percentage increase alone and so the gap is less. Also a flat rate increase reduces the percentage pay differential between the lowest and highest bands whereas a percentage increase maintains the differentials. Flat rate increases have been acknowledged by the government and implemented in this year’s pay settlement.

Staff in bands 1-6 are either all or in part below the median salary of £23,600, whilst staff in bands 1-3 fall below the threshold of income poverty based on 60% of median income equivalent to £14,160. UNISON believes in the concept of a “living wage” and believes that the abolition of band 1 is a necessary step towards achieving its living wage target of £6.75 an hour but recognises that restructuring of the AfC pay bands is outside the remit of the Review Body.

UNISON’s pay survey highlights that both ANC and A&C staff perceive they are worse off in relation to basic/core and unavoidable expenditure items. The survey also shows that

nearly one half of ANC respondents and one third of A&C staff are dependent on additional payments such as overtime with 25% ANC staff in particular working up to five hours in a typical week and a further 19% up to 15 hours.

As well as being dependent on additional payments, over one tenth of staff in both groups stated that they also did another job which in the main was outside the NHS.

Over half of staff in both groups, many long serving, were also considering leaving the NHS/ health care sector altogether for the principle reason of feeling undervalued due to levels of pay. A&C staff also stated that “the changing nature of the NHS (restructuring/reorganisation)” was also a principle reason.

According to results in UNISON’s pay survey there is still much to do in terms of training, development and the KSF. There was no access to NVQ/SNVQ training for nearly one third of both ANC and A&C staff. Only half of staff in both groups had received a KSF outline and only one third of staff had a development review (PDP) with their line manager. Where a PDP was in place two thirds of staff stated that there had been no further discussion about it.

Case studies for both ANC and A&C staff show a significant gap between their own level of inflation and that of the RPI. The personal inflation calculator outcomes graphically show the impact of the above wage growth increases in unavoidable core expenditure items with personal inflation running between 1.5% and 4.3% above that of the RPI in July 2007.

UNISON calls for a flat rate increase for pay bands 1-3 equivalent to any percentage based increase to the minimum pay point on band 4.

Chapter Four – Reviewing Agenda for Change

4.1 Overview

In this chapter we will review how Agenda for Change has become established within the NHS in Britain, three years after the agreement was signed. Assimilation to the new pay scales has now effectively been completed across the UK with the exception of Northern Ireland and a handful of other employing organisations

Although a new unsocial hours scheme has been developed and is about to be consulted upon, its impact remains an uncertain factor in relation to future earnings. The negotiators have sought to minimise major variations in earnings through modelling. Disappointingly the long term benefits from the Knowledge and Skills Framework and the success criteria are yet to be fully realised, although new initiatives are currently underway to revitalise this process. The Kings Fund Report “Realising the Benefits: Assessing the Implementation of Agenda for Change” published in July 2007, recorded some of the difficulties in securing the full benefits from Agenda for Change⁷³.

Maintenance of the system is a major work stream. Resolving the up-rating of pay scales and allowances in 2006 has proven to be extremely difficult, given the government’s public sector pay policy and its decision to stage the NOHPRB recommendations – subsequently rejected by the devolved administrations. This was the first time since the advent of the independent review process that a government has staged an already below inflation award. The offer to staff covered by the Pay Negotiating Council was rejected as it was below inflation and staged. Since then, a marginal improvement has been made to the pay offer and this has been accepted by the PNC. Adjustments have been to pay spines 2 and 3 from 1 November 2007.

The devolved administrations, now with nationalists in government, have displayed some signs of wishing to establish difference from UK agreements by way of precedence. Under the as yet unresolved pay settlement for 2006, staff in England will receive lower basic rates of pay for part of the year than the rest of the UK as a result.

Foundation trusts in England are almost universally staying with Agenda for Change. Just one has made some variations to it. There are few signs that foundation trusts want to reinvent the wheel despite the activities of some external consultants advocating that they do.

The Staff Council has undertaken or has timetabled a number of reviews. The review of National Recruitment & Retention Premia has been completed as has the review of redundancy and early retirement provisions, leading to a new agreement. Reviews of the scheme of subsistence allowances and mileage allowances have started and a review on on-call payments is due to start in the new year.

The experience of using the pay negotiating structures for staff not covered by the NOHPRB produced a consensus at the Staff Council that we needed to move towards a single pay determination structure for all staff covered by Agenda for Change for future years. A large amount of work was undertaken to persuade all stakeholders of the wisdom of such a change and this change was agreed in June 2007 by the Staff Council, subject to a review after its first year of operation.

⁷³ *Realising the Benefits: Assessing the Implementation of Agenda 2007*, J Buchan & D Evans, King’s Fund

An equality assessment of the impact of Agenda for Change was commissioned and it is hoped that it will be possible to report early results to the PRB.

Unresolved issues concerning the potential entitlement of some staff to equal pay back pay mean that there is a potential, as yet un-costed, liability to the NHS. Over 12,000 employment tribunal claims for up to six years back pay (five in Scotland) have been lodged by NHS trade unions and a similar number by contingency fee lawyers.

All of this is discussed in the rest of this chapter.

4.2 Assimilation Progress

England: Assimilation to the new bands and pay scales is effectively complete. There are still unique and “difficult to match” posts to be evaluated in some areas, particularly in ambulance trusts and foundation trusts. In some cases, the Staff Council is appointing national panels to resolve intractable local problems. They probably account for less than 1% of NHS jobs. There are also a high number of reviews still to be heard. In England around 12% of staff requested a review. 3% were dealt with informally. Of the remaining 9% around half resulted in upgrading. It is anticipated that the completion of the review process will pose a significant challenge to the partners in many employing organisations.

Scotland: Although, the process of matching posts has taken longer in Scotland their work has been thorough. 90% of staff had been assimilated by June and it was anticipated that assimilation will be completed and back monies paid by the end of 2007.

Wales: Similarly, assimilation has taken longer. Matching is effectively complete and delays in assimilation are as a result of payroll capacity difficulties. The delays are primarily due to problems with payroll capacity but it is anticipated that assimilation will be completed and back monies paid by the end of 2007.

Northern Ireland: The position at the end of May 2007 (that will be updated) was that 60% of health staff and 51% of social services staff had been assimilated. Progress is extremely slow in the province due to a range of factors of which the most influential was a decision to create a complex hybrid matching process that has proven difficult to populate.

Job evaluation is now being mainstreamed and embedded to ensure that as new roles and jobs emerge, these are incorporated into the Agenda for Change equal value based pay and grading structure. The partnership Job Evaluation Group continues to meet to maintain the JES and issue new advice and guidance as appropriate.

4.3 Job matching statistics

During last year’s written evidence we stressed the need for future monitoring of job matching statistics. The CAJE data of approved outcomes, namely those that have completed assimilation, that is now attached as appendix 3 is warmly welcomed as a tool to allow NHS Employers and the trade unions the opportunity of assessing how Agenda for Change has affected different occupational groups of staff. As more generic groups of profiles begin to be formulated the partnership working via the Job Evaluation Group (JEG) will continue to be vital to ensure full engagement and to taking Agenda for Change forward.

Once Agenda for Change implementation is fully completed across the UK further analysis of the CAJE data will be required and will also assist with the analysis required under the equality impact assessment.

4.4 Unsocial hours

The development of a new scheme of payment for NHS staff working in “unsocial hours” has proven to be very complex and time consuming. Two new target dates for implementation were agreed; the new one being April 2008. At the time of writing, it is possible this target may be met.

The interim scheme allows parties to continue with the former Whitley Council arrangements, or default to the Nurses & Midwives unsocial hours arrangements if none existed prior to Agenda for Change. Staff in Ambulance Trusts use the “prototype” Agenda for Change scheme, while 12 “early implementer” trusts have either continued with the prototype scheme or have returned to their former schemes.

The work in developing a new harmonised scheme out of such diversity has proven to be very challenging for the partners on the Staff Council, given that they want to ensure any new scheme is “fit for purpose”, does not create huge additional costs, and does not create large new fluctuations in earnings. This is important to staff as so many of them rely on unsocial hours payments as a significant component of their overall earnings

As part of this work, payroll data from a cross section of NHS employers was obtained and a number of options for new unsocial hours payments were run through this model. A single proposal was then worked up and circulated to all employers and trade unions for comment. Some 82 NHS trusts provided feedback in partnership with their staff sides as well as comments in partnership from Scotland and Wales.

In July, the Staff Council partners spent two days analysing the responses and developing solutions. One solution, to avoid both cost problems and the risk of staff falling into pay protection, will be to stage implementation over three years. Full harmonisation would then be achieved in 2011.

At the time of writing, two significant issues remain unresolved although potential solutions are currently being tested. It is projected that the number of staff requiring protection from these proposals will be less than 1% and that the cost will fit into the envelope of allocations already made by the UK governments.

Assuming that solutions can be found and that the government’s public sector pay committee give the go ahead, UNISON will ballot its members before the end of 2007. Assuming that the outcome is accepted, implementation on the 1 April 2008 will be possible

4.5 Knowledge and Skills Framework (KSF)

The KSF was scheduled to become fully operational by October 2006 when the pay gateways were opened. At that time less than 30% of NHS employers in England were in a position to fully implement the KSF and associated development review process. With over 70% of staff not having development reviews using the KSF, it is certain that large numbers of staff proceeded through the pay gateways without a proper assessment of whether they were

meeting the requirements of their post outline. The position will not have improved significantly in 2007.

This picture is not uniform across all SHAs and trusts. Implementation has been patchy. Some trusts have barely started whereas others have achieved full implementation. Successful trusts seem to be progressing well with the scheme, whereas those that are having difficulties are letting the KSF fall down their list of priorities. One foundation trust took a decision not to implement the KSF on the grounds of cost.

In Scotland, Wales and Northern Ireland progress is even slower. As at June 2007, KSF post outlines had been assigned to only 4,000 staff (out of a workforce of approx 150,000.) In Wales, 18% of post outlines had been approved, covering 34% of the workforce. In Northern Ireland, 42% of the workforce was covered by a KSF outline.

As the key tool to manage career and pay progression, the KSF is arguably the most important element of the Agenda for Change Agreement, now and in the future for both staff and employers. It is designed to promote a competent, capable, flexible, efficient and affordable workforce that is able to adapt to the current changing context of healthcare. The KSF is already having a positive impact in organisations where it has been used to develop and evolve services to deliver improved patient care. In the 2002 study "Effective Human Resource Management and Lower Patient Mortality" (2002)⁷⁴, West & Borrill showed that appraisal systems have a strong association with better patient outcomes and that the more sophisticated and extensive the staff training policies in hospitals, the lower the patient mortality.

Without the KSF fully implemented alongside the new pay spine and harmonised conditions, the Agenda for Change Agreement will not reach its full potential. Crucially it will not assist employers to deliver the benefits set out in Annex E of the agreement or derive the longer term benefits of efficient staff deployment and sustainable increases in productivity and capacity. The recent Health Committee Report on NHS Workforce Planning concluded that "Effective use of the KSF has great potential to improve staff productivity. The KSF can improve access to relevant education and training, and support amended roles which will allow staff to develop the skills required to increase flexibility and efficiency. However, there is little evidence that these opportunities are yet being taken."⁷⁵

KSF implementation has been hampered on a number of fronts. The reconfiguration of SHAs during 2006 led to a serious depletion of KSF networks when existing SHA KSF leads moved post and in many cases were replaced by KSF leads with no previous experience. The recently published Kings Fund Report states "Much valuable work has been done towards implementing the KSF, but many organisations have lost KSF expertise over recent months, largely due to reorganisation."⁷⁶

In addition, there were particular difficulties in England during 2006 where financial deficits forced many trusts to make savings by cutting their training budgets, thereby preventing staff from accessing development opportunities. This was not helped by the fact that from 2006/7 funding flows for NHS Learning Accounts and Skills for Life training no longer had a separate national designation. Central funding for secondment of staff into professional training had also been reduced, which particularly affected staff in the lower pay bands.

⁷⁴ Effective Human Resource Management & Lower Patient Mortality, West, M.A. & Borrill, C.S., 2002

⁷⁵ House of Commons Health Committee 2007, p74, para 217.

⁷⁶ *Realising the Benefits? Assessing the Implementation of Agenda for Change*, J Buchan & D Evans, Kings Fund Report, 2007

To address this problem, the Staff Council agreed at the end of 2006 to “re-launch” the KSF in the new year. In England, UNISON and other unions took this issue direct to government ministers in May and as a result a “KSF Re-launch Group” was established, involving all major stakeholders, including government. A major programme of regional events with ministerial support

is planned for all SHAs during the autumn. The aim is to reinvigorate the KSF, to persuade trusts to complete implementation as a matter of priority and to use the KSF to realise the benefits for staff and services to patients.

Whilst the focus of this initiative is England, the other health departments are continuing with their own strategies to embed the KSF into the service and close working, and the sharing of resources and information continues to be a key activity between the four countries.

In fact, there has been a significant amount of valuable work carried out in partnership within Scotland to progress implementation (despite particular difficulties in the mandatory use of e-KSF) which has been aided by NHS boards employing staff with considerable expertise in the training and development of KSF.

4.6 Improving Working Lives (IWL) & work-life balance – the way forward

4.6.1 Background

The Improving Working Lives (IWL) initiative came about as a result of the NHS Plan, which set out a comprehensive strategy for growing and developing the NHS workforce and made it clear that all NHS organisations would be assessed against performance targets, including the IWL Standard.

The initiative recognised that the delivery of improved healthcare services in the NHS depended directly on how staff were treated and valued, what training and development opportunities they were provided with and how they were supported to manage their work and home commitments. Creating a better work-life balance for staff contributes directly to better patient care through reduced stress, greater motivation and increased productivity.

4.6.2 Work-life balance issues

There are many good reasons why the NHS needed to take up the work-life balance challenge:

- the NHS employs over 1 million staff from 170 different occupations – all with different needs
- 25% of NHS staff are parents with children under the age of 14
- by 2010, one fifth of the UK population will be caring for older or disabled relatives
- demographic changes mean that the UK’s population is ageing which is reflected in the age profile of the NHS workforce
- UNISON Pay Survey 2006 showed that 63% of respondents were aware that their employer was implementing IWL but 81% indicated it had not had any impact on their job

4.6.3 Success of IWL

By November 2006 550 out of the original 597 trusts had achieved IWL Practice Plus status.

35 organisations withdrew from the process – 23 PCTs and four ambulance trusts withdrew due to merger. Eight acute trusts withdrew of which five were Foundation Trusts, although three of these are now revisiting the IWL standards. This should be rightfully applauded and is a good example of partnership working that should not be lost and forgotten.

IWL achievement was one of the performance indicators used to provide evidence that trusts were meeting both the Healthcare Commission's core performance standards and also the Annual Health Check, which was launched in March 2005.

However, as part of UNISON's Pay Survey in 2006 there were two notable and startling statistics. Whilst 61% of staff were aware that their employer was implementing IWL, 71% indicated that it had not had an impact on their job.

The message was clear, validation was a success - implementation wasn't.

UNISON's Pay Survey for 2007 brought more unwelcome news. The survey found that there has been a significant fall in the number of staff aware of their employer implementing IWL, falling from 61% to 50%. Furthermore, of those who are aware of it, 75% still believe that IWL has not had a positive impact on their working life.

4.6.4 Work-Life Balance in Scotland, Wales and Northern Ireland

Although the IWL initiative was specific to England, it is important to look at any related programmes and assess how the work-life agenda is being taken forward across the UK. We did request further information from NHS Employers to research what is happening elsewhere across the other three countries and below is a snapshot of those initiatives:

Scotland

As a result of the publication *Healthy Working Lives: A Plan for Action*⁷⁷ by the Scottish Executive in August 2004, a new "Scottish Centre for Healthy Working Lives" was established in April 2005. It brings together the successful initiatives of "Scotland's Health at Work" (SHAW) and "Safe and Healthy Working" (SaHW). The centre has been set up to improve the health of working age people in Scotland by ensuring healthier and safer workplaces and promoting healthier lifestyles. It is taking forward and implementing the Scottish Executive's strategy Healthy Working Lives – a plan for action which aims to improve health and reduce health inequalities and identify the workplace as a potential vehicle for activity to drive positive change.

The Scottish Centre for Healthy Working Lives works closely with NHS Health Scotland, which is a Special Health Board established in April 2003 through bringing together the Public Health Institute of Scotland (PHIS) and the Health Education Board for Scotland (HEBS).

On 12 February 2007, the new Healthy Working Lives (HWL) Award Programme⁷⁸ was launched, which builds on the success of Scotland's Health at Work (SHAW). The awards

⁷⁷ www.healthscotland.org.uk/hwl/documents/HWL_a%20plan%20for%20action.pdf

⁷⁸ www.healthscotland.org.uk/hwl/documents/HWL_Award_Promotional_Flyer_285KB.pdf

programme covers a wide range of topics including health promotion, occupational health and safety, health and the environment, mental health and well-being, community involvement and employability. Any organisation who has already obtained the SHAW award can transfer to the HWL Award from the 1 April 2007, by undertaking additional components of the new programme. HWL awards are valid for three years from the date of the award and it is supported by Healthy Working Lives Advisors who are located in each of the NHS Board areas. There is also an advice line 0800 019 2211 that organisations can contact for support, as well as accessing the website at www.healthyworkinglives.com.

Wales

The Universities of Cardiff and Swansea are carrying out a *Well-being in Work Project* funded by the Wales Centre for Health. The research is exploring how work affects health and well-being and vice-versa, in order to develop new ways of improving the quality of working lives. The programme is being completed in three stages: 1) Setting the Context 2) Primary Research 3) Intervention. The first stage has been completed and the final report has been available since March 2006⁷⁹. Stage two was launched on 30 January 2007 with a presentation about the project and a demonstration of the website and on-line survey.

Northern Ireland

Work Well is a pilot workplace health initiative that was launched by the Health Promotion Agency (HPA) in 2004. It has been funded for three years by the Health and Safety Executive of Northern Ireland under the *Working for Health Strategy* and by the Department of Health, Social Services and Public Safety under the *Investing for Health Strategy*.

The initiative supports businesses in Northern Ireland to assess their organisational and employee health needs, write a health action plan and implement this over a one year period.

A training course has been developed to support the HPA's Health Promoting Workplace Initiative which aims to equip participants with the skills and knowledge to:

- advice and support other organisations in creating healthy workplaces

or;

- implement a programme within their organisation

A step by step guide as also been produced in order to support organisations to develop as a health workplace.

In May 2002 *The Employer of Choice – A strategy for managing and developing people in the Health and Personal Social Services (HPSS)*⁸⁰ was produced. Its aims were to promote the HPSS as a developing, “people-friendly” organisation by improving the working lives of its staff. This would be achieved by further development of training and working practices, support for work-life balance initiatives and an investment in the health of the workforce.

⁷⁹ www.wales.nhs.uk/sites3/Documents/568/ACF35DA%2Epdf

⁸⁰ www.dhsspsni.gov.uk/employer_of_choice.pdf

4.6.5 Next steps

The national IWL Steering Group was reconvened in January 2007 to look at how we might assist organisations in keeping up the momentum beyond IWL Practice Plus, encouraging the sharing of best practice and raising the profile of other work programmes that continue to drive the agenda forward e.g. Investors in People, the Health and Well-being Strategy, Positively Diverse etc.

There has been one further meeting in June 2007 at which the following action points were agreed to take this work forward:

1. Clearly define vision and principles that the Work-Life Balance Steering Group are working towards
2. Produce case studies looking at the success of IWL
3. Identify further research into work in Scotland, Wales and Northern Ireland and promote links across work programmes
4. Discuss with chief executives, HR directors and IWL leads what information they would find useful in directing this work forward
5. Speak to the Healthcare Commission to assess link between productivity and well-being of staff
6. Ensure links are made with the work undertaken by the Equality and Diversity Working Group
7. Set up a meeting between the IWL Steering Group and NHSE Communications to agree a communications strategy for the future
8. Prepare a paper for the Social Partnership Forum in September detailing a new work programme and seek full support for its recommendations

4.6.6 Conclusion

The renewed vigour around the issues of work-life balance and the dedication demonstrated by NHS Employers to work in partnership with the staff side trade unions is an encouraging sign that all may not be lost. The support and commitment from the Social Partnership Forum (SPF), in the same way they have done for the re-launch of the Knowledge and Skills Framework (KSF), will be key to the future vision of the NHS as a model employer that its staff are proud of.

UNISON makes the following recommendation:

- To note the guiding principles behind the Improving Working Lives (IWL) initiative and other appropriate schemes in Wales, Scotland and Northern Ireland to monitor improvements in the work-life balance of NHS staff that maintain the impetus to keeping the NHS a model employer

4.7 The Case for a High Cost Area Supplement for South Cambridgeshire

(by Gareth Goodier, Carole Proctor and Martin Booth, Addenbrooke's Hospital)

Following on from the previous paper presented to the review body in 2006, up to date figures have now been reviewed to assess what, if anything, has occurred to affect the case for a HCAS in South Cambridgeshire.

4.7.1 Cambridge is part of the London commuter belt⁸¹

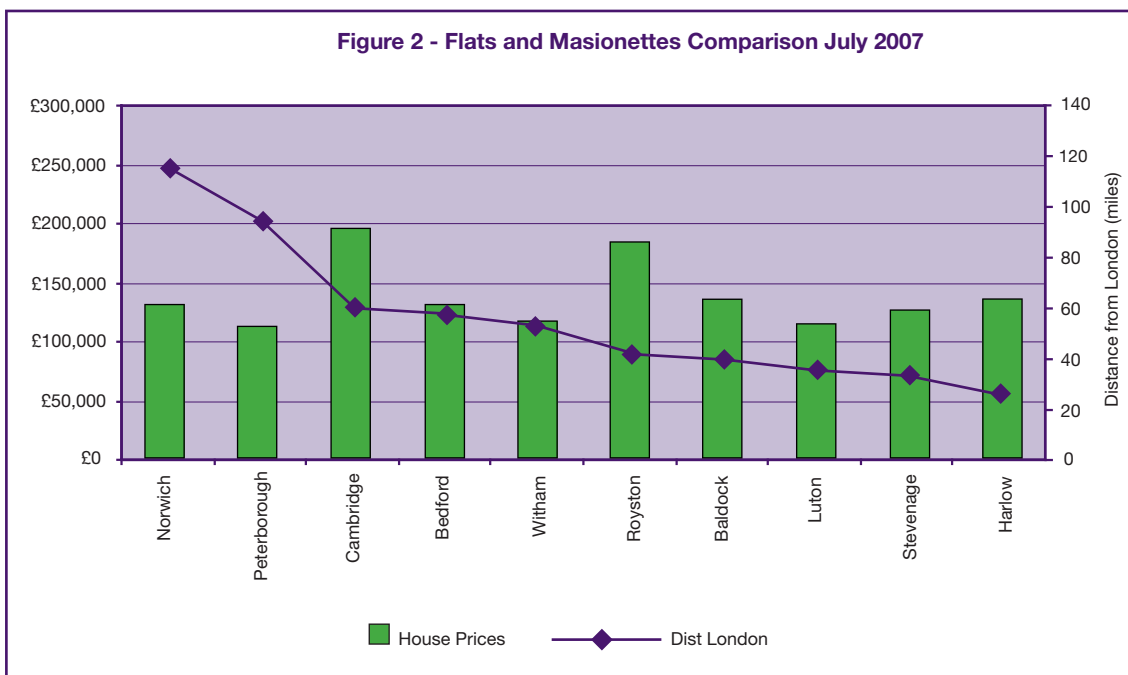
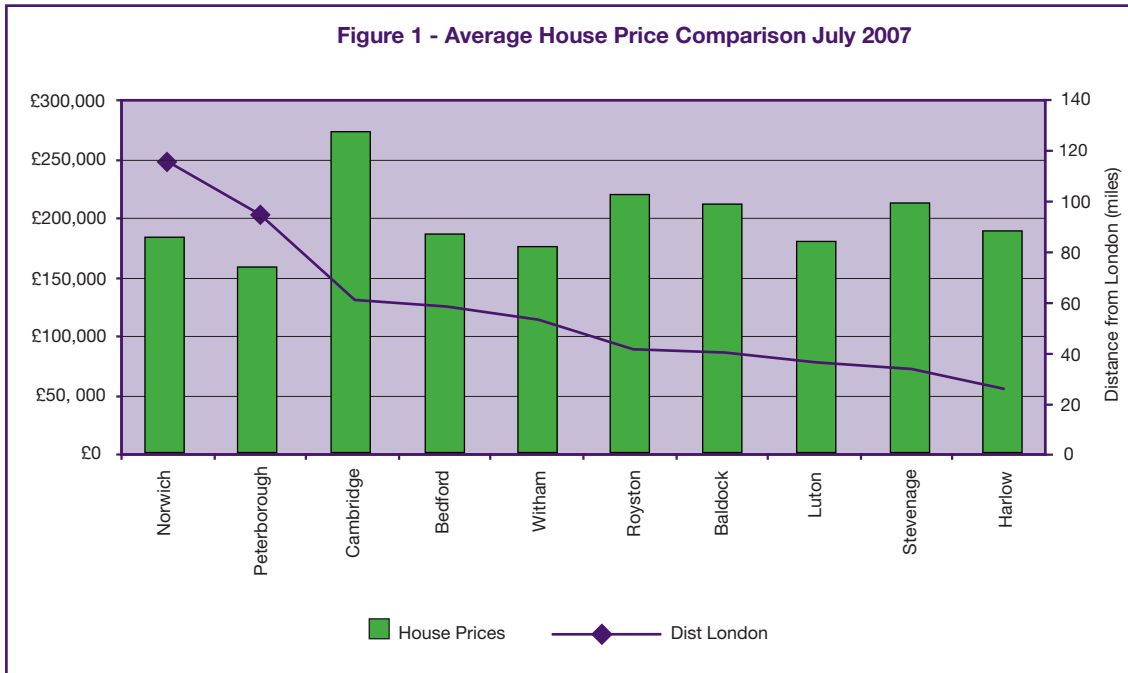
There are now 19 rush hour trains leaving from Cambridge to London every weekday, arriving in the capital before 9am, and 19 leaving London after 5pm and arriving at Cambridge before 8pm. This represents an increase in the number of trains in both directions, showing that the arguments put forward in last year's paper are now even more valid. This is more trains than are available to and from Royston, which currently receives the HCAS. Furthermore, of those trains which stop en route, many stop at Royston, Stevenage and Hitchin, all of which have hospitals already receiving HCAS and in direct competition with South Cambridgeshire for staff recruitment. None of the intervening stops have direct links to London Liverpool Street.

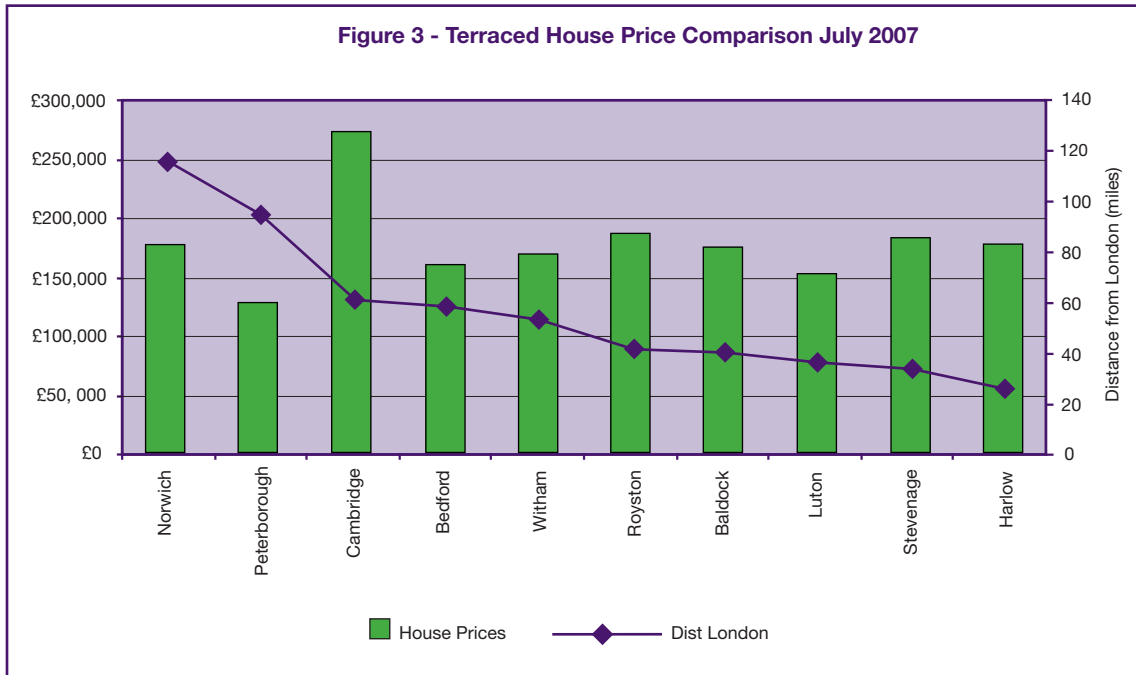
4.7.2 The cost of property for mid-range housing is proportionally higher than surrounding areas based on a ratio of distance from London⁸²

A comparison of house prices taken from figures available for July 2007 show that house prices in Cambridge have increased considerably more than in other areas, such that the average price, and the price of terraced houses and flats and maisonettes show Cambridge as being the highest priced housing of any area in this survey, including those who currently receive the HCAS. As compared to last year, Cambridge house prices in all the listed categories have now overtaken Baldock and Stevenage.

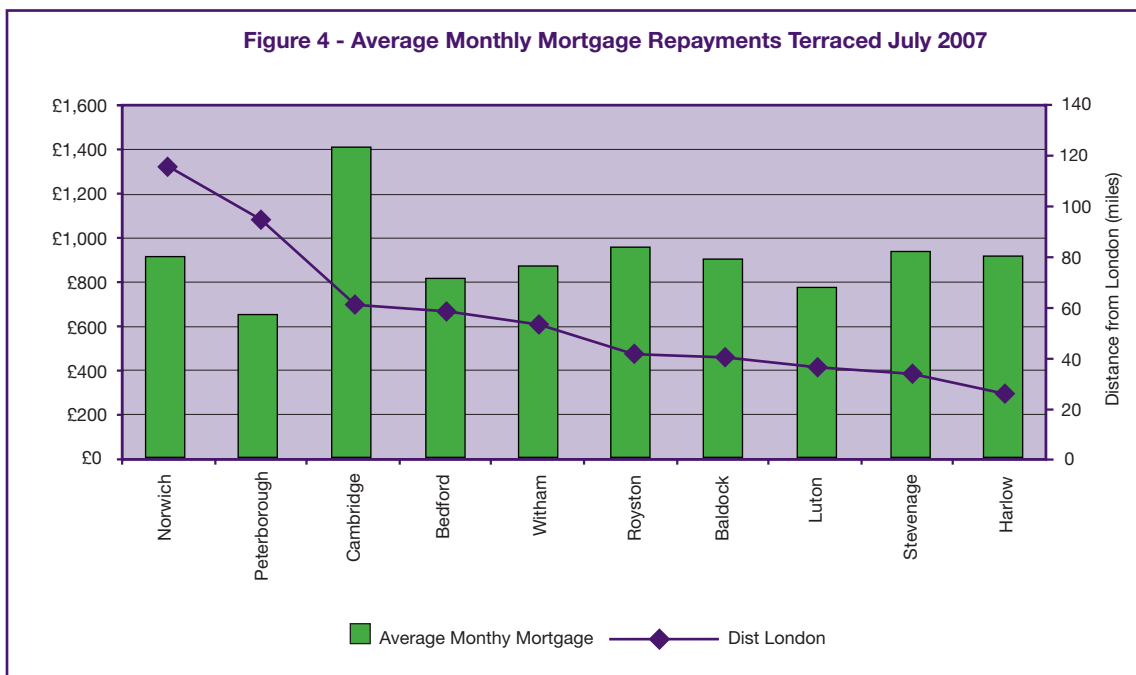
⁸¹ National Rail Timetables

⁸² UK Housing Review, University of York Centre for Housing Policy



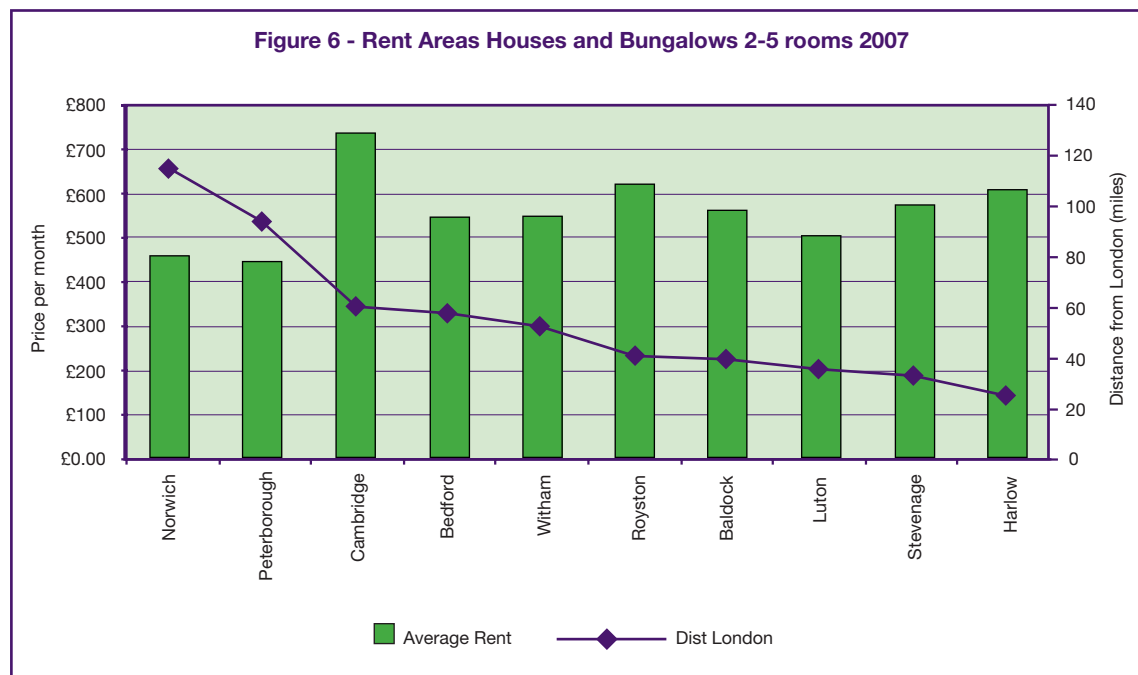
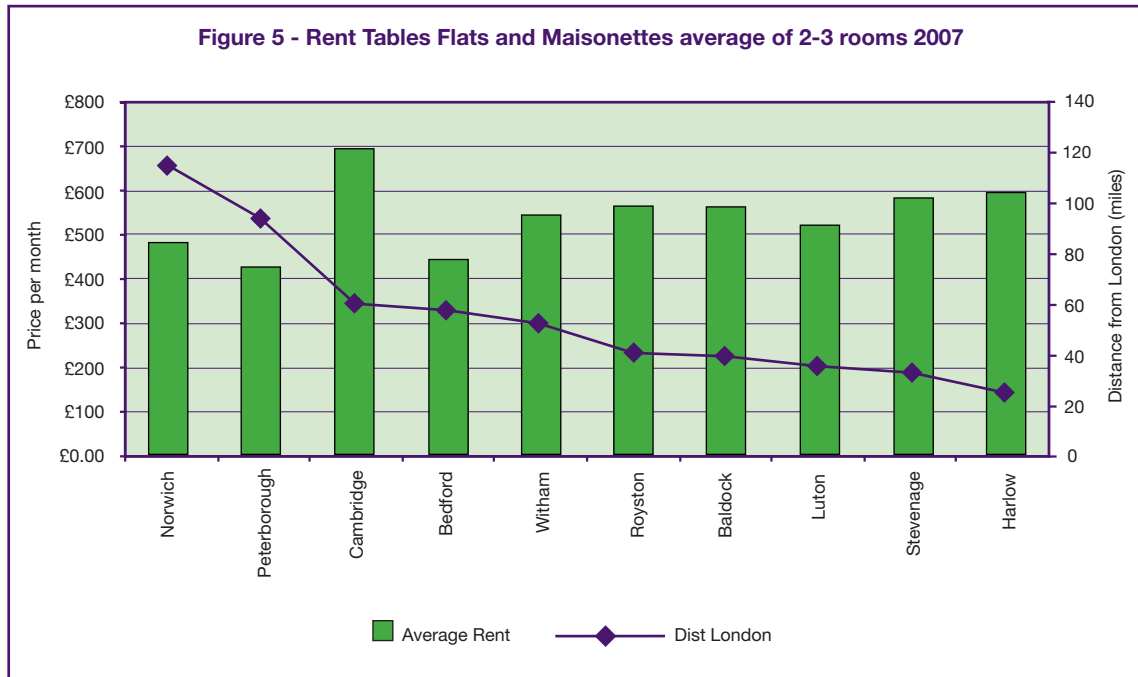


This year, for the first time, it has been possible, with the generous assistance of Stephen Wilcox, author of York University's UK Housing Review, to calculate average monthly mortgage repayments for the areas included in this survey. The results make an even more compelling case for the inclusion of South Cambridgeshire in the High Cost Area Supplement as they show that Cambridge in fact has a considerably higher monthly mortgage repayment rate than any other town or city in this survey. The graph shown is for terraced housing only, but the same holds true for flats, maisonettes and semi-detached housing. In the interests of brevity, these graphs have not been included. The calculation is based on an 82% mortgage over 25 years at an interest rate of 5.5%.



4.7.3 Comparative rents⁸³

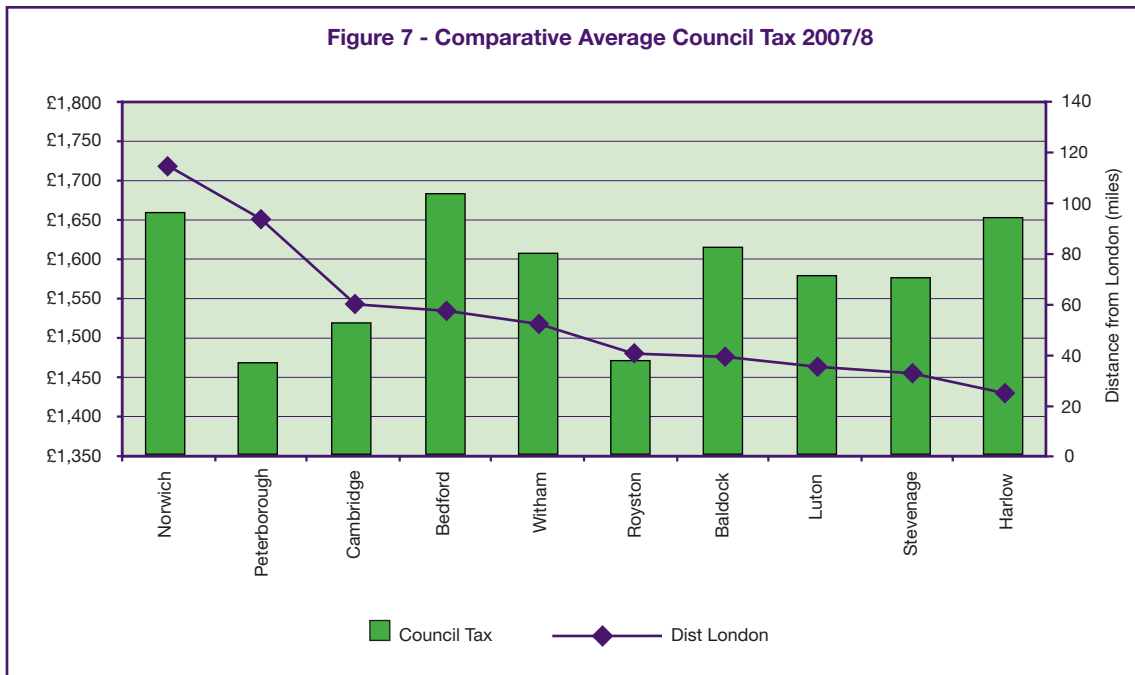
The rental figures for the first six months of 2007 are pretty well in line with inflation across the area in this study. Therefore, the inflation rate as at August 2007 (1.8%) been applied across the board to arrive at an estimated figure. The information again supplied by HM Government Rent Service underlines the fact that rents for both houses and flats in Cambridge are significantly higher than any of the areas in our study, including, as before, those areas receiving the High Cost Area Supplement.



⁸³ www.therentsservice.gov.uk

4.7.4 The cost of Council Tax for mid-range housing is in keeping with the general trend.⁸⁴

Council Tax rates have changed fairly randomly across the board, with no specific relevance to distance from London. In this area Cambridge seems to have fared rather better than the rest of the towns and cities in the survey, but the proportions are not significantly different from last year. All council taxes in all bands have increased. As the ratio is similar in all categories, I have not included graphs for specific bands.



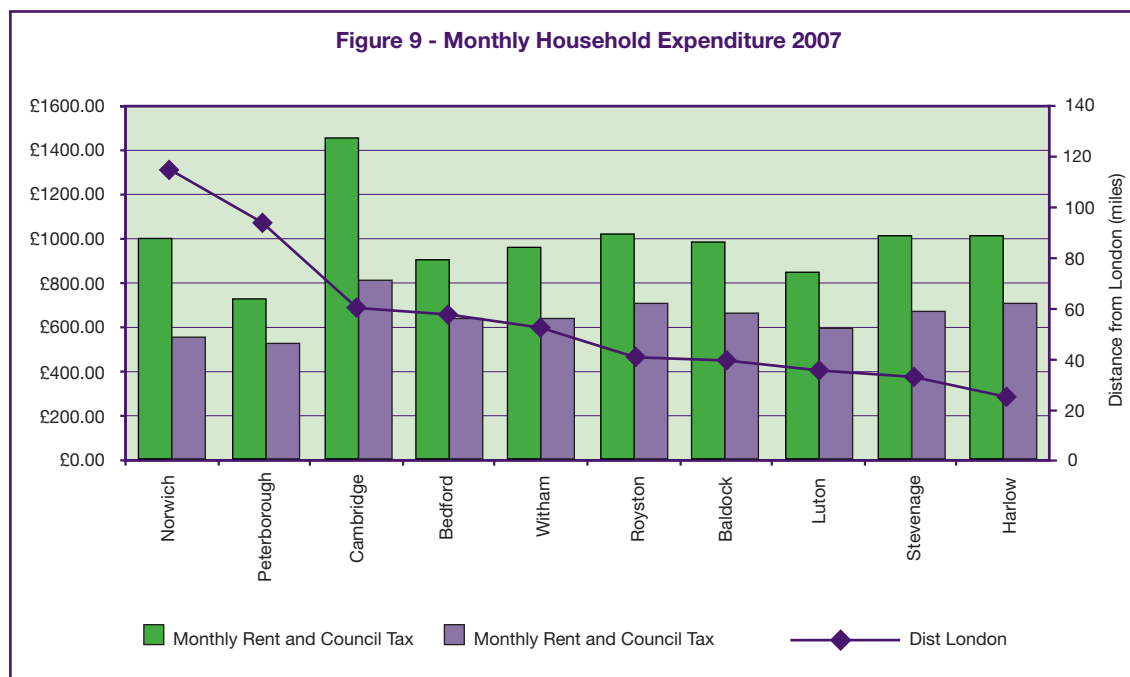
Please note that the council tax figure is an annual figure, while the mortgage repayment and rent figures are monthly. By changing this to a monthly figure it is possible to obtain a comparison by area of monthly expenditure on rent/mortgage and council tax as is shown in the table in Figure 6 and the graph in Figure 7. From this it is glaringly obvious that Cambridge pays way above the other areas in terms of the cost of housing, which constitutes the major expenditure from employees' earnings.

⁸⁴ Various Local Council Websites

Figure 8 - Monthly Housing Expenditure 2007

City	Distance	Band D/12	Month Terr	Ave Rent	Tax + Rent	Tax + Mort.
Norwich	115	£118.51	£902.23	£449.54	£568.05	£1,020.74
P'borough	94	£102.53	£637.82	£437.40	£539.93	£740.35
Cambridge	60	£106.92	£1,383.82	£726.23	£833.15	£1,490.74
Bedford	57	£120.50	£804.08	£535.06	£655.56	£924.58
Royston	52	£114.22	£858.23	£541.19	£655.41	£972.45
Luton	41	£102.83	£940.49	£615.54	£718.37	£1,043.32
Witham	39	£114.83	£887.62	£555.48	£670.31	£1,002.45
Baldock	35	£111.89	£760.43	£495.64	£607.53	£872.32
Stevenage	33	£111.58	£920.49	£570.57	£682.15	£1,032.07
Harlow	25	£117.97	£901.02	£602.16	£720.13	£1,018.99

Figure 9 - Monthly Household Expenditure 2007



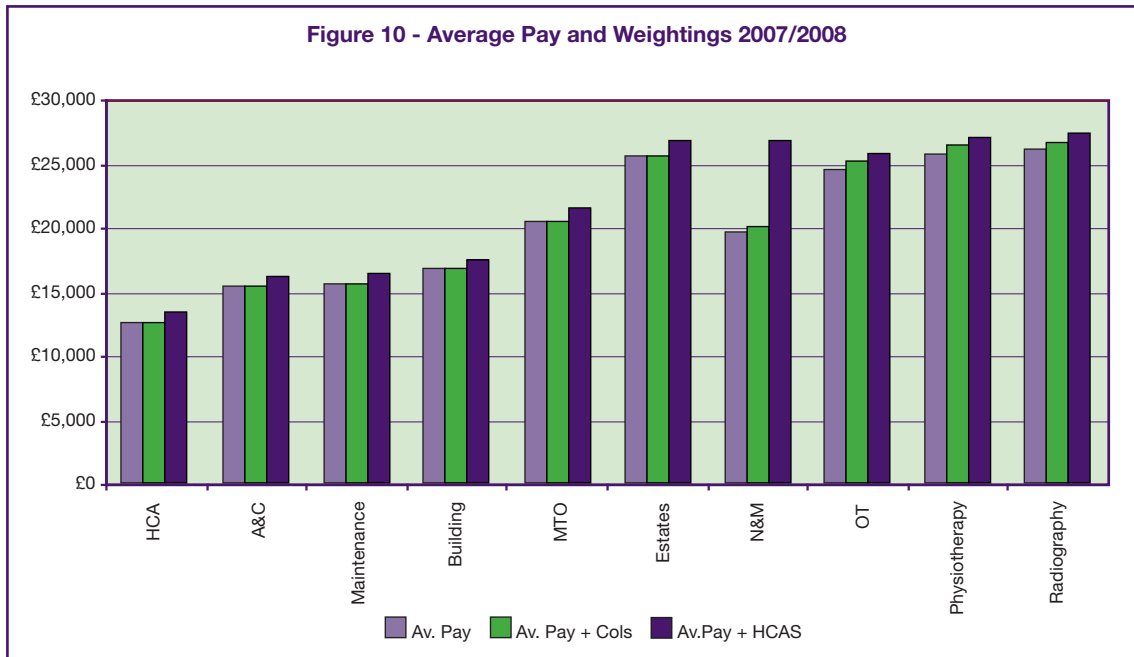
4.7.5 Other non NHS groups receive High Cost Area Supplements on the grounds of the higher cost of living in Cambridge, as well as the city's position within the London commuter belt.⁸⁵

There has been no change to the position on this issue.

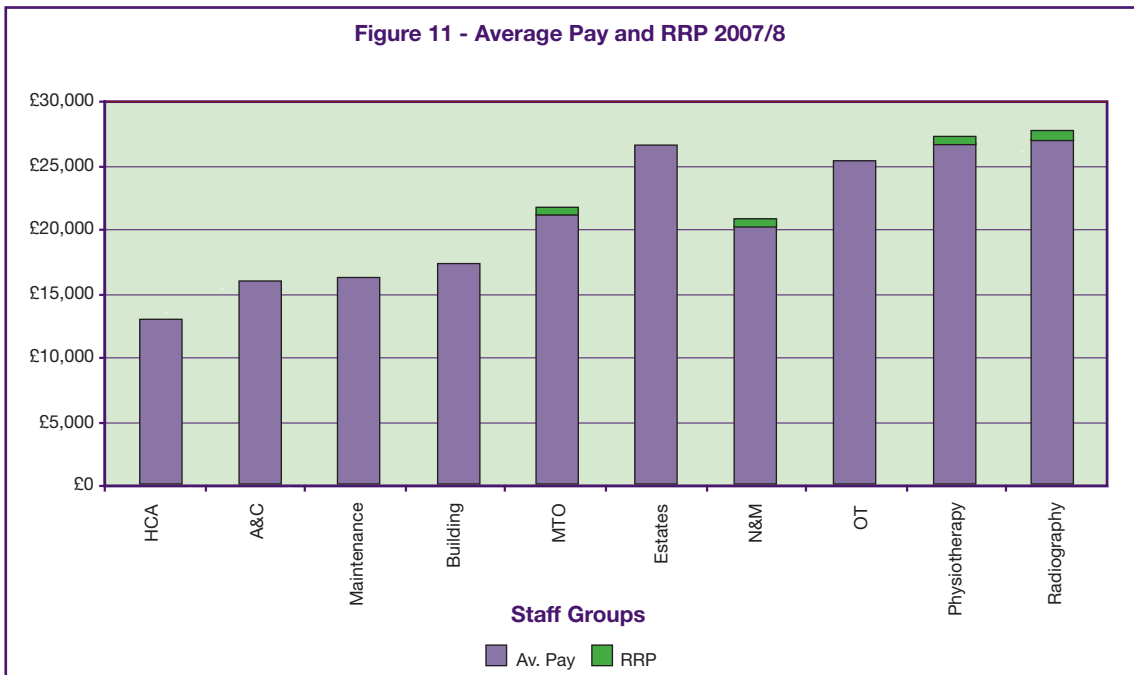
⁸⁵ Labour Research Department

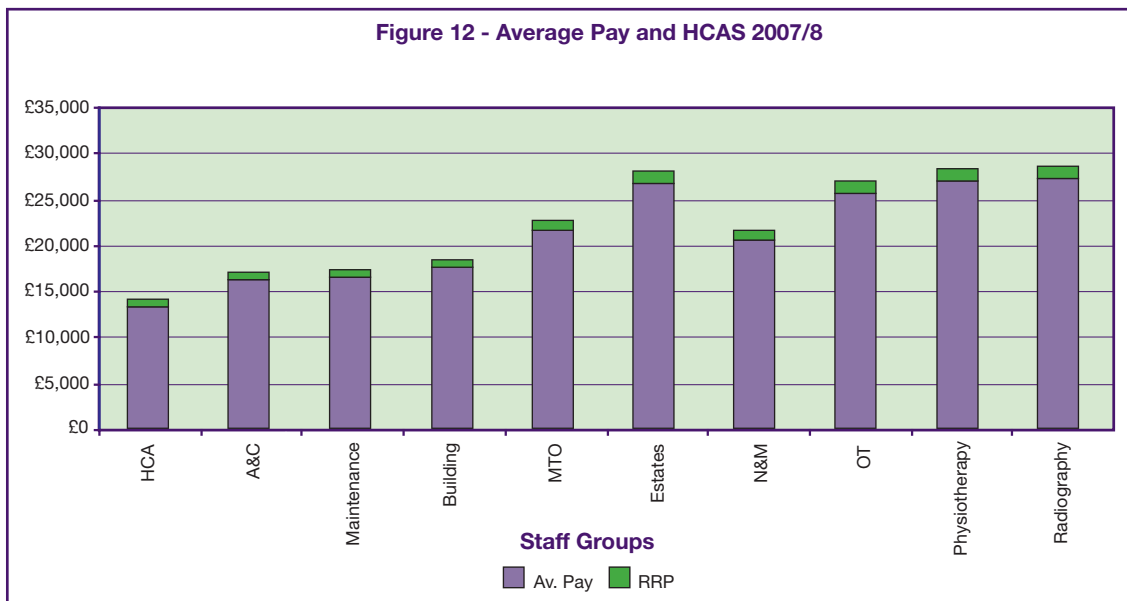
4.7.6 Current pay with COLs compared with HCAS⁸⁶

The Cost of Living Allowance has been replaced, where applicable under AfC, with a Recruitment and Retention Premium. We have applied the 1.5% 2007/8 across the board here to the RRP and salaries. As can be seen, there is little change in the differences between pay, but the unfairness is still present and proportionately increased. Not only that, but the RRP has only increased at the proposed 1.5% rising to 2.5% in October, whereas the HCAS increased from 2.5% across the board, this increasing the discrepancy between those on RRP and those on HCAS as well as those lower paid staff who receive no allowance at all.



Figures 11 and 12 show the differences to pay when the RRP and HCAS are applied to the 2007/8 salaries for the various groups.

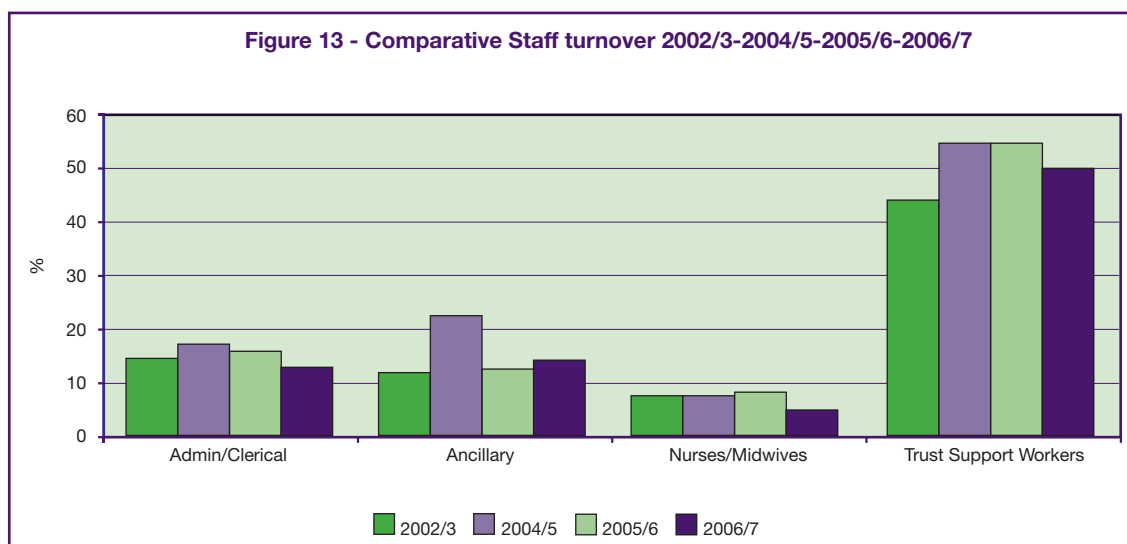




4.7.7 Recruitment and retention difficulties

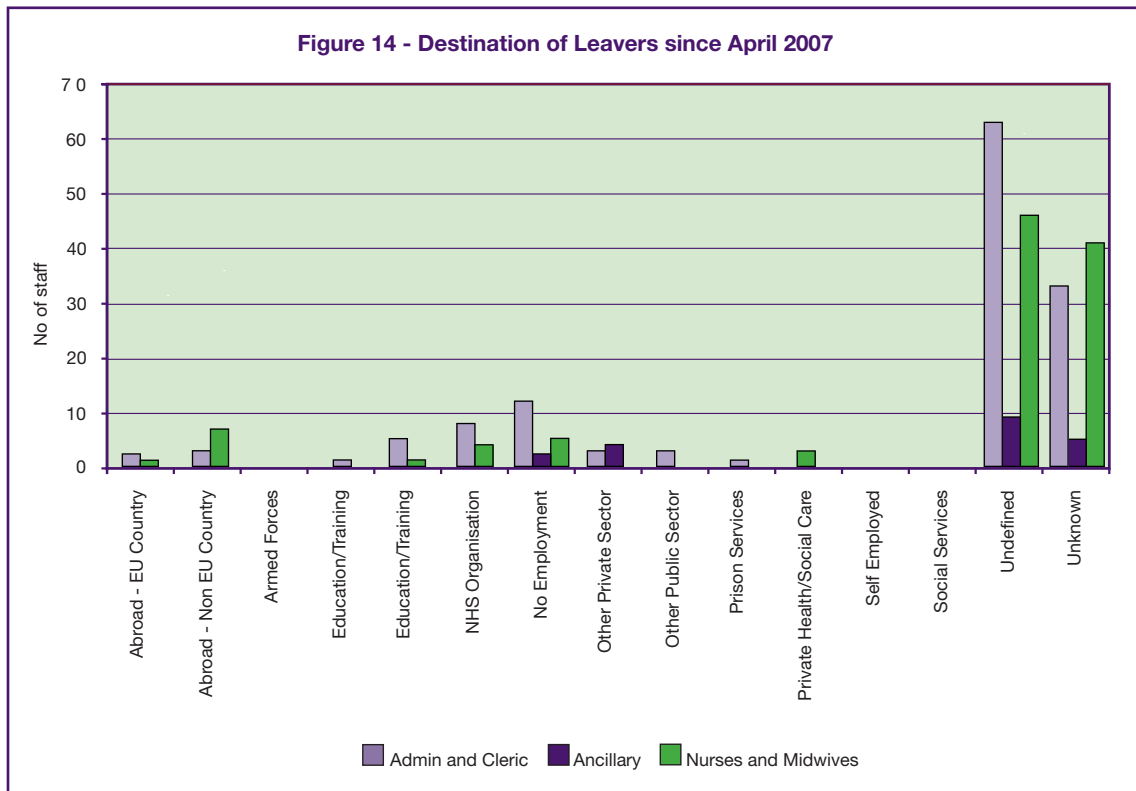
The figures for staff turnover this year show an increase for ancillary workers, and a slight drop for all the other groups. Notably, the group receiving the RRP in place of the Cost of Living Supplement have the lowest turnover. The graph shows figures for the four years 2002-3 to 2006-7.

In terms of recruitment and retention difficulties, these are dependent on many other factors in the region, such as influx of migrant workers, unemployment figures, etc. and therefore the award of a High Cost Area Supplement should not be decided on whether or not there are job shortages in the area, but whether it is in fact a High Cost Area.



⁸⁷ Addenbrooke's HR Central Information System

As requested, we have included a table indicating the destination of leavers within the trust. This figure has only been electronically recorded since April 2007, so as yet is not well populated. However the information shows that the bulk of movement of admin and clerical workers was either to no employment, education or to other NHS organisations, while nurses and midwives either went to no employment, abroad, or to other NHS organisations. This would seem to bear out our contention that, without the High Cost Area Supplement, staff have opted to move away from the trust.



4.7.8 Employment

National Statistics data shows that the Eastern region (where South Cambridgeshire lies at the heart) displays a particularly tight labour market. For the 12 months ending December 2006, 76.9% of people of working age were employed, giving the region the second highest employment level in the UK. Similarly, for the 12 months ending December 2006, unemployment levels of 4.6% were at the second lowest level in the UK⁸⁶. It is against this background that the NHS in the area has to compete for staff.

⁸⁶ Local area labour markets: Statistical indicators, National Statistics, July 2007

4.7.9 Conclusion

As can clearly be seen from the above information, the situation for South Cambridgeshire staff has in fact worsened relative to their more fortunate colleagues who received the HCAS over the past year. A major contributory factor in all this has been the unprecedented rise in housing prices. Added to this, Cambridge may well become liable to a congestion charge in the near future, which will affect every employee who works at the Addenbrooke's site, and many people who work in the PCTs and in the mental health sectors.

Whereas we have done everything possible to meet the request of the Review Body in terms of our submission for this year, we would point out that when the High Cost Area Supplement was introduced with Agenda for Change, questions about staff turnover and experience of recent recruitment exercises were not taken into account or asked for. We feel it is unfair therefore to be put through what amounts to an "employment means test" when addressing the question of High Cost Area Supplement, when it is manifestly true from the information provided that compared to other areas already in receipt of the supplement, Cambridge is undoubtedly a High Cost Area.

We would therefore reiterate our request that the relevant negotiating bodies take steps to redefine the HCAS boundaries to include the Cambridge and South Cambridgeshire travel-to-work areas.

4.8 Future pay determination in the NHS

One of the year's success stories was the level of co-operation between unions, employers, governments and the OME, to achieve agreement on a widened remit for the independent review process and to ensure this was in place for the current pay round.

Within trade unions themselves, there was a vibrant democratic debate on this proposal with many members arguing that independent review limited the ability of unions to secure better pay and improved terms and condition and that there should be a return to "free collective bargaining". Others argued that a fair system of determining pay provided security for health workers and enabled pay to be taken out of the arena of industrial conflict that had blighted the 1970's and early 1980's.

It was unfortunate, to say the least, that just at the time that this was being debated. The government announced that it was not going to award the recommendation of the NOHPRB in full but to stage what was already a below-inflation increase, thus reducing its single year value to 1.9%. This decision seriously undermined all the work undertaken by the parties to achieve a single system of pay determination (excepting medical staff). Despite this, a majority supported the widened remit, although the trade unions determined that they would review how it had worked after its first year of operation.

Another decision by government not to award the recommendations of an independent review process in full would undoubtedly shift the balance of opinion among health staff on this issue.

4.9 Benefits realisation

Little work has been done nationally over the past 12 months to monitor the realisation of benefits envisaged in Appendix E to the final Agenda for Change Agreement. That is not to say that good work is not going on locally but no data has been collected and no central support exists to ensure benefits are being realised.

Primarily this was because of the government's decision to end funding for the NHS Pay Modernisation team, leading to the redundancy of some very experienced best practice facilitators. Both monitoring, advice and support to the service was lost. The new reconfigured SHA's have failed to pick up this work, despite being funded for it. The unions opposed this decision to disband the modernisation team and lobbied government to reverse it. In retrospect this must be regarded as a bad decision. The Kings Fund report "Realising the Benefits: Assessing the Implementation of Agenda 2007" was highly critical of the failure to monitor and ensure the service was achieving benefits from the considerable investment that Agenda for Change represents⁸⁹.

4.10 Recruitment and Retention Premia (RRP)

Whilst no national monitoring of local RRP is taking place, it appears from intelligence that little use is being made locally of this facility within the agreement. That is not to say that recruitment and retention problems have been resolved by AFC. Indeed while turnover has fallen over the past two years (cross reference) this may be as much to do with job insecurity as satisfaction with pay.

It appears that trusts are wary of applying premia that may be perceived by others as "unfair". They are also concerned that such premia may lead to "equal pay" claims at a time when most trusts are facing back pay claims via employment tribunals. Perhaps more significantly, they are not directly funded for RRP.

However the Staff Council did complete a comprehensive review of the National RRP paid to craft maintenance workers during the past year. This work was commissioned by the Staff Council and undertaken by the University of Greenwich Business School. Its report (168 pages long) can be downloaded from www.unison.org.uk/health.

In summary, the report recommended the continuation of national RRP to this group at the rate published in the Handbook (up-rated this year). The Staff Council agreed with this recommendation and issued a statement to all employing organisations. The report also concluded that there was evidence to support a national RRP for some building craft workers working in the wood trades. This recommendation will be the subject of further discussion although is not supported by the employers' side.

⁸⁹ *Realising the Benefits: Assessing the Implementation of Agenda 2007*, J Buchan & D Evans, King's Fund

4.11 Equalities

4.11.1 Background

The last two years have marked a milestone in equalities with a raft of legislation being introduced, which has impacted on both healthcare professionals and service provisions. UNISON has long campaigned for improvements in equalities and welcomes these new requirements.

4.11.2 Legislation

The following Acts and Duties represent the key items of legislation introduced over recent years:

- Race Relations Amendment Act 2002
- Disability Discrimination Amendment Act 2005
- Age Discrimination Act 2006
- Gender Equalities Duty 2007
- Faith and Religious Freedom Duty (pending)

4.11.3 Race Relations Amendment Act

This requires employers and public to monitor the ethnicity of their employees as well as the ethnicity dimension of training, promotion, disciplinary and grievance procedures, performance assessment and leavers. It also requires them to provide training for all staff on promotion of race equality. There is an informed view that the NHS and Department of Health (DH) are not making sufficient efforts to meet the requirements of this Act.

4.11.4 Disability Discrimination Act

This Act requires organisations to involve disabled people in decisions including decision-making in service design. Consultation in itself will not be sufficient to meet the requirements of this Act.

4.11.5 Equality Scheme

All organisations are required to produce an equalities scheme. The DH has produced guidance on a single equality scheme covering all of the duties⁹⁰. However, many organisations have yet to produce a robust scheme. Those organisations which have been successful in developing a scheme have appointed an equalities lead. Bradford Foundation Trust, for example, has an equalities unit responsible for driving forward this agenda and in supporting the organisation to effectively implement the requirements. This document has to be publicly available and reviewed after years one and three of the programme.

⁹⁰ Department of Health Guidance on Single Equalities Scheme 2006

Organisations are also required to undertake an Equality Impact Assessment on any policy or re-organisation to ensure that it does not have a detrimental impact on any one particular group.

4.11.6 Equality impact assessment

In 2006 the NHS Staff Council formed a working group to review Agenda for Change in light of the equalities legislation and to undertake an equality

impact assessment of the new pay scheme. Initially, the group undertook a small qualitative survey of six organisations to identify what information was recorded and whether it was consistent. The results of this survey indicated that we would have to recommend to the Staff Council that a review should cover a 10% sample of organisations. Furthermore, from our initial analysis it was clear that whilst the new electronic records system (ESR) was in operation in a number of organisations the information transferred onto it was not consistent across the six organisations.

A paper was written to this effect and tabled to the Staff Council. Following its agreement, an approach was made to the DH to seek funding and assistance to undertake this piece of work. However it became clear that this would be an extremely protracted process, as it would require identifying an organisation to undertake the work through a procurement process.

The DH recommended that we use the NHS Information Centre and following discussions with the centre on our objectives and time frames, it was confirmed that via access to ESR almost 500,000 staff records would be accessible and that by comparing a number of other pieces of information the centre would be able to undertake the piece of work for us.

The equality impact assessment will look at all staff groups in England, while the other three countries will be undertaking their own review. It will look at basic earnings before and post Agenda for Change, and will provide us with information on gender and ethnicity.

We anticipate that this work will be concluded in the autumn, at which point we will submit supplementary evidence on the findings. It is intended that this evidence will be submitted jointly.

4.12 Multi-year “deal” talks

At the time of writing, unions are considering a negotiated settlement of outstanding issues relating to the 2007/2008 pay round which also includes an agenda for multi-year talks.

The agenda for talks during September and October 2007 is as follows:

All parties (ie the four UK health departments, NHS Employers and the NHS trades unions) are committed to entering into discussions on the potential for a multi-year pay deal to cover all or part of the next Comprehensive Spending Review period. Any potential multi-year deal would have to be good for staff and represent good value for money for patients and the taxpayer and be affordable for the NHS. Such discussions do not at this stage imply the commitment of any of the parties to a multi-year deal. The parties have, however, agreed that the following issues should be addressed during discussions

On pay structure

All parties are committed to reviewing the Agenda for Change pay scales with reference to the number of incremental pay points, the opportunities for incremental progression and the appropriate structure at the bottom of the pay spine.

On conditions of service

All parties are committed to review conditions of service with the aim of better matching the total employment package to the needs of staff and the Service. Within this there will be a specific review of the facilities arrangements for trades unions to take part in partnership working, and also of the future of the “improving working lives” initiative in England, and similar initiatives elsewhere in the UK.

On career development

All parties are committed to ensure that staff at all levels have appropriate opportunities to develop their careers, and play their full part in improving services for patients. The discussions will cover access to training and career progression, and how employers can work with union learning representatives to improve all aspects of staff development.

On security for staff

All parties are committed to finding ways to assist staff mobility to support service improvements for patients, without unnecessary fear over job security or conditions of service and pensions, or unjustified differences in treatment between different staff.

On productivity

All parties are committed to identify approaches to improving productivity in the NHS which will generate benefits for patients and appropriate rewards for staff at all levels.

At the time of writing it is impossible to predict the outcome of these talks. But it is intended that the outcome is fed into the Pay Review Body process.

4.13 Conclusion

The natural preference of UNISON would be for a single year pay award for 2008/2009. However, if multi-year talks can produce an outcome that benefits staff and the service, then UNISON has no intrinsic objection to this.

What is clear is that the government is attempting to restrict public sector pay, as part of its strategy to minimise increases in costs in the economy as a whole. While UNISON supports the government in its work to keep the UK economy internationally competitive, we do not believe that NHS workers should bear an unfair burden by receiving below-inflation pay awards.

There is a real risk that the gains of Agenda for Change will be lost and that the credibility of independent review of pay could be undermined, with a return to the conflicts of the past between government and public sector workers. In this sense, NHS pay is at a crossroad.

Agenda for Change has now effectively stabilised as a system of pay. The unsocial hours proposals are unlikely to create any great variations in pay for any group of workers and will be contained within the existing cost envelope. Further reviews of particular terms and conditions are unlikely to create any new cost pressures.

Chapter Five – UNISON Pay Survey 2007

5.1 Introduction

UNISON conducted its largest ever pay survey of health members in June and July 2007, gaining 1,845 responses drawn from all sections of our membership.

A questionnaire (see appendix 4) was distributed through a targeted mailing and UNISON's branch network to gather answers on 50 key questions relating to pay, working conditions, recruitment/retention, training, work-life balance, violence/harassment and the impact of reorganisation/restructuring.

The survey was completed by members working in posts for ancillary and maintenance staff, administrative and clerical staff, nursing and midwifery staff, allied health professionals, professional and technical staff and senior management.

The results were weighted to ensure that they accurately reflected our membership in terms of gender, race and occupation.

We were then able to analyse the results in totality and in terms of the separate outcomes for the various occupational groups, ethnic minorities and nations within the UK.

The results of this exhaustive survey are set out below.

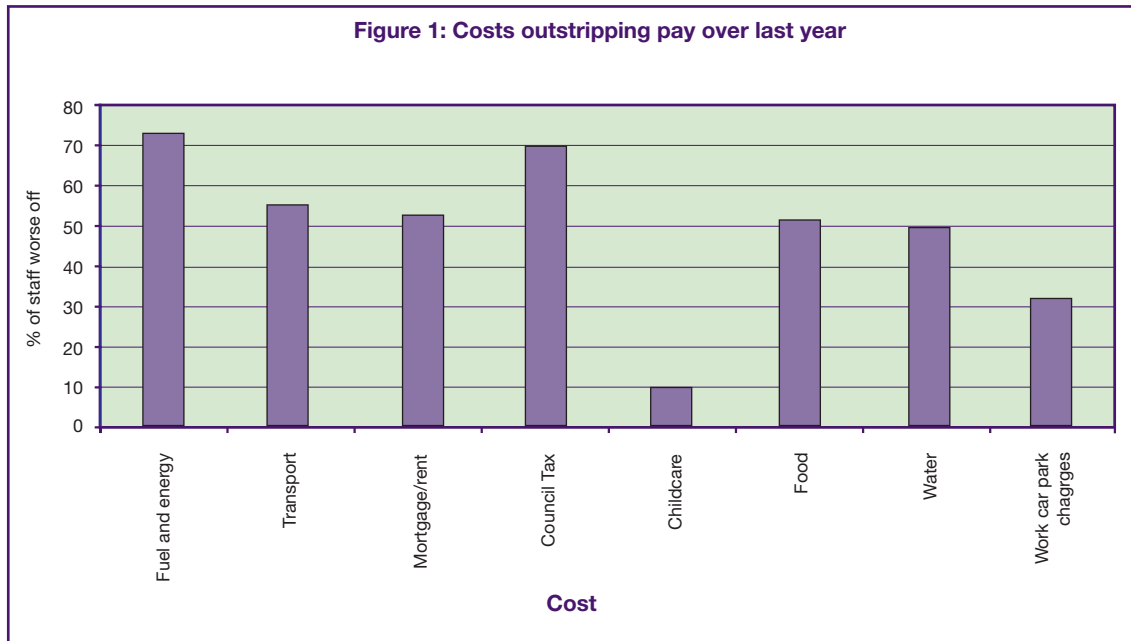
5.2 Pay

The survey found that one of the most dramatic changes since last year has been the turnaround in staff's views on their pay relative to the cost of living. Whereas in 2006 64% of staff felt that they were better off than the previous year, 59% of staff now believe that they are worse off than this time last year. Just 6% continue to believe that they are better off than they were last year.

On delving deeper into the factors contributing to this change, the impact of rapid inflation in the prices of many basic items of consumption is apparent (see figure one). For instance, 76% of respondents felt that their pay had deteriorated against the costs of fuel and energy and 73% of respondents reported a decline against council tax. Similarly, more than half of respondents felt that their pay had fallen against their mortgage/rent payments and the cost of transport, food and water.

With relative pay in decline, 37% of staff reported that they are dependent on unsocial hours payments, special duty or shift payments to sustain their standard of living, while 26% rely on overtime and 5% are dependent on on-call payments.

In another sign of falling relative wages, the number of staff resorting to a second job for financial support has risen to 19% of the workforce. Almost half of those (45%) are employed in second jobs outside the NHS, 43% gain extra work through NHS Professionals or Bank arrangements and a further 11% through other agencies.



5.3 Working conditions

The overwhelming majority of staff (80%) reported that their workload has increased since last year and this result was mirrored in the level of stress, which has risen for 78% of staff.

Consistent with this pattern, staffing levels have fallen in 61% of working areas/departments (it has remained the same for 28%), while the number of patients served has risen in 53% of working areas/departments (it has remained the same for 27%).

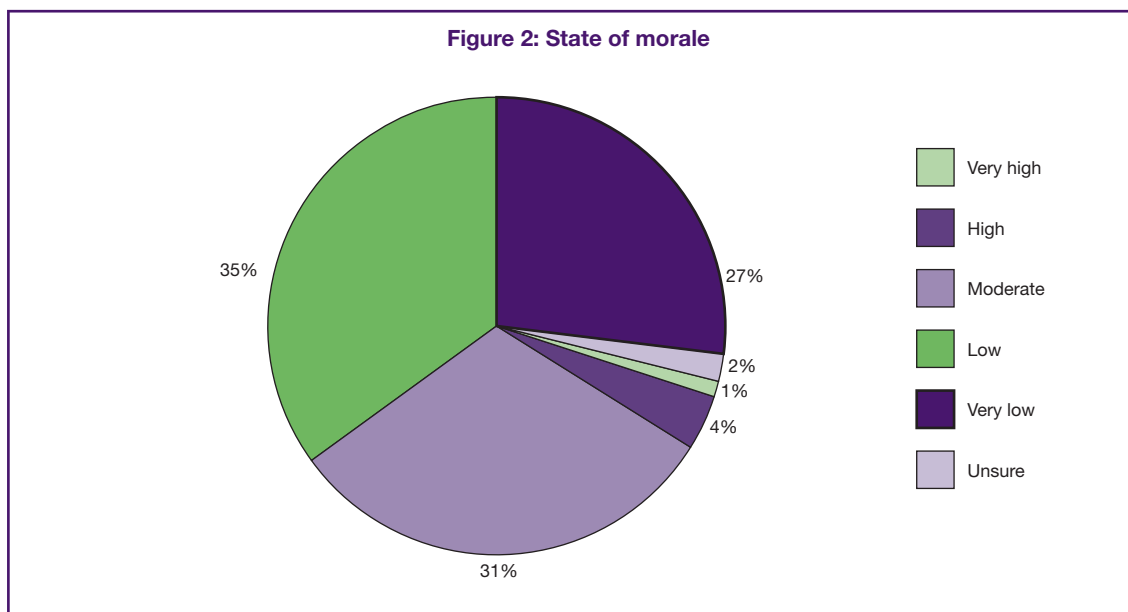
Staff believed that these changes had resulted in the quality of care deteriorating in 38% of working areas/departments, while remaining the same in a further 40% and rising in 9%.

Among those whose workload has increased, 74% said that this was down to additional duties/responsibilities placed on them. This represents a rapid rise since 2006, when the UNISON survey found that 45% of staff attributed their workload to the same factor.

The other most common reasons behind an increased workload were insufficient sickness, maternity and holiday cover (58%), vacancy freezes and redundancies (46%) and pressure to meet government targets (45%).

The impact of rising workload and stress has been an increase in the number of staff reporting a detrimental effect on their personal health from 45% in 2006 to 59% in 2007, while a further 46% feel that it has damaged their family life.

The picture of morale gathered by the survey points to low or very low morale in 63% of workplaces and high or very high morale in 5%. Since last year, staff feel that morale has deteriorated in 71% of workplaces and risen in 3% (see figure two).



The upshot of these developments is that 64% of staff stated that they would probably or definitely not recommend their occupation/profession as a career in the NHS

5.4 Recruitment and retention

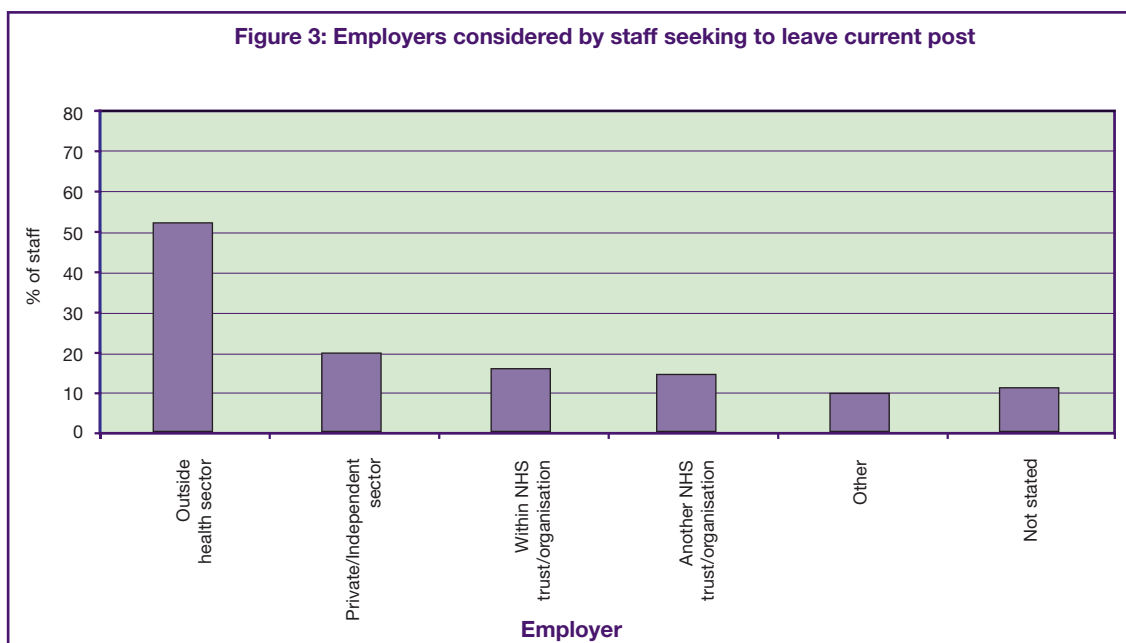
The job cuts and freezes that have characterised the NHS over recent years have left 56% of remaining staff feeling fairly or very worried about their job security. In line with that result, 54% of staff have fairly or very seriously considered leaving their current position.

For those who have considered leaving, 53% attribute their feelings to being undervalued in terms of pay (a significant rise on 2006 when 37% backed the same view), 49% to the changing nature of the NHS, 49% to staff shortages, 45% to being undervalued in terms of managers' treatment of staff and 41% to stress.

The dangers of losing skilled and experienced staff from the NHS is apparent in figure three below, which shows that, of those who have considered leaving, 52% would target work outside the health sector entirely and 20% would be attracted by the private or independent healthcare sector, leaving 32% considering continued employment within the NHS. It is notable that younger staff in particular are attracted to the option of employment in the private or independent healthcare sector, with 35% of 21 to 30 year olds considering such a move.

The wearing effect of increased pressures on staff is demonstrated by the finding that the proportion of staff who say that they remain in the job out of commitment to the work fell from 75% in 2006 to 59% in 2007, while the proportion of staff who enjoy their work fell from 66% in 2006 to 48% in 2007. Approximately 42% of staff continue to cite the pension scheme as a reason for staying in the job, but the proportion who attribute continuation to improved pay and conditions has collapsed from 40% in 2006 to 4% 2007.

Staff shortages were experienced frequently in 62% of working areas/departments and just 3% reported that there were never shortages.

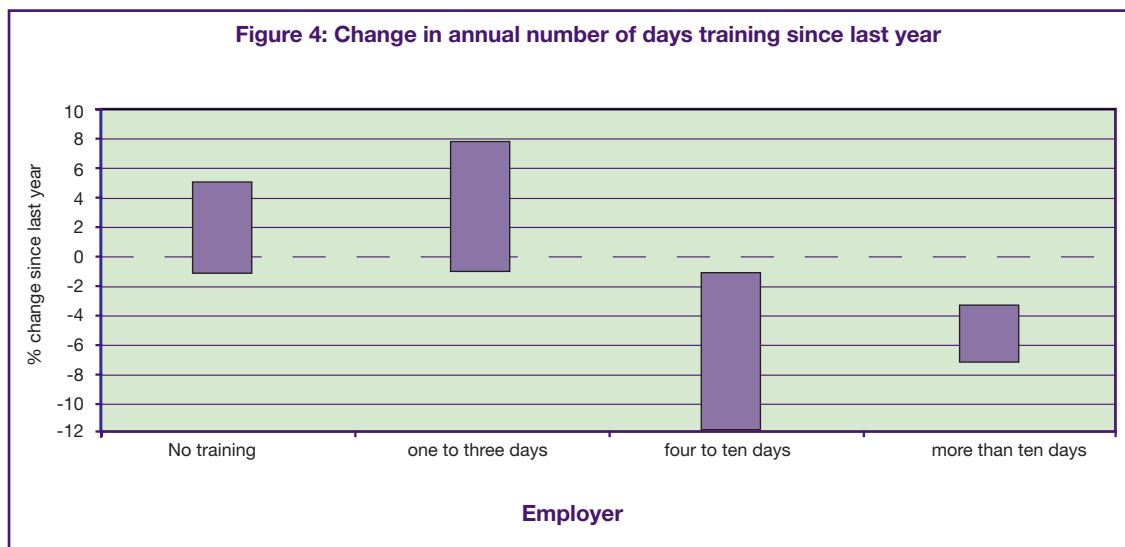


Of those employers experiencing some form of shortage, 35% responded by taking on Bank or agency staff (up from 19% in 2006), 28% took no action, 21% recruited permanent staff, 19% restructured, 10% recruited on fixed-term contracts and 9% introduced family friendly/ Improving Working Lives policies to improve retention.

5.5 Training, learning and development

The detrimental impact on training resulting from slashing of budgets in response to greater pressure on organisational finances was confirmed by the reported experience of staff.

The proportion of staff receiving no training over the previous year rose from 16% in 2006 to 22% in 2007 while the proportion receiving between one and three days training rose from 36% in 2006 to 45% in 2007. Conversely, the proportion of staff receiving four to ten days training fell from 32% in 2006 to 21% in 2007 while the proportion receiving more than 11 days training dropped from 16% to 10%. The changes as the number of days training received by staff has been pushed down is illustrated by figure four below.



The number of staff reporting that they have not received their Knowledge and Skills Framework (KSF) outline, improved from 59% in 2006 to 45% in 2007. However, 67% were unaware of any KSF relaunch in their area,

The proportion of staff reporting that they had received a Development Review also improved from 27% in 2006 to 38% in 2007. Around 43% of staff have discussed their Personal Development Plan.

5.6 Work – Life Balance

The survey found that for 68% of staff their contracted hours conflicted with their domestic commitments at least occasionally and for 14% of staff those clashes were frequent.

The importance of this statistic is reinforced by the finding that 63% of staff have some form of dependant that they are responsible for, with 12% responsible for pre-school children, 26% for school age children, 17% for elderly relatives and 7% for long-term sick or disabled dependants.

In a typical week, 37% of staff reported that they worked some paid overtime with 19% working up to five additional hours, 15% between five and 15 hours, and 3% over 15 hours.

An even greater proportion (41%) reported working additional hours with no payment or time off in lieu. Of those, 33% worked up to five hours, 6% between five and 15 hours and 1% more than fifteen hours

The most popular reason given for working extra hours was to avoid letting down the people that staff work with (32%). A further 26% attributed it to the need to earn extra money, 10% to providing the best care for patients, 8% to the fact that it is impossible to do their job without working extra hours and 6% to the insufficiency of the basic salary.

The survey found that there has been a significant fall in the number of staff aware of their employer implementing Improving Working Lives (IWL), declining from 63% in 2006 to 50% in 2007.

Furthermore, of those who are aware of it, 75% still believe that IWL has not had a positive impact on their working life.

5.7 Violence, harassment and bullying at work

We asked UNISON members a series of questions designed to gauge the level of violence, bullying and harassment experienced by staff in going about their work in the NHS.

The survey found that 41% of staff are aware of a colleague being subject to verbal abuse over the last year, 29% to threatening verbal abuse, 19% to violence that did not require medical attention, 13% to violence requiring medical assistance/first aid and 7% to a threat with a weapon.

As shown in figure five below, a further 35% of staff have directly experienced being subject to verbal abuse over the last year, 24% to threatening verbal abuse and 11% to violence that did not require medical attention.



The most common types of harassment experienced by staff from patients and carers was sexual harassment, unwanted propositions and suggestive comments (10%), racist jokes, banter, insults, taunts and insinuations (9%), sexual harassment and unnecessary touching (8%), and sexist jokes, banter, insults, taunts and insinuations (6%).

The most common types of harassment and bullying experienced by staff from managers was unfair allocation of work (18%), exclusion from conversation, workplace or social events (12%), unjustified criticism including malicious complaints and unfair performance review (7%), and denial of authority (7%)

The most common types of harassment and bullying experienced by staff from other staff was unfair allocation of work (12%), exclusion from conversation, workplace or social events (10%), unjustified criticism including malicious complaints (9%), racist jokes, banter, insults, taunts and insinuations (7%), and sexist jokes, banter, insults, taunts and insinuations (6%).

Approximately, 81% of staff said that they would know how to report an incident of violence, harassment, bullying or abuse. However, 69% of staff who reported an incident of violence,

harassment, bullying or abuse said that no action had been taken against the assailant / perpetrator

5.8 Reorganisation / restructuring

In order to understand how restructuring of the NHS may be impacting on the working conditions of staff, we sought members' opinions on various issues concerning reorganisation by their employer.

The results suggested an improvement in the financial position of some employers as the number of staff indicating that their employer had announced a deficit over the previous 12 months declined from 81% in 2006 to 52% in 2007.

Similarly, the number of employers announcing a reduction in the number of posts over the previous 12 months fell from 76% in 2006 to 56% in 2007.

Experience has been equally split over use of agency staff, with 24% of staff indicating that the use of agency staff had increased since 2006, 23% that it had declined and the remainder stating that it had stayed the same.

Respondents estimated that Bank and agency staff represent less than a quarter of the workforce in 80% of wards/areas of work, 12% employ between a quarter and half, and 8% employ over a half.

5.9 Variation across occupational groups

The general results obtained by the survey mask some significant differences in the experience of the various occupational groups.

The most marked differences were found in the results obtained for ambulance staff. These workers are particularly heavily dependent on unsocial hours payments, special duty and shift payments to sustain their standard of living (with 77% reporting dependency compared to the average of 37%), and much more dependent on overtime to sustain their standard of living (with 63% reporting dependency compared to an average of 26%).

In line with this, 23% of ambulance staff work over 10 hours as paid overtime (compared to the 7% average) and 38% find that contracted hours frequently conflict with domestic commitments (compared to the 14% average).

Ambulance staff are four times as likely to suffer violence requiring medical assistance or be threatened with a weapon and twice as likely to suffer threatening verbal abuse in comparison to the average

There are also greater issues for ambulance staff in training and development. For instance, 59% of ambulance staff have not received a KSF outline (the average is 45%), 68% have not discussed their PDP (the average is 53%) and 77% have not had a development review (the average is 59%).

Ancillary and maintenance staff face many of the same training and development problems – 41% have received no training over the last year (the average is 22%), 66% of have not discussed their PDP (the average is 53%) and 70% have not had a development review (the average is 59%).

The disproportionate impact on jobs at the bottom end of the salary scale of cuts in training budgets is also shown by the statistic that 36% of administrative and clerical staff have received no training over the last year (the average is 22%).

Allied Health Professionals report a particularly widespread drop in their wages compared to the cost of living, with 71% stating that they are worse off than they were a year ago (compared to the average of 59%)

Around 27% of nurses and midwives do another paid job compared to an average across the workforce of 19%.

5.10 Variation across England, Scotland, Wales and Northern Ireland

Scotland and Northern Ireland show more marked variations than England and Wales from the UK wide results.

Less financial pressures on employing organisations in Scotland and Northern Ireland is apparent in the result that between 26% and 27% of staff reported that their employer had announced a deficit since last year compared to the UK average of 52%. A similar percentage in both countries reported that employers had reduced posts compared to the UK average of 56%.

However, that situation may be changing, with 64% of staff in Scotland reporting that the financial position of their employer has declined since last year (the average is 41%)

Employers in Scotland have shown a greater tendency to increase use of temporary staff since last year, as 47% of staff reported a rise compared to a 33% average.

Training and development issues are more marked outside of England. For instance, 26% of staff in Scotland have received their KSF outline compared to 46% across the UK, 24% of staff in Wales and 20% of staff in Northern Ireland have discussed their PDP compared to the UK average of 43%, 21% of staff in Wales and 17% of staff in Northern Ireland have had development reviews with their manager compared to 38% across the UK.

The results also show the different pattern of work in Northern Ireland, where 53% of staff reported working part-time hours compared to 40% across the UK. In addition, 52% of Northern Ireland staff are dependent on unsocial hours payments, special duty, shift payments to sustain standard of living (the average is 37%) and 40% are dependent on overtime to sustain standard of living (the average is 26%)

5.11 Variation across ethnic minorities

The level of racism suffered by ethnic minority staff in the NHS is drawn out by looking at their results separately to the survey as a whole.

For example, 23% of Black staff witnessed or were subject to physical attack because of their race from patients/carers (almost six times higher than the 4% average) and 5% of Black staff witnessed or were subject to physical attack because of their race from managers (the average was less than 1%).

In addition to facing physical abuse at work, 45% of Black staff and 16% of Asian staff reported verbal abuse in the form of racist jokes, banter, insults, taunts or insulations from patients and carers (the average was 9%)

Around 22% of Black staff and 13% of Asian staff even reported that they had suffered the same type of abuse from other members of staff (the average was 7%).

The survey also found that staff from ethnic minorities are much more reliant on the various means available for earning extra money on top of their basic wage.

For instance, 54% of Asian staff and 53% of Black staff were dependent on unsocial hours payments, special duty and shift payments to sustain their standard of living (the average was 37%), while 40% of Asian staff and 35% of Black staff were dependent on overtime (the average was 26%).

Black and Asian staff were three times more likely to work more than 10 hours paid overtime than the average and 47% of Black staff hold an additional paid job (the average was 19%).

Possibly connected to these factors, 33% of Asian staff and 27% of Black staff are very worried about their job security compared to an average of 15%.

5.12 Conclusions

The 2007 UNISON survey gathers evidence that points heavily toward a picture of the NHS that has been sketched out consistently throughout this submission document.

The financial pressures placed on employers over recent years that have resulted in cuts and freezes across the NHS has taken a heavy toll on the workforce over the last year in the form of an escalated workload and rising stress, with predictably negative consequences for staff morale.

Slashing of training budgets in response to financial pressures has damaged educational and development opportunities, particularly for the lowest paid staff.

And the survey continues to document the violence and harassment faced by many NHS staff in going about their daily work.

However, it is the compounding of all these issues by the impact of rapid inflation rates on basic items of consumption that has really hit staff hard by eating into the real value of their earnings.

Every indicator on pay points in the same direction - 59% of staff believe that they are now worse off than this time last year just a year after 64% saw themselves as better off, 4% attribute staying in the NHS to improved pay and conditions just a year after 40% did so and 53% are considering leaving the NHS because they feel undervalued in terms of pay a year after 37% made the same observation.

In last year's evidence, NHS Employers conducted a survey that found that "many employers acknowledged that a below inflation award would be detrimental for staff morale and motivation." UNISON's survey confirms that this is precisely what has occurred ⁹¹.

⁹¹ NHS Employers' evidence to Nurses and Other Health Professions Review Body 2007/08, September 2006

The twin impact of falling real pay and rising levels of stress has reached such a point that almost 40% of staff are considering applying for work outside the NHS. This tendency may not yet be reflected in NHS vacancy rates given the background of job cuts and recruitment freezes, but continuation is likely to steadily erode the position of the NHS as an attractive employer.

5.13 Managers in Partnership (MiP)

5.13.1 Introduction

Managers in Partnership (MiP) was launched in June 2005 as a result of a joint venture partnership established between UNISON, as the largest public service union, and the FDA, as the union for senior managers and professionals in public services. MiP is a separate organisation, independent from its parent unions, that represents managers within the health service. Since launch, over 1,500 senior managers throughout the UK, including 100 chief executives, have joined MiP. It now has 5,000 members, about 40% of whom are at board level, and 60% of whom are covered by Agenda for Change.

5.13.2 MiP pay survey

MiP conducted a separate survey to the UNISON pay survey during July and August 2007. A questionnaire (see appendix 5) containing 52 questions was distributed to MiP members and elicited 77 responses, the key results of which are set out below. The number of respondents represented over 2% of members covered by Agenda for Change.

5.13.3 Costs of living

Only one in eight respondents felt they were better off when they were asked how they felt their pay had changed relative to the cost of living, compared with 12 months ago. 44% of respondents said they were worse off, and 40% that they were neither better nor worse off.

Most respondents identified the costs of fuel and energy, transport, mortgage and rent, council tax and water as items of expenditure where they were particularly worse off.

5.13.4 Workload and morale

74% of respondents report that workload has increased in the last year, and 25% that it has remained the same. 55% of respondents also reported that the number of staff has fallen in their working area in the last year. Similar percentages are reported for the level of stress.

The top three reasons given for the increase to individual workloads were: vacancy freezes and redundancies; additional duties and responsibilities; and pressure to meet government targets.

Half of respondents reported that the increase in workload has had detrimental effects on their personal health and on family life. Nearly 60% of respondents assess morale as either low or very low in their workplace and nearly 70% believe morale has worsened in the last 12 months. Only 40% of respondents said they would recommend their career in the NHS.

5.13.4 Recruitment and retention

Most respondents were worried (48%) or very worried (10%) about their job security.

Nearly 60% have considered leaving their current position in the NHS, either fairly seriously or very seriously, and about half considered leaving the NHS altogether.

By far the most common reason for considering leaving is constant change in the NHS, particularly re-organisation and restructuring. It should be noted that our survey shows this insecurity extends beyond those organisations – PCTs, SHAs, ambulance services – that are emerging from Commissioning a Patient Led NHS.

A significant number of respondents said that they had considered leaving because they felt undervalued by pay levels and unfair grading. This supports MiP's own experience through helping individual members with banding appeals. There are a number of factors in play. For example, many new organisations have taken inconsistent approaches to banding fundamentally similar management jobs; managers are often expected to make less fuss about banding decisions; and management roles are not always understood by staff side representatives.

Respondents remain in the NHS for vocational reasons as well as terms and conditions. 82% of respondents said they remained because they were still committed to the job and 38% because they enjoyed their job. The pension scheme is the top term of service given for wishing to remain in the NHS.

5.13.4 Training, learning and development

Historically, the failure to invest in the development of management, particularly middle management, has been a major weakness in the NHS. Unfortunately, our survey does not suggest that this weakness is being addressed.

Interestingly, despite the widely-perceived assault on training budgets in the last 12 months, nearly three quarters of respondents reported that the amount of training for them had either remained the same or even improved. However, as a fifth of respondents had no workplace training or academic studying at all and 45% between one and three days only, there does not appear to be much management training and development to erode in the first place.

Our survey suggests significant problems with appraisal and development. Only a half of respondents had received their KSF outline. Less than 25% of respondents – all senior managers with significant line management responsibilities, it should be remembered – were aware of any KSF relaunch in their area. About 60% of respondents had neither discussed their Personal Development Plan (PDP) nor had a development review with their line manager.

5.13.5 Work-life balance

Just under 30% of respondents reported working paid overtime. However, 84% of respondents reported working hours in addition to normal contracted hours for which they did not receive payment or time off in lieu. Nearly 40% of respondents worked between six and 10 such hours, 10% between 11 and 15, and 9% more than 16 extra hours a week.

Extra hours are required in order to meet deadlines and because it would be impossible to do the job otherwise. Respondents also report – as a significant motivation - not wanting to let down people they work with.

Although about 70% of respondents were aware their employer was implementing the Improving Working Lives initiative, only 30% of those respondents believed it had had a positive impact on their working lives.

5.13.6 Violence, harassment and bullying at work

Managers in the health service are less likely to experience violence and other threatening behaviour than other groups of health workers. Our survey also shows relatively low levels of discrimination and sexual harassment experienced by respondents, although eight respondents believed they had been discriminated on grounds of age. There were only a handful of managers from BME backgrounds in the sample. “Managerial” bullying – through unfair allocation of work, unjustified criticism and unfair performance review, denial of authority – were more commonly experienced forms of harassment.

5.13.7 Re-organisation and restructuring

Just under half of respondents said their NHS employer had announced a deficit in the last 12 months. Two-thirds of respondents whose employer had announced a deficit reported that the financial position had improved over the last 12 months.

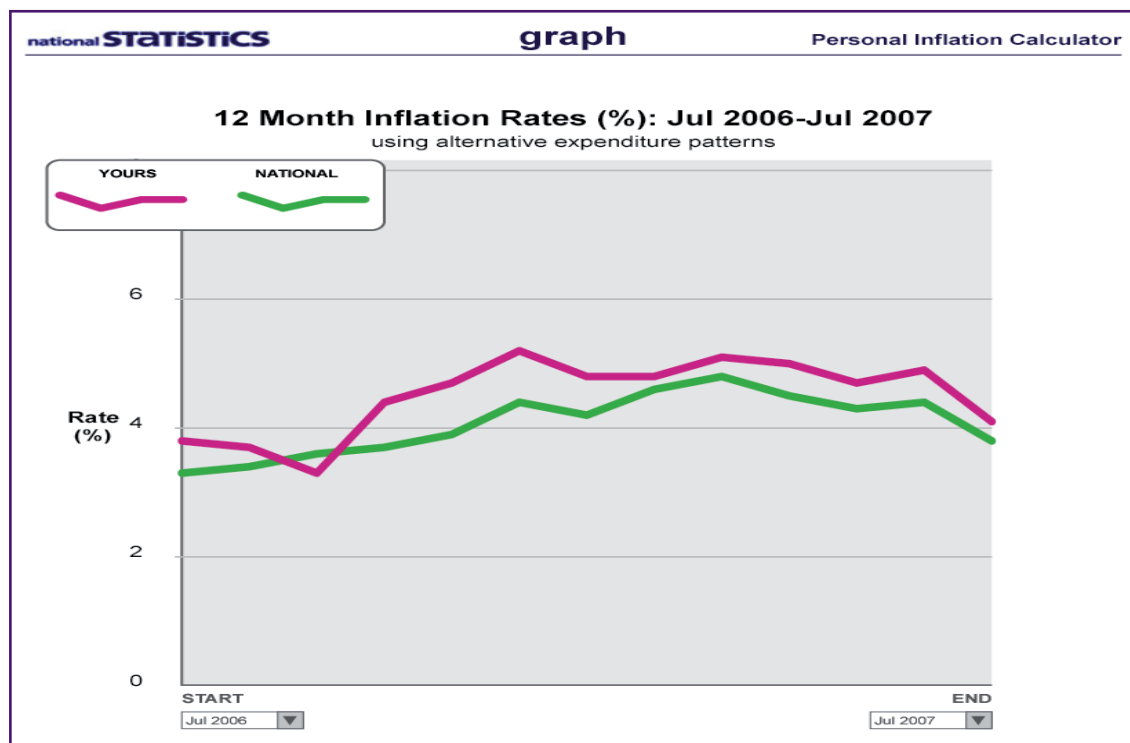
Although more than half of respondents’ employers had not announced a deficit, 67% had announced a reduction in the number of posts over the last 12 months.

Finally, 85% of respondents reported that reconfiguration and restructuring had an impact on their job role.

Appendix 1 – Personal Inflation Calculators

Caroline's Personal Inflation Calculator

national STATISTICS		your spending		Personal Inflation Calculator	
1	Estimated MONTHLY Expenditure on Regularly Purchased Items	<input type="text" value="1330"/>	5	Accommodation Expenses a. If you own your property:	
2	How much of this is on:			Value of Outstanding Mortgage	<input type="text" value="0"/>
	Food	<input type="text" value="300"/>		(Est. Annual Interest)	0
	Meals Out	<input type="text" value="100"/>		Value of Your Property	<input type="text" value="0"/>
	Alcohol	<input type="text" value="0"/>		Where You Live: <input type="text" value="East Midlands"/>	
	Tobacco	<input type="text" value="0"/>		(Est. Annual Depreciation)	0
	Phone Charges	<input type="text" value="50"/>		b. If you pay rent:	
	Clothing and Footwear	<input type="text" value="150"/>		MONTHLY Rent	<input type="text" value="267"/>
	Rail and Bus Fares etc.	<input type="text" value="20"/>		c. Utilities and Insurance:	
	Education/Child Care	<input type="text" value="400"/>	6	ANNUAL Council Tax	<input type="text" value="968"/>
	Chemists Goods	<input type="text" value="50"/>		ANNUAL Water Charges and House Insurance	<input type="text" value="552"/>
	Fuel for Transport	<input type="text" value="160"/>		6 ANNUAL Spending on	
	Heating and Lighting	<input type="text" value="60"/>		Housing Repairs, Maintenance and DIY	<input type="text" value="240"/>
3	Calculated Other Monthly Expenditure (edit this value if necessary)	<input type="text" value="40"/>		Vehicle Repair/Maintenance	<input type="text" value="1000"/>
				Vehicle Tax/Insurance	<input type="text" value="440"/>
				UK and Foreign Holidays and Other Airfares	<input type="text" value="400"/>
				(Est. Car Expenditure)	1866
4	Calculated Monthly Total (£):	1,330	7	Spending in LAST THREE YEARS on	
				Furnishings and Electrical Goods	<input type="text" value="2500"/>
			8	Calculated Annual Total (£):	25,464



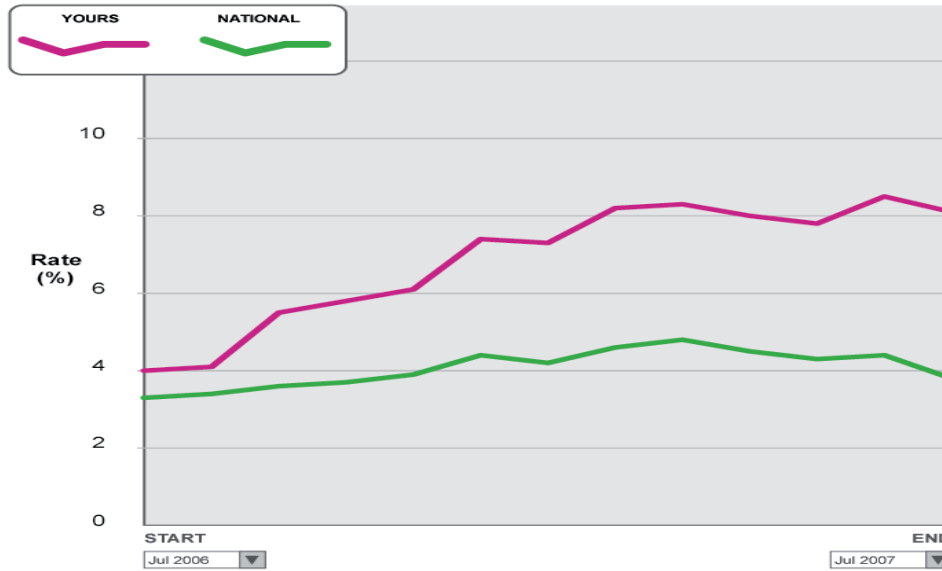
12 Month Inflation Rates (%): Jul 2006-Jul 2007
using alternative expenditure patterns

	NATIONAL	YOURS
Jul 2006	3.3	3.8
Aug 2006	3.4	3.7
Sep 2006	3.6	3.3
Oct 2006	3.7	4.4
Nov 2006	3.9	4.7
Dec 2006	4.4	5.2
Jan 2007	4.2	4.8
Feb 2007	4.6	4.8
Mar 2007	4.8	5.1
Apr 2007	4.5	5.0
May 2007	4.3	4.7
Jun 2007	4.4	4.9
Jul 2007	3.8	4.1

Katrina's Personal Inflation Calculator

national STATISTICS	your spending	Personal Inflation Calculator
1 Estimated MONTHLY Expenditure on Regularly Purchased Items	<input type="text" value="1244"/>	
2 How much of this is on:		
Food	<input type="text" value="100"/>	
Meals Out	<input type="text" value="100"/>	
Alcohol	<input type="text" value="60"/>	
Tobacco	<input type="text" value="0"/>	
Phone Charges	<input type="text" value="120"/>	
Clothing and Footwear	<input type="text" value="100"/>	
Rail and Bus Fares etc.	<input type="text" value="50"/>	
Education/Child Care	<input type="text" value="126"/>	
Chemists Goods	<input type="text" value="30"/>	
Fuel for Transport	<input type="text" value="120"/>	
Heating and Lighting	<input type="text" value="88"/>	
3 Calculated Other Monthly Expenditure (edit this value if necessary)	<input type="text" value="350"/>	
4 Calculated Monthly Total (£):	1,244	
5 Accommodation Expenses		
a. If you own your property:		
Value of Outstanding Mortgage	<input type="text" value="92700"/>	
(Est. Annual Interest)		6886
Value of Your Property	<input type="text" value="160000"/>	
Where You Live: <input type="text" value="Scotland"/>		
(Est. Annual Depreciation)		1063
b. If you pay rent:		
MONTHLY Rent	<input type="text" value="0"/>	
c. Utilities and Insurance:		
ANNUAL Council Tax	<input type="text" value="1059"/>	
ANNUAL Water Charges and House Insurance	<input type="text" value="694"/>	
6 ANNUAL Spending on		
Housing Repairs, Maintenance and DIY	<input type="text" value="0"/>	
Vehicle Repair/Maintenance	<input type="text" value="628"/>	
Vehicle Tax/Insurance	<input type="text" value="559"/>	
UK and Foreign Holidays and Other Airfares	<input type="text" value="700"/>	
(Est. Car Expenditure)		2137
7 Spending in LAST THREE YEARS on		
Furnishings and Electrical Goods	<input type="text" value="1500"/>	
8 Calculated Annual Total (£):		29,154

12 Month Inflation Rates (%): Jul 2006-Jul 2007
using alternative expenditure patterns

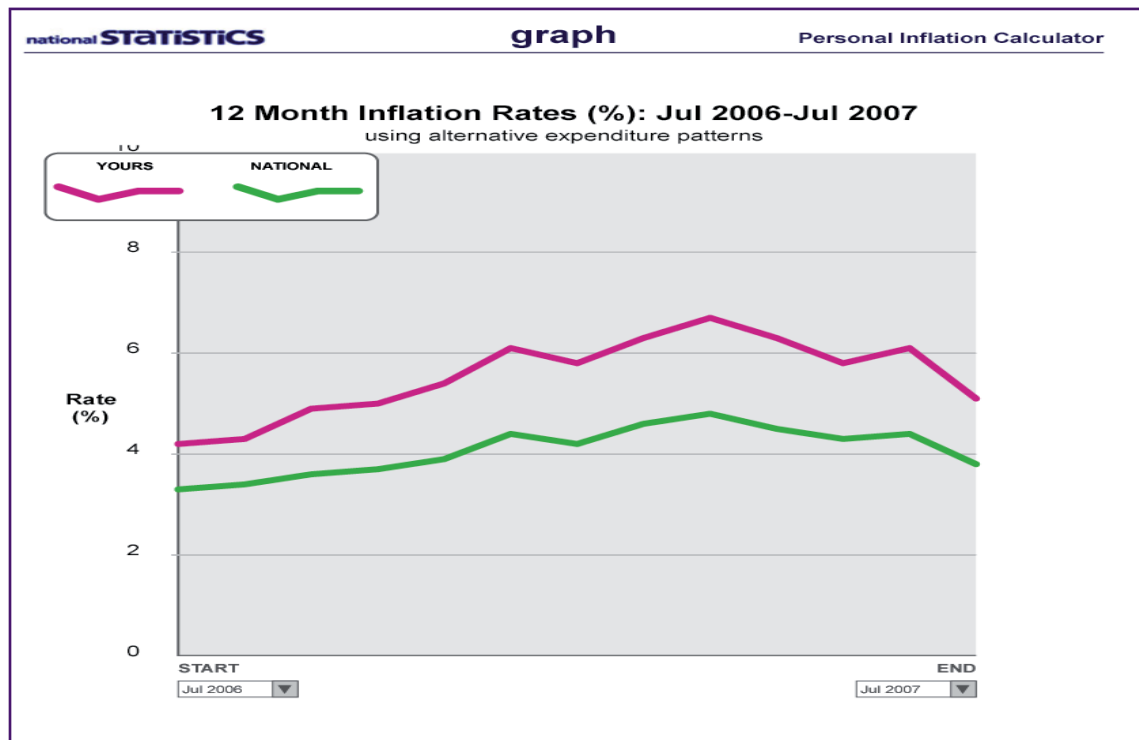


12 Month Inflation Rates (%): Jul 2006-Jul 2007
using alternative expenditure patterns

	NATIONAL	YOURS
Jul 2006	3.3	4.0
Aug 2006	3.4	4.1
Sep 2006	3.6	5.5
Oct 2006	3.7	5.8
Nov 2006	3.9	6.1
Dec 2006	4.4	7.4
Jan 2007	4.2	7.3
Feb 2007	4.6	8.2
Mar 2007	4.8	8.3
Apr 2007	4.5	8.0
May 2007	4.3	7.8
Jun 2007	4.4	8.5
Jul 2007	3.8	8.1

Marion's Personal Inflation Calculator

national STATISTICS		your spending		Personal Inflation Calculator	
1	Estimated MONTHLY Expenditure on Regularly Purchased Items	<input type="text" value="691"/>	5	Accommodation Expenses a. If you own your property:	
2	How much of this is on:			Value of Outstanding Mortgage	<input type="text" value="22000"/>
	Food	<input type="text" value="360"/>		(Est. Annual Interest)	1634
	Meals Out	<input type="text" value="50"/>		Value of Your Property	<input type="text" value="100000"/>
	Alcohol	<input type="text" value="30"/>		Where You Live:	North East
	Tobacco	<input type="text" value="0"/>		(Est. Annual Depreciation)	719
	Phone Charges	<input type="text" value="30"/>		b. If you pay rent:	
	Clothing and Footwear	<input type="text" value="40"/>		MONTHLY Rent	<input type="text" value="0"/>
	Rail and Bus Fares etc.	<input type="text" value="22"/>		c. Utilities and Insurance:	
	Education/Child Care	<input type="text" value="0"/>	6	ANNUAL Spending on	
	Chemists Goods	<input type="text" value="15"/>		Housing Repairs, Maintenance and DIY	<input type="text" value="270"/>
	Fuel for Transport	<input type="text" value="55"/>		Vehicle Repair/Maintenance	<input type="text" value="258"/>
	Heating and Lighting	<input type="text" value="74"/>		Vehicle Tax/Insurance	<input type="text" value="466"/>
3	Calculated Other Monthly Expenditure (edit this value if necessary)	<input type="text" value="15"/>		UK and Foreign Holidays and Other Airfares	<input type="text" value="400"/>
				(Est. Car Expenditure)	1088
4	Calculated Monthly Total (£):	691	7	Spending in LAST THREE YEARS on	
				Furnishings and Electrical Goods	<input type="text" value="1600"/>
			8	Calculated Annual Total (£):	14,848



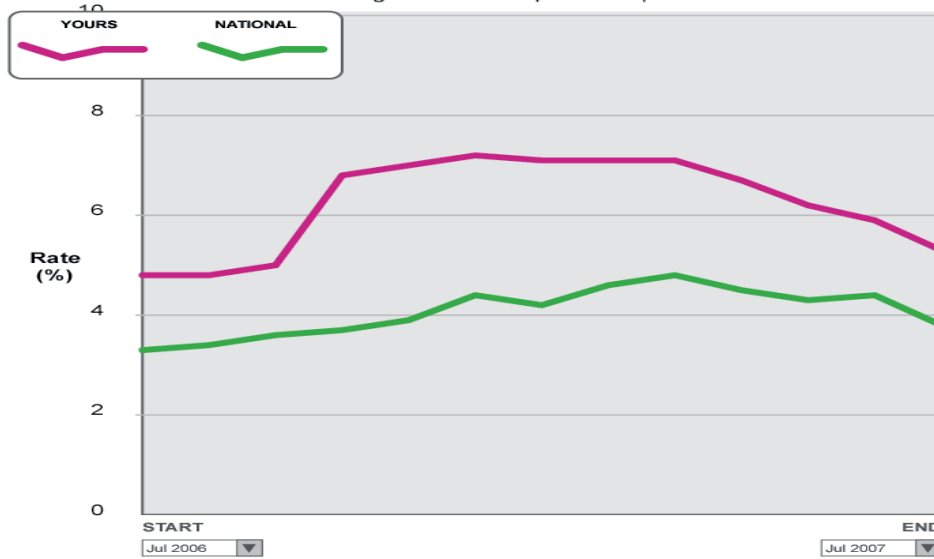
12 Month Inflation Rates (%): Jul 2006-Jul 2007
using alternative expenditure patterns

	NATIONAL	YOURS
Jul 2006	3.3	4.2
Aug 2006	3.4	4.3
Sep 2006	3.6	4.9
Oct 2006	3.7	5.0
Nov 2006	3.9	5.4
Dec 2006	4.4	6.1
Jan 2007	4.2	5.8
Feb 2007	4.6	6.3
Mar 2007	4.8	6.7
Apr 2007	4.5	6.3
May 2007	4.3	5.8
Jun 2007	4.4	6.1
Jul 2007	3.8	5.1

Sam's Personal Inflation Calculator

national STATISTICS	your spending	Personal Inflation Calculator
1 Estimated MONTHLY Expenditure on Regularly Purchased Items	<input type="text" value="1305"/>	
2 How much of this is on:		
Food	<input type="text" value="180"/>	
Meals Out	<input type="text" value="50"/>	
Alcohol	<input type="text" value="0"/>	
Tobacco	<input type="text" value="100"/>	
Phone Charges	<input type="text" value="90"/>	
Clothing and Footwear	<input type="text" value="40"/>	
Rail and Bus Fares etc.	<input type="text" value="10"/>	
Education/Child Care	<input type="text" value="550"/>	
Chemists Goods	<input type="text" value="60"/>	
Fuel for Transport	<input type="text" value="70"/>	
Heating and Lighting	<input type="text" value="120"/>	
3 Calculated Other Monthly Expenditure (edit this value if necessary)	<input type="text" value="35"/>	
4 Calculated Monthly Total (£):	1,305	
5 Accommodation Expenses a. If you own your property:		
Value of Outstanding Mortgage	<input type="text" value="0"/>	
(Est. Annual Interest)	0	
Value of Your Property	<input type="text" value="0"/>	
Where You Live: <input type="text" value="East Midlands"/>		
(Est. Annual Depreciation)	0	
b. If you pay rent:		
MONTHLY Rent	<input type="text" value="320"/>	
c. Utilities and Insurance:		
ANNUAL Council Tax	<input type="text" value="945"/>	
ANNUAL Water Charges and House Insurance	<input type="text" value="315"/>	
6 ANNUAL Spending on		
Housing Repairs, Maintenance and DIY	<input type="text" value="0"/>	
Vehicle Repair/Maintenance	<input type="text" value="150"/>	
Vehicle Tax/Insurance	<input type="text" value="530"/>	
UK and Foreign Holidays and Other Airfares	<input type="text" value="0"/>	
(Est. Car Expenditure)	1725	
7 Spending in LAST THREE YEARS on		
Furnishings and Electrical Goods	<input type="text" value="1100"/>	
8 Calculated Annual Total (£):	23,531	

12 Month Inflation Rates (%): Jul 2006-Jul 2007
using alternative expenditure patterns

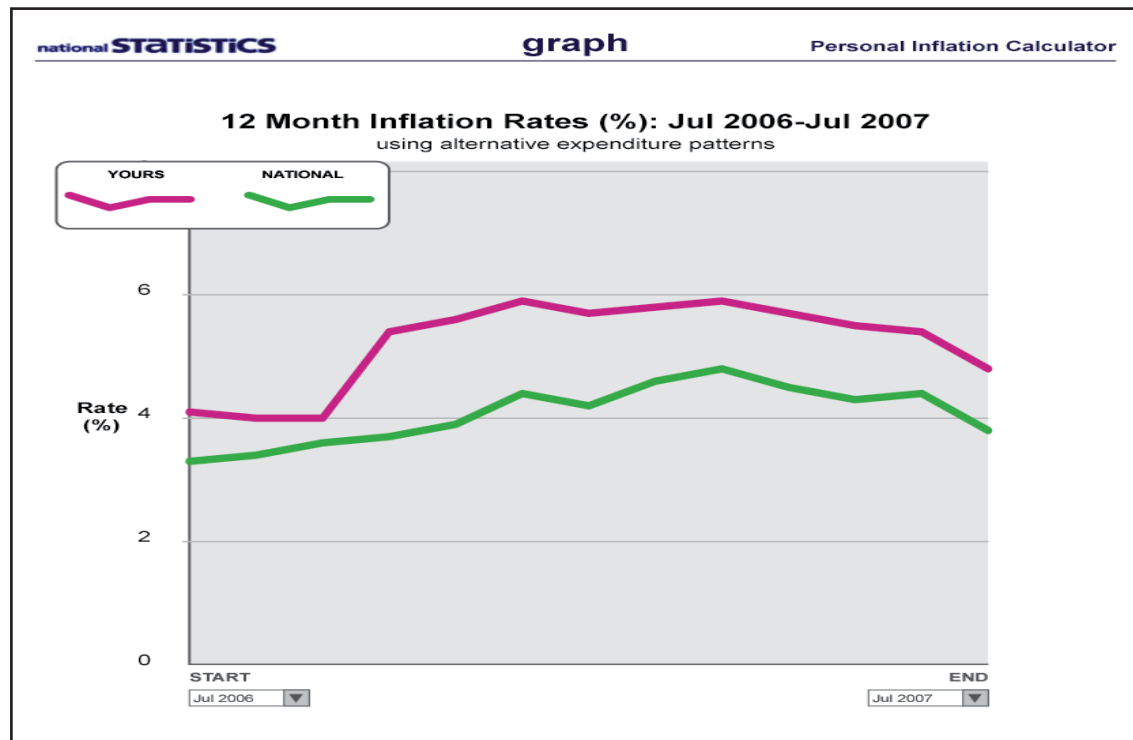


12 Month Inflation Rates (%): Jul 2006-Jul 2007
using alternative expenditure patterns

	NATIONAL	YOURS
Jul 2006	3.3	4.8
Aug 2006	3.4	4.8
Sep 2006	3.6	5.0
Oct 2006	3.7	6.8
Nov 2006	3.9	7.0
Dec 2006	4.4	7.2
Jan 2007	4.2	7.1
Feb 2007	4.6	7.1
Mar 2007	4.8	7.1
Apr 2007	4.5	6.7
May 2007	4.3	6.2
Jun 2007	4.4	5.9
Jul 2007	3.8	5.3

Tracy's Personal Inflation Calculator

national STATISTICS		your spending		Personal Inflation Calculator	
1	Estimated MONTHLY Expenditure on Regularly Purchased Items	<input type="text" value="1576"/>	5	Accommodation Expenses a. If you own your property:	
2	How much of this is on:			Value of Outstanding Mortgage	<input type="text" value="0"/>
	Food	<input type="text" value="400"/>		(Est. Annual Interest)	<input type="text" value="0"/>
	Meals Out	<input type="text" value="50"/>		Value of Your Property	<input type="text" value="0"/>
	Alcohol	<input type="text" value="50"/>		Where You Live: <input type="text" value="South East"/>	
	Tobacco	<input type="text" value="80"/>		(Est. Annual Depreciation)	<input type="text" value="0"/>
	Phone Charges	<input type="text" value="80"/>		b. If you pay rent:	
	Clothing and Footwear	<input type="text" value="25"/>		MONTHLY Rent	<input type="text" value="700"/>
	Rail and Bus Fares etc.	<input type="text" value="10"/>		c. Utilities and Insurance:	
	Education/Child Care	<input type="text" value="591"/>		ANNUAL Council Tax	<input type="text" value="930"/>
	Chemists Goods	<input type="text" value="30"/>	6	ANNUAL Water Charges and House Insurance	<input type="text" value="470"/>
	Fuel for Transport	<input type="text" value="120"/>		ANNUAL Spending on	
	Heating and Lighting	<input type="text" value="90"/>		Housing Repairs, Maintenance and DIY	<input type="text" value="0"/>
3	Calculated Other Monthly Expenditure (edit this value if necessary)	<input type="text" value="50"/>		Vehicle Repair/Maintenance	<input type="text" value="500"/>
				Vehicle Tax/Insurance	<input type="text" value="1070"/>
				UK and Foreign Holidays and Other Airfares	<input type="text" value="500"/>
				(Est. Car Expenditure)	<input type="text" value="2445"/>
4	Calculated Monthly Total (£):	1,576	7	Spending in LAST THREE YEARS on	
				Furnishings and Electrical Goods	<input type="text" value="400"/>
			8	Calculated Annual Total (£):	33,361



12 Month Inflation Rates (%): Jul 2006-Jul 2007
using alternative expenditure patterns

	NATIONAL	YOURS
Jul 2006	3.3	4.1
Aug 2006	3.4	4.0
Sep 2006	3.6	4.0
Oct 2006	3.7	5.4
Nov 2006	3.9	5.6
Dec 2006	4.4	5.9
Jan 2007	4.2	5.7
Feb 2007	4.6	5.8
Mar 2007	4.8	5.9
Apr 2007	4.5	5.7
May 2007	4.3	5.5
Jun 2007	4.4	5.4
Jul 2007	3.8	4.8

Appendix 2 – Flat rate illustration tables: 2% Flat rate increase applied to bands 1-3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Pay point	Pay scale 2007 pay offer	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference compared to pp1	Band % difference compared to pp1	2% pay increase	2% added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference compared to pp1	Band % difference compared to pp1	Flat rate increase £368 pp 14.56 % pp 14.56	Flat rate at pp 14 £368 added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference compared to pp1	Band % difference compared to pp1	Column 11 - Column 5 - £	Column 17 - Column 5 -	Annual Salary difference - £	PP % difference variance	Band % difference variance
1	12182	0	0.00	0	0.00	244	12426	0	0.00	0	0.00	358	12540	0	0.00	0	0.00	0	0	114	0.00	0.00
2	12577	395	3.24	395	3.24	252	12829	403	3.24	403	3.24	358	12935	395	3.15	395	3.15	/8	0	106	-0.09	-0.09
3	12914	337	2.66			258	13172	344	2.66			358	13272	337	2.61					100	-0.0	-0.0
4	13253	339	2.63			265	13518	346	2.63			358	13611	339	2.55					93	-0.0	-0.0
5	13647	394	2.97			273	13920	402	2.97			358	14005	394	2.89					85	-0.08	-0.08
6	14042	395	2.89			281	14323	403	2.89			358	14400	395	2.82					77	-0.07	-0.07
7	14437	395	2.81	2255	18.51	289	14726	403	2.81	2300	18.51	358	14795	395	2.74	2255	17.98	45	0	69	-0.07	-0.53
8	14945	508	3.52			299	15244	518	3.52			358	15303	508	3.43					59	-0.09	-0.09
9	15523	578	3.87			310	15833	590	3.87			358	15881	578	3.78					48	-0.09	-0.09
10	15870	347	2.24			317	16187	354	2.24			358	16228	347	2.19					41	-0.05	-0.05
11	16332	462	2.91			327	16659	471	2.91			358	16690	462	2.85					31	-0.06	-0.06
12	16863	521	3.19	4671	38.34	337	17190	531	3.19	4764	38.34	358	17211	521	3.12	4671	37.25	93	0	21	-0.07	-1.09
13	17257	404	2.40			345	17602	412	2.40			358	17615	404	2.35					13	-0.05	-0.05
14	17892	635	3.68			358	18250	648	3.68			358	18250	635	3.60					0	-0.08	-0.08
15	18528	636	3.55			371	18899	649	3.55			371	18899	649	3.55					0	0.00	0.00
16	19105	577	3.11			382	19487	589	3.11			382	19487	589	3.11					0	0.00	0.00
17	19683	578	3.03	7501	61.57	394	20077	590	3.03	7651	61.57	394	20077	590	3.03	7537	60.10	150	36	0	0.00	-1.47
18	20261	578	2.94			405	20666	590	2.94			405	20666	590	2.94					0	0.00	0.00
19	20801	540	2.67			416	21217	551	2.67			416	21217	551	2.67					0	0.00	0.00
20	21484	683	3.33			430	21924	707	3.33			430	21924	707	3.33					0	0.00	0.00
21	22187	693	3.22			444	22631	707	3.22			444	22631	707	3.22					0	0.00	0.00
22	22823	636	2.87			456	23279	649	2.87			456	23279	649	2.87					0	0.00	0.00
23	23458	635	2.78	11276	92.56	469	23927	648	2.78	11502	92.56	469	23927	648	2.78	11387	90.81	226	111	0	0.00	-1.76
24	24384	926	3.95			488	24672	945	3.95			488	24672	945	3.95					0	0.00	0.00
25	25423	1039	4.26			508	25931	1060	4.26			508	25931	1060	4.26					0	0.00	0.00
26	26463	1040	4.09			529	26992	1061	4.09			529	26992	1061	4.09					0	0.00	0.00
27	27388	925	3.50			548	27936	944	3.50			548	27936	944	3.50					0	0.00	0.00
28	28313	925	3.38	16131	132.42	566	28679	944	3.38	16454	132.42	566	28679	944	3.38	16339	130.30	323	208	0	0.00	-2.12

4% Flat rate increase applied to bands 1-3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Pay point	Pay scale 2007 pay offer	Difference to preceding pp - £	Difference to preceding pp - %	Band E difference to preceding pp compared to pp1	Band % difference to preceding pp compared to pp1	4% pay increase added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band E difference to preceding pp compared to pp1	Band % difference to preceding pp compared to pp1	Flat rate at pp 14 (£7.16) added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band E difference to preceding pp compared to pp1	Band % difference to preceding pp compared to pp1	Column 11 - Column 5 - £	Column 11 - Column 5 - %	Column 17 - Column 5 - £	Column 17 - Column 5 - %	Annual Salary difference - £	PP % difference variance	Band % difference variance
1	12182	0	0.00	0	0.00	487	12669	0	0.00	0	0.00	716	12898	0	0.00	0	0.00	0	0	229	0.00	0.00
2	12577	395	3.24	395	3.24	503	13080	411	3.24	411	3.24	716	13293	395	3.06	395	3.06	16	0	213	0.18	-0.18
3	12914	337	2.68			517	13431	350	2.68			716	13630	337	2.54					199	-0.14	
4	13253	339	2.63			530	13783	353	2.63			716	13869	339	2.49					186	-0.14	
5	13647	394	2.97			546	14193	410	2.97			716	14363	394	2.82					170	-0.15	
6	14042	395	2.89			562	14604	411	2.89			716	14758	395	2.75					154	-0.14	
7	14437	395	2.81	2255	18.51	577	15014	411	2.81	2345	18.51	716	15153	395	2.68	2255	17.48	90	0	139	-0.14	-1.03
8	14945	508	3.52			598	15543	528	3.52			716	15661	508	3.35					118	-0.1	
9	15523	578	3.87			621	16144	601	3.87			716	16239	578	3.69					95	-0.18	
10	15870	347	2.24			635	16505	361	2.24			716	16586	347	2.14					81	-0.10	
11	16332	462	2.91			653	16985	480	2.91			716	17048	462	2.79					63	-0.13	
12	16853	521	3.19	4671	38.34	674	17527	542	3.19	4858	38.34	716	17569	521	3.06	4671	36.21	187	0	42	-0.13	-2.13
13	17257	404	2.40			690	17947	420	2.40			716	17973	404	2.30					26	-0.10	
14	17892	635	3.68			716	18608	660	3.68			716	18608	635	3.53					0	-0.1	
15	18528	636	3.55			741	19269	661	3.55			741	19269	661	3.55					0	0.00	
16	19105	577	3.11			764	19869	600	3.11			764	19869	600	3.11					0	0.00	
17	19683	578	3.03	7501	61.57	787	20470	601	3.03	7801	61.57	787	20470	601	3.03	7572	58.71	300	71	0	0.00	-2.87
18	20261	578	2.94			810	21071	601	2.94			810	21071	601	2.94					0	0.00	
19	20801	540	2.67			832	21633	562	2.67			832	21633	562	2.67					0	0.00	
20	21494	683	3.33			860	22354	721	3.33			860	22354	721	3.33					0	0.00	
21	22187	693	3.22			887	23074	721	3.22			887	23074	721	3.22					0	0.00	
22	22823	636	2.87			913	23736	661	2.87			913	23736	661	2.87					0	0.00	
23	23456	635	2.78	11276	92.56	938	24396	660	2.78	11727	92.56	938	24396	660	2.78	11498	88.15	451	222	0	0.00	-3.41
24	24384	926	3.95			975	25359	963	3.95			975	25359	963	3.95					0	0.00	
25	25423	1039	4.26			1017	26440	1081	4.26			1017	26440	1081	4.26					0	0.00	
26	26463	1040	4.09			1059	27522	1082	4.09			1059	27522	1082	4.09					0	0.00	
27	27388	925	3.50			1086	28484	962	3.50			1086	28484	962	3.50					0	0.00	
28	28313	925	3.38	16131	132.42	1133	29446	962	3.38	16776	132.42	1133	29446	962	3.38	16548	128.30	645	417	0	0.00	-4.1

4% Flat rate increase applied to bands 1-3 (continued)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Pay point	Pay scale based on 2007 pay offer	Difference to preceding pp - £	Difference to preceding pp - %	Band 5 difference (bottom pp compared to pp1)	Band 6 difference (bottom pp compared to pp1)	4% pay increase	4% added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band 11 difference (bottom pp compared to pp1)	Band 12 difference (bottom pp compared to pp1)	Flat rate £716 pp 1-13 - 4% pp 14-56	Flat rate at pp 14-56 added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band 15 difference (bottom pp compared to pp1)	Band 16 difference (bottom pp compared to pp1)	Column 11 - Column 5 - £	Column 17 - Column 5 - £	Annual Salary difference - £	PP % difference variance	Band 18 difference (bottom pp compared to pp1)	Band 19 difference (bottom pp compared to pp1)
29	29237	924	3.26			1169	30406	961	3.26			1169	30406	961	3.26					0	0.00		
30	30276	1039	3.55			1211	31487	1081	3.55			1211	31487	1081	3.55					0	0.00		
31	31779	1503	4.96			1271	33050	1563	4.96			1271	33050	1563	4.96					0	0.00		
32	32704	925	2.91			1308	34012	962	2.91			1308	34012	962	2.91					0	0.00		
33	33744	1040	3.18			1350	35094	1082	3.18			1350	35094	1082	3.18					0	0.00		
34	34899	1155	3.42			1396	36295	1201	3.42			1396	36295	1201	3.42					0	0.00		
35	36113	1214	3.48	23931	196.45	1445	37558	1263	3.48	24888	196.45	1445	37558	1263	3.48	24660	191.19	957	729	0	0.00	-5.26	
36	37326	1213	3.36			1493	38819	1262	3.36			1493	38819	1262	3.36					0	0.00		
37	38828	1502	4.02			1563	40381	1562	4.02			1563	40381	1562	4.02					0	0.00		
38	40330	1502	3.87			1613	41943	1562	3.87			1613	41943	1562	3.87					0	0.00		
39	42064	1734	4.30	29882	245.30	1683	43747	1803	4.30	31077	245.30	1683	43747	1803	4.30	30849	239.17	1195	967	0	0.00	-6.12	
40	43335	1271	3.02			1733	45068	1322	3.02			1733	45068	1322	3.02					0	0.00		
41	45531	2196	5.07			1821	47352	2284	5.07			1821	47352	2284	5.07					0	0.00		
42	48073	2542	5.58			1923	49996	2644	5.58			1923	49996	2644	5.58					0	0.00		
43	50616	2543	5.29	38434	315.50	2025	52641	2645	5.29	39971	315.50	2025	52641	2645	5.29	39743	308.13	1537	1309	0	0.00	-7.37	
44	52001	1385	2.74			2080	54081	1440	2.74			2080	54081	1440	2.74					0	0.00		
45	54313	2312	4.45			2173	56486	2404	4.45			2173	56486	2404	4.45					0	0.00		
46	58556	2543	4.68			2274	59130	2645	4.68			2274	59130	2645	4.68					0	0.00		
47	60669	3813	6.71	48487	398.02	2427	63096	3966	6.71	50426	398.02	2427	63096	3966	6.71	50198	389.19	1939	1711	0	0.00	-8.83	
48	62402	1733	2.86			2496	64898	1802	2.86			2496	64898	1802	2.86					0	0.00		
49	65002	2600	4.17			2600	67602	2704	4.17			2600	67602	2704	4.17					0	0.00		
50	68180	3178	4.89			2727	70907	3305	4.89			2727	70907	3305	4.89					0	0.00		
51	71646	3466	5.08	59464	488.13	2866	74512	3605	5.08	61843	488.13	2866	74512	3605	5.08	61614	477.70	2379	2150	0	0.00	-10.43	
52	75113	3467	4.84			3005	78118	3606	4.84			3005	78118	3606	4.84					0	0.00		
53	78718	3605	4.80			3149	81867	3749	4.80			3149	81867	3749	4.80					0	0.00		
54	82497	3779	4.80			3300	85797	3930	4.80			3300	85797	3930	4.80					0	0.00		
55	86458	3961	4.80			3458	89916	4119	4.80			3458	89916	4119	4.80					0	0.00		
56	90607	4149	4.80			3624	94231	4315	4.80			3624	94231	4315	4.80					0	0.00		

6% Flat rate increase applied to bands 1-3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Pay point	Pay scale based on 2007 pay offer	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference bottom pp compared to ppt	Band % difference bottom pp compared to ppt	6% pay increase	6% added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference bottom pp compared to ppt	Band % difference bottom pp compared to ppt	Flat rate increase £1074 pp 1-13 - 6% pp 14-26	Flat rate at pp 14 £1074 added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference bottom pp compared to ppt	Band % difference bottom pp compared to ppt	Column 11 - Column 5 - £	Column 17 - Column 5 - £	Annual Salary difference - £	PP % difference variance	Band % difference variance
1	12182	0	0.00	0	0.00	731	12913	0	0.00	0	0.00	1074	13256	0	0.00	0	0.00	0	0	343	0.00	0.00
2	12577	395	3.24	395	3.24	755	13332	419	3.24	419	3.24	1074	13651	395	2.98	395	2.98	24	0	319	-0.26	-0.26
3	12914	337	2.68	395	3.24	775	13689	357	2.68	357	2.68	1074	13988	337	2.47	357	2.47			299	-0.21	-0.21
4	13253	339	2.63	395	3.24	795	14048	359	2.63	359	2.63	1074	14327	339	2.42	359	2.42			279	-0.20	-0.20
5	13647	394	2.97	395	3.24	819	14466	418	2.97	418	2.97	1074	14721	394	2.75	418	2.75			255	-0.22	-0.22
6	14042	395	2.89	395	3.24	843	14885	419	2.89	419	2.89	1074	15116	395	2.68	419	2.68			231	-0.21	-0.21
7	14437	395	2.81	2255	18.51	866	15303	419	2.81	2390	18.51	1074	15511	395	2.61	2255	17.01	135	0	208	-0.20	-1.50
8	14945	508	3.52	395	3.24	897	15942	538	3.52	395	3.24	1074	16019	508	3.28	538	3.28			177	-0.24	-0.24
9	15523	578	3.87	395	3.24	931	16454	613	3.87	613	3.87	1074	16597	578	3.61	613	3.61			143	-0.26	-0.26
10	15870	347	2.24	395	3.24	952	16822	368	2.24	368	2.24	1074	16944	347	2.09	368	2.09			122	-0.14	-0.14
11	16332	462	2.91	395	3.24	980	17312	490	2.91	490	2.91	1074	17406	462	2.73	490	2.73			94	-0.18	-0.18
12	16853	521	3.19	4671	38.34	1011	17864	552	3.19	4951	38.34	1074	17927	521	2.99	4671	35.24	280	0	63	-0.20	-3.11
13	17257	404	2.40	395	3.24	1035	18292	428	2.40	428	2.40	1074	18331	404	2.25	428	2.25			39	-0.14	-0.14
14	17892	635	3.68	395	3.24	1074	18966	673	3.68	673	3.68	1074	18966	635	3.46	673	3.46			0	-0.22	-0.22
15	18528	636	3.55	395	3.24	1112	19640	674	3.55	674	3.55	1112	19640	674	3.55	674	3.55			0	0.00	0.00
16	19105	577	3.11	395	3.24	1146	20251	612	3.11	612	3.11	1146	20251	612	3.11	612	3.11			0	0.00	0.00
17	19683	578	3.03	7501	61.57	1181	20864	613	3.03	7951	61.57	1181	20864	613	3.03	7608	57.39	450	107	0	0.00	-4.18
18	20261	578	2.94	395	3.24	1216	21477	613	2.94	613	2.94	1216	21477	613	2.94	613	2.94			0	0.00	0.00
19	20801	540	2.67	395	3.24	1248	22049	572	2.67	572	2.67	1248	22049	572	2.67	572	2.67			0	0.00	0.00
20	21494	693	3.33	395	3.24	1290	22784	735	3.33	735	3.33	1290	22784	735	3.33	735	3.33			0	0.00	0.00
21	22187	693	3.22	395	3.24	1331	23518	735	3.22	735	3.22	1331	23518	735	3.22	735	3.22			0	0.00	0.00
22	22823	636	2.87	395	3.24	1369	24192	674	2.87	674	2.87	1369	24192	674	2.87	674	2.87			0	0.00	0.00
23	23458	635	2.78	11276	92.56	1407	24865	673	2.78	11953	92.56	1407	24865	673	2.78	11609	87.58	677	333	0	0.00	-4.9
24	24384	926	3.95	395	3.24	1463	25847	982	3.95	982	3.95	1463	25847	982	3.95	982	3.95			0	0.00	0.00
25	25423	1039	4.26	395	3.24	1525	26948	1101	4.26	1101	4.26	1525	26948	1101	4.26	1101	4.26			0	0.00	0.00
26	26463	1040	4.09	395	3.24	1588	28051	1102	4.09	1102	4.09	1588	28051	1102	4.09	1102	4.09			0	0.00	0.00
27	27388	925	3.50	395	3.24	1643	29031	981	3.50	981	3.50	1643	29031	981	3.50	981	3.50			0	0.00	0.00
28	28313	925	3.38	16131	132.42	1689	30012	981	3.38	17099	132.42	1689	30012	981	3.38	16756	126.40	968	625	0	0.00	-6.02

6% Flat rate increase applied to bands 1-3 (continued)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Pay point	Pay scale based on 2007 pay offer	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference (bottom pp compared to pp1)	Band % difference (bottom pp compared to pp1)	2% pay increase	2% added to salary	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference (bottom pp compared to pp1)	Band % difference (bottom pp compared to pp1)	Flat rate 1.5% - 2% pp 1-12 - 2% pp 14-56	Flat rate at pp 14-56	Difference to preceding pp - £	Difference to preceding pp - %	Band £ difference (bottom pp compared to pp1)	Band % difference (bottom pp compared to pp1)	Column 11 - Column 5 - £	Column 17 - Column 5 - £	Annual Salary difference - £	pp % difference variance	Band % difference variance
29	29237	924	3.26			1754	30991	979	3.26			1754	30991	979	3.26					0	0.00	
30	30276	1039	3.55			1817	32093	1101	3.55			1817	32093	1101	3.55					0	0.00	
31	31779	1503	4.96			1907	33686	1593	4.96			1907	33686	1593	4.96					0	0.00	
32	32704	925	2.91			1962	34666	981	2.91			1962	34666	981	2.91					0	0.00	
33	33744	1040	3.18			2025	35769	1102	3.18			2025	35769	1102	3.18					0	0.00	
34	34899	1155	3.42			2094	36993	1224	3.42			2094	36993	1224	3.42					0	0.00	
35	36113	1214	3.48	23931	196.45	2167	38280	1287	3.48	25367	196.45	2167	38280	1287	3.48	25024	188.77	1436	1093	0	0.00	-7.67
36	37326	1213	3.36			2240	39566	1286	3.36			2240	39566	1286	3.36					0	0.00	
37	38828	1502	4.02			2330	41158	1592	4.02			2330	41158	1592	4.02					0	0.00	
38	40330	1502	3.87			2420	42750	1592	3.87			2420	42750	1592	3.87					0	0.00	
39	42064	1734	4.30	29882	245.30	2524	44568	1838	4.30	31675	245.30	2524	44568	1838	4.30	31332	236.36	1793	1450	0	0.00	-8.9
40	43335	1271	3.02			2600	45935	1347	3.02			2600	45935	1347	3.02					0	0.00	
41	45531	2196	5.07			2732	48263	2328	5.07			2732	48263	2328	5.07					0	0.00	
42	48073	2542	5.58			2884	50957	2695	5.58			2884	50957	2695	5.58					0	0.00	
43	50616	2543	5.29	38434	315.50	3037	53653	2696	5.29	40740	315.50	3037	53653	2696	5.29	40397	304.74	2306	1963	0	0.00	-10.7
44	52001	1385	2.74			3120	55121	1468	2.74			3120	55121	1468	2.74					0	0.00	
45	54313	2312	4.45			3259	57572	2451	4.45			3259	57572	2451	4.45					0	0.00	
46	56856	2543	4.68			3411	60267	2696	4.68			3411	60267	2696	4.68					0	0.00	
47	60669	3813	6.71	48487	398.02	3640	64309	4042	6.71	51396	398.02	3640	64309	4042	6.71	51053	385.13	2909	2566	0	0.00	-12.89
48	62402	1733	2.86			3744	66146	1837	2.86			3744	66146	1837	2.86					0	0.00	
49	65002	2600	4.17			3900	68902	2756	4.17			3900	68902	2756	4.17					0	0.00	
50	68180	3178	4.89			4091	72271	3369	4.89			4091	72271	3369	4.89					0	0.00	
51	71646	3466	5.08	59464	488.13	4299	75945	3674	5.08	63032	488.13	4299	75945	3674	5.08	62689	472.91	3568	3225	0	0.00	-15.2
52	75113	3467	4.84			4507	79620	3675	4.84			4507	79620	3675	4.84					0	0.00	
53	78718	3605	4.80			4723	83441	3821	4.80			4723	83441	3821	4.80					0	0.00	
54	82497	3779	4.80			4950	87447	4006	4.80			4950	87447	4006	4.80					0	0.00	
55	86458	3961	4.80			5187	91645	4199	4.80			5187	91645	4199	4.80					0	0.00	
56	90607	4149	4.80			5436	96043	4398	4.80			5436	96043	4398	4.80					0	0.00	

Appendix 3 – CAJE data

CAJE data 2007

These figures are for APPROVED outcomes, ie those that have been approved for assimilation. This will give a more accurate picture of implementation.

Please note that the following information relates to outcomes on CAJE and not headcount. Generally speaking, it is likely that the clusters of jobs in bands 7, 8 and 9 are smaller than those at lower bands.

UK wide data correct at 27 July 2007.

NB: because of rounding, the percentages may not add up to exactly 100%.

1. Ambulance job family

Profile	Band	No.of matches	Percent by band of total	Percent
1.a Ambulance Management:				
Ambulance Station Officer (Team Leader)	6	67		85
Ambulance Service Area Manager	7	12		15
1.b Ambulance staff:				
Ambulance Practitioner	4	17		25
Ambulance Practitioner Specialist	5	27		40
Ambulance Practitioner Advanced	6	23		35
1.c Ambulance call taker:				
Emergency Services Call Taker	2	16		100
1.d PTS staff:				
Patient Transport Services Driver	2	47		46
Patient Transport Services Driver HL	3	55		54

2. Nursing job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
2.a Nursing Support:				
Clinical Support Worker Nursing (Community)	2	889	53	16
Clinical Support Worker Nursing (Hospital)	2	4538		84
Clinical Support Worker Higher Level Nursing (Community)	3	1169	39	29
Clinical Support Worker Higher Level Nursing (Hospital)	3	2139		53
Clinical Support Worker Higher Level Nursing (Mental Health)	3	722		18
Nurse Associate Practitioner (Community)	4	47	8	6
Nurse Associate Practitioner (Mental Health)	4	48		6
Nursery Nurse (Community)	4	486		60
Nursery Nurse (Neonatal Unit)	4	160		20
Nurse Associate Practitioner Acute	4	73		9
2.b Registered Nurses:				
Nurse (Community)	5	1972	32	17
Nurse	5	8850		76
Nurse (Mental Health)	5	1600		14
Nurse (GP Practice)	5	125		1
Nurse (Schools)	5	275		2
Nurse (Learning Disabilities)	5	112		1
Theatre Nurse	5	531		5
Nurse Team Leader (Learning Disabilities)	6	64	38	0.5
Nurse Specialist	6	5135		37
Nurse Specialist (Learning Disabilities)	6	108		1
Nurse Specialist (Community)	6	1460		10
Nurse Specialist (GP Practice)	6	206		1.5
Nurse Specialist (Schools)	6	231		1.5
Nurse Specialist (Special Schools)	6	67		0.5
Nurse Specialist Mental Health (Community)	6	1706		12
Nurse Specialist (NHS Direct)	6	27		0.2
Nurse Team Leader	6	4402		32
Theatre Nurse Specialist	6	468		25

Profile	Band	No.of matches	Percent by band of total	Percent of band
Nurse Advanced	7	3488	26	37
Nurse Team Manager (Community)	7	230		2
Nurse Team Manager (Mental Health, Community)	7	619		7
Nurse Team Manager (Schools)	7	73		1
Nurse Team Manager (Learning Disabilities)	7	92		1
Nurse Advanced (Schools)	7	15		0.2
Nurse Team Manager (NHS Direct)	7	2		0.02
Nurse Team Manager	7	4864		52
Modern Matron	8a	627	4	38
Modern Matron Community	8a	15		1
Nurse Consultant	8a	641		39
	8b	324		20
	8c	30		2
Nurse/Midwife Consultant HL	8c	2		0.1
	8d	0		0
	9	0		0

3. Health Visitors

Profile	Band	No.of matches	Percent by band of total	Percent of band
Health Visitor	6	904	52	100
Health Visitor Specialist	7	316	48	38
Health Visitor Team Manager	7	146		17
Nursing/HV Specialist (Comm Pract Teacher)	7	377		45

4. Midwifery job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Maternity Care Assistant	4	9	0.4	100
Midwife Entry Level	5	107	5	100
Midwife (Community)	6	210	44	23
Midwife (Hospital)	6	515		55
Midwife (Integrated)	6	205		22
Midwife Higher Level	7	463	49	44
Midwife HL(Research Projects)	7	43		4
Midwife Team Manager	7	536		52
Midwife Consultant	8a	8	2	22
	8b	23		62
	8c	6		16

5. Arts Therapy job family (Art, Music, Drama, Dance Movement)

Profile	Band	No.of matches	Percent by band of total	Percent of band
Arts Therapist Entry Level	6	15	8	100
Arts Therapist	7	113	61	100
Arts Therapist Principal	8a	44	30	79
	8b	3		5
Head of Arts Therapies	8c	6		11
	8d	1		2
Arts Therapies Consultant	8c	1		2
	8d	1	2	

6. Clinical Psychology/Family Therapies job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Clinical Psychology, Assistant Practitioner	4	121	4	100
Clinical Psychology, Assistant Practitioner (HL)	5	157	9	62
Counsellor Entry Level	5	94		37
Primary Care Mental Health Worker (graduate)	5	1		0.5
Clinical Psychology Trainee	6	55	12	16
Counsellor	6	291		84
Clinical Psychologist	7	616	29	75
Counsellor Specialist	7	210		25
Counsellor Professional Manager	8a	14	44	1
	8b	4		0.3
	8c	0		0
Counsellor Consultant	8a	3		0.3
	8b	3		0.3
	8c	0		0
Clinical Psychologist Principal	8a	340		27
	8b	321		26
Clinical Psychologist Consultant	8b	0		0
	8c	323		26
	8d	154		12
Clinical Psychologist Consultant, Professional Lead/Head of Psychology Services	8d	82		7
	9	46	2	100

7. Radiography job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
7.a Radiography support:				
Clinical Support Worker Higher Level (Radiography)	3	225	72	100
Assistant Practitioner (Radiography)	4	86	28	100
7.b Radiography:				
Radiographer (Diagnostic)	5	306	15	92
Radiography (Therapeutic)	5	28		8
Radiographer Specialist (Diagnostic Therapeutic)	6	773	34	100
Radiographer Team Manager	7	306	48	28
Radiographer Advanced	7	523		47
Radiographer Specialist (Reporting Sonographer)	7	219		20
Radiographer Principal	8a	58	4	65
Radiographer Consultant (Diagnostic)	8b	7		8
	8c	1		1
Radiographer Consultant (Therapy)	8a	16		18
	8b	7		7
	8c	0		0

8. Dietetics job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
8.a Dietetics support:				
Clinical Support Worker Higher Level (Dietetics)	3	108		
8.b Registered dietitians:				
Dietitian	5	246	17	100
Dietitian Specialist	6	728	51	100
Dietetic Team Manager	7	88	34	19
Dietitian Advanced	7	345		75
Dietitian Specialist (Research)	7	24		5

9. Occupational Therapy job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
9.a Occupational Therapy support:				
Clinical Support Worker (Occupational Therapy)	2	283	20	100
Clinical Support Worker Higher Level (Occupational Therapy)	3	696	50	100
Occupational Therapy Technician	4	349	25	100
Occupational Therapy Technical Instructor Higher Level	5	56	4	100
9.b Registered Occupational Therapists:				
Occupational Therapist	5	621	19	100
Occupational Therapist Specialist	6	1511	47	100
Occupational Therapist Advanced	7	415	28	46
Occupational Therapist Advanced (Community)	7	100		11
Occupational Therapist Team Manager	7	395		43
Occupational Therapist Principal	8A	163	6	88
Occupational Therapist Consultant	8A	10		5
	8B	13		7

10. Orthoptist job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Orthoptist	5	35	11	
Orthoptist Specialist	6	205	65	
Orthoptist Advanced	7	80	25	

11. Physiotherapy job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
11.a Physiotherapy support:				
Clinical Support Worker (Physiotherapy)	2	365	35	
Clinical Support Worker Higher Level (physiotherapy)	3	687	65	
11.b Registered Physiotherapists:				
Physiotherapist	5	444	10	100
Physiotherapist Specialist	6	1392	36	87
Physiotherapist Specialist (Experienced Rotational)	6	201		13
Physiotherapist Specialist (Respiratory Problems)	7	100	43	5
Physiotherapist Advanced	7	789		41
Physiotherapy Team Manager	7	585		31
Physiotherapist Specialist (Community)	7	441		23
Physiotherapist Principal	8A	401	11	81
Physiotherapist Consultant	8A	39		8
	8B	53		11

12. Podiatry job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
12.a Podiatry support:				
Clinical Support Worker (Podiatry)	2	29	18	
Clinical Support Worker Higher Level (Podiatry)	3	95	59	
Podiatry Technician	4	36	23	
12.b Registered podiatrists:				
Podiatrist	5	116	14	100
Podiatrist Specialist	6	291	36	100
Podiatrist Advanced	7	234	42	80
Podiatry Team Manager	7	105		20
Podiatrist Principal	8A	51	8	84
Podiatric Registrar (Surgery)	8A	1		2
	8B	4		7
Podiatric Consultant (Surgery)	8D	5		8
	9	0	1	0
Podiatric Consultant (Surgery) Head of Service	9	5		100

13. Public Health, Health Improvement Promotion & Clinical Governance

Profile	Band	No.of matches	Percent by band of total	Percent of band	
Health Improvement Clerical Officer	2	41	2	100	
Health Improvement Resource Asst	3	147	7	100	
HI Resource Asst HL	4	98	4	100	
Clinical Audit Facilitator/Analyst	5	77	22	16	
HI Practitioner	5	416		84	
Graphic Designer	6	27	35	3	
HI Practitioner Specialist	6	675		87	
Clinical Audit Facilitator Specialist	6	77		10	
Public Health Researcher	7	7	16	2	
Clinical Governance Practitioner	7	41		12	
HI Practitioner Advanced	7	306		86	
Public Health R&D Manager	8a	10	14	3	
HI Principal	8a	131		43	
	8b	53		17	
	8c	22		7	
Clinical Governance Practitioner HL	8a	25		8	
	8b	17		6	
	8c	5		2	
Public Health Consultant	8d	40			13

14. Sexual Health job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Sexual Health Adviser	6	105	68	
Sexual Health Advisory Service Manager (Community)	7	50	32	

15. Speech and Language Therapy job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
15.a Speech and Language therapy support:				
Clinical Support Worker (Speech and Language Therapy)	2	45	17	
Clinical Support Worker Higher Level (Speech and Language Therapy)	3	137	51	
Speech and Language Therapy Assistant/Associate Practitioner	4	82	30	
SLT Associate Practitioner (Bilingual)	4	5	2	
15.b Registered Speech and Language Therapists:				
Speech and Language Therapist	5	218	14	100
Specialist Speech and Language Therapist	6	584	37	100
Speech and Language Therapist Advanced	7	488	31	100
Speech and Language Therapist Principal	8A	221	19	75
	8B	47		16
Consultant Speech and Language Therapist	8A	2		1
	8B	17		6
	8C	6		2

16. Generic Therapy

Profile	Band	No.of matches	Percent by band of total	Percent of band
16.a Therapy support:				
Therapy, Assistant Practitioner	4	293		
16.b Registered Therapists:				
AHP Consultant	8b	0		
	8c	6		
	8d	1		
	9	1		

17. Biomedical Science job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
17.a Support roles:				
Clinical Support Worker (Healthcare Science)	2	417	73	61
Phlebotomist	2	267		39
Clinical Support Worker, Higher Level, (Healthcare Science)	3	265	27	100
17.b Registered biomedical scientists:				
Biomedical Scientist	5	373	19	100
Biomedical Team Leader	6	60	31	10
Biomedical Scientist Specialist	6	546		90
Biomedical Scientist Team Manager	7	554	50	58
Biomedical Scientist Advanced	7	406		42
17.c Cytology Screening:				
Cytology Screener Entry Level	3	11	13	
Cytology Screener	4	77	87	

18. Dental services job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
18.a Support to dental roles:				
Clinical Support Worker (Dentistry)	2	24		
18.b Oral health:				
Oral Health Practitioner	5	61	61	
Oral Health Practitioner Specialist	6	34	34	
Oral Health Practitioner Advanced	7	5	5	
18.c Dental technical services:				
Dental Technician	5	27	20	
Dental Technician Specialist	6	37	28	
Dental Technician Advanced	7	39	29	
Dental Laboratory Manager	8A	28	23	
	8B	3		
	8C	0		

Profile	Band	No.of matches	Percent by band of total	Percent of band
18.d Dental Nursing:				
Dental Nurse Entry Level	3	85	10	100
Dental Nurse	4	468	52	100
Dental Nurse Team Leader	5	144	29	55
Dental Nurse Specialist	5	118		45
Dental Nurse team Manager	6	56	9	71
Dental Nurse Tutor	6	23		29

19. Healthcare Science (generic) job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
19.a Support roles:				
Healthcare Science Support Worker (Career Framework Stage 1)	1	7	1	
Healthcare Science Support Worker (Career Framework Stage 2)	2	368	38	
Healthcare Science Support Worker (Career Framework Stage 3)	3	400	41	
Healthcare Scientist Assistant/Associate Practitioner (Career Framework Stage 4)	4	206	21	
19.b Registered roles:				
Healthcare Scientist Practitioner (Career Framework Stage 5)	5	457	14	100
Clinical Science Graduate Trainee	6	22	19	4
Healthcare Scientist Specialist (Career Framework Stage 6)	6	598		96
Healthcare Scientist Advanced (Career Framework Stage 7)	7	782	35	68
Healthcare Scientist Team Manager (Career Framework Stage 7)	7	226		20
Healthcare Scientist Advanced (Research) (Career Framework Stage 7)	7	139		12

Profile	Band	No.of matches	Percent by band of total	Percent of band
Healthcare Scientist Professional Manager (Career Framework Stage 8)	8a	100	32	9
	8b	148		14
	8c	22		2
Healthcare Scientist Principal/Consultant (Career Framework Stage 8)	8a	170		16
	8b	166		16
	8c	55		5
Healthcare Scientist Principal (Research) (Career Framework Stage 8)	8a	20		2
	8b	31		3
	8c	16		1.5
Healthcare Science Service Manager (Career Framework Stage 8)	8a	22		2
	8b	40		4
	8c	65		6
	8d	17		1.5
Healthcare Scientist Consultant (Career Framework Stage 9)	8c	47		4
	8d	19		5
	9	1		3
Healthcare Scientist Consultant Head of Service (Career Framework Stage 9)	8c	21		2
	8d	77		7
	9	11		29
Healthcare Scientist Consultant Director Career Framework Stage 9)	8d	17		1.5
	9	26		1

20. Optometry family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Optometrist Entry Level	4	7	7	100
Optometrist	6	49	48	100
Optometrist Specialist	7	40	39	100
Optometrist Principal	8a	0	6	0
	8b	0		0
Optometrist Consultant/Head of Service	8c	2		33
	8d	4		67

21. Anatomical Pathology family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Anatomical Pathology Technician Entry Level	3	28	19	
Anatomical Pathology Technician	4	40	26	
Anatomical Pathology Technician Higher Level	5	83	55	

22. Clinical Science

Profile	Band	No.of matches	Percent by band of total	Percent of band
22.a Genetic Counselling:				
Genetic Counsellor Trainee	6	3	9	100
Genetic Counsellor	7	24	73	100
Genetic Counsellor Principal	8a	4	18	67
Genetic Counsellor Consultant	8b	0		0
	8c	2		33
	8d	0		0
22.b Medical Physics:				
Medical Physics Technician	5	48	27	
Specialist Medical Physics Techn	6	80	49	
Medical Physics Tech Section Mgr	7	34	21	

Profile	Band	No.of matches	Percent by band of total	Percent of band
22.c Molecular Genetics/Cytogenetics:				
Clinical Scientist (Genetics/Cytogenetics)	7	43	53	100
Principal CS (G/C)	8a	28	43	80
Consultant CS Head of Service (G/C)	8d	7		20
	9	3	4	100

23. Medical Technology family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Medical Engineering Technician Entry Level	4	71	16	100
Medical Engineering Technician	5	107	24	100
Medical Engineering Technician Specialist	6	196	44	100
Medical Engineering Team Manager	7	73	16	100

24. Physiological measurement family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Physiological Measurement Practitioner/Clinical Physiologist	5	173	21	100
Specialist Physiological Measurement Practitioner/ Clinical Physiologist	6	299	36	100
Highly Specialist Physiological Measurement Practitioner/ Clinical Physiologist	7	169	30	68
Physiological Measurement/ Clinical Physiology Team Manager	7	78		32
Physiological Measurement/ Clinical Physiology Service Manager	8A	85	13	79
	8B	22		21

25. Pharmacy family

Profile	Band	No.of matches	Percent by band of total	Percent of band
25.a Pharmacy support:				
Pharmacy Support Worker	2	395	22	
Pharmacy Support Worker, Higher Level	3	175	10	
Pharmacy Technician	4	370	21	
Pharmacy Technician Higher Level	5	454	26	
Pharmacy Technician Specialist	6	260	15	
Pharmacy Technician Team Manager	7	116	7	
25.b Registered roles:				
Pharmacist Entry Level	5	74	5	100
Pharmacist	6	300	12	100
Pharmacist Specialist	7	582	24	100
Pharmacist Advanced	8A	675	59	47
	8B	191		13
Pharmacist Team Manager	8B	203		14
	8C	87		6
Pharmacy Consultant	8B	38		3
	8C	62		4
	8D	5		0.3
Professional Manager Pharmaceutical Services	8C	65		4
	8D	125		9
	9	36		1

26. Theatre family

Profile	Band	No.of matches	Percent by band of total	Percent of band
26.a Theatre Nursing:				
Theatre Nurse	5	531	53	
Theatre Nurse Specialist	6	468	47	
26.b Theatre Practitioners:				
Theatre Practitioner Entry Level	4	28	4	100
Theatre Practitioner	5	289	40	100
Theatre Practitioner Higher Level	6	200	27	100
Anaesthesia Practitioner	7	2	29	99
Theatre Practitioner Team Manager	7	209		1

27. Clinical and Clinical Technical Professional Management family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Professional Manager	8a	1516	99	
	8b	246		
Professional Manager	8b	1369		
	8c	705		
Professional Manager	8c	75		
	8d	179		
	9	30	1	

28. Catering job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Catering support worker	1	435	31	100
Cook	2	173	12	100
Cook team leader	3	324	27	85
Cook higher level	3	57		15
Cook team manager	4	182	13	100
Catering manager	5	118	8	100
Catering manager higher level	6	100	7	100

29. Hotel services job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
29.a Portering:				
Porter	1	361	43	
Porter Higher Level	2	480	57	
29.b Laundry:				
Laundry Assistant	1	141	69	49
Linen Room Assistant	1	70		24
Sewing Room Assistant	1	79		27
Sewing Room Supervisor	3	56	31	43
Linen/Laundry Supervisor	3	74		57
29.c Domestics:				
Domestic support worker	1	552	44	76
Domestic support worker (hotel services)	1	171		24
Domestic support worker higher level	2	209	36	35
Domestic support worker higher level (hotel services)	2	130		22
Domestic Team leader	2	228		38
Residential Housekeeper	2	30		5
Domestic team manager	3	323	20	100
29.d Hotel services management:				
Hotel services manager	7	144		

30. Sterile services job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
CSSD support worker soft packs	1	15	20	25
Porter (Theatre)	1	44		75
CSSD support worker full range	2	195	66	100
CSSD supervisor	3	40	14	100

31. Security job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Security officer	2	72	68	
Security officer higher level	3	34	32	

32. Supplies and procurement job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
32.a Supplies:				
Supply chain porter	1	49	13	
Supply chain assistant	2	170	45	
Supply chain assistant higher level	3	161	42	
32.b Procurement:				
Procurement assistant administrator	2	155	14	
Procurement administrative officer	3	200	19	
Procurement administrative officer higher level	4	258	24	
Procurement officer	5	141	13	
Procurement officer higher level	6	123	11	
Procurement team manager	7	94	9	
Head of procurement and supply	8a	51	9	
	8b	50		
32.c Stores				
Storekeeper	2	225	53	
Stores Clerk	2	200	47	

33. Business administration

Profile	Band	No.of matches	Percent by band of total	Percent of band
Project support officer	3	229	3	100
Project support officer higher level	4	899	13	100
Project support manager	5	850	30	42
Business/administrative manager	5	1192		58
Business/administrative manager higher level	6	624	25	37
Project manager	6	1082		63
Improvement and development manager	7	524	15	49
Project team manager	7	540		51
Programme manager	8a	270	14	28
Professional manager, improvement & development	8a	383		39
	8b	265		28
Prof Mgr, Performance/Operations	8b	24		2.5
	8c	21		2
Prof Mgr, Perf/Operations HL	8c	7		0.7
	8d	4		0.4

34. HR job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
34.a HR support:				
HR assistant	2	286	27	
HR assistant higher level	3	410	38	
HR administrator	4	372	35	
34.b Qualified roles:				
HR advisor	5	358	25	100
HR advisor specialist	6	408	29	100
HR team manager	7	205	24	59
HR adviser advanced	7	141		41

Profile	Band	No.of matches	Percent by band of total	Percent of band
HR manager principal	8a	118	22	38
	8b	97		31
HR head of service	8b	20		6
	8c	60		19
	8d	16		5

35. Information technology job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
35.a Telephonists:				
IM&T Operator/telephony operator	2	272	65	
IM&T Operator/telephony operator team leader	3	148	35	
35.b Information analysts:				
Information technician	4	338	22	
Information analyst	5	447	29	
Information analyst specialist	6	448	29	
Information analyst advanced/team manager	7	186	12	
Information analyst principal	8a	75	7	
	8b	33		
35.c IM&T:				
IM&T analyst/technician entry level	3	441	12	100
IM&T analyst/technician	4	370	10	100
IM&T analyst/technician higher level	5	902	26	100
IM&T analyst specialist/technical engineer/team leader	6	761	22	100
IM&T section manager	7	321	15	
IM&T analyst advanced/technical engineer specialist	7	211		
IM&T consultant	8a	55	15	11
	8b	16		3
IM&T service manager	8a	161		31
	8b	195		37
	8c	96		18

36. Library services job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
36.a Library support:				
Library technician entry level	2	84	31	
Library technician	3	111	41	
Library technician higher level	4	73	27	
36.b Librarians:				
Librarian	5	106	33	100
Librarian team leader	6	41	37	34
Librarian specialist	6	78		66
Librarian service manager	7	66	20	100
Professional manager, library services	8a	23	10	70
	8b	10		30

37. Secretarial/Office Services job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Secretary entry level	2	1055	6	100
Medical secretary entry level	3	1830	47	22
Secretary	3	6392		78
Medical secretary	4	3482	44	45
Secretary higher level	4	4231		55
Legal secretary	4	21		0.3
Personal assistant	5	640	4	100
Solicitor Consultant	8b	12	0.1	75
	8c	4		25

38. Health records job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Health records assistant	1	288	10	
Health records assistant higher level	2	986	35	
Health records officer/team leader	3	628	23	
Health records officer higher level	4	475	17	
Health records section manager/ assistant health records manager	5	219	8	
Health records multi section manager	6	86	3	
Health records department manager	7	43	2	
Health records service manager	8a	24	2	
	8b	23		
	8c	3		

39. Clerical job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Clerical officer (admissions)	2	466	81	4
Clerical officer (text processing)	2	3692		33
Clerical Officer (reception)	2	4266		38
Clerical officer (data entry)	2	1080		10
Clerical officer (wards)	2	1678		15
Receptionist (A&E)	2	175		2
Receptionist HL General Practice	3	13	8	1
Clerical officer team leader (outpatients)	3	1049		99
General office manager/admin team leader	4	1248	9	99
MDT Coordinator	4	14		1
Practice Manager (Small Practice)	5	156	1	100
Practice Manager (Group Practice)	6	96	0.7	92
Voluntary Services Manager	6	8		8

40. Clinical coding job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Clinical coding officer entry level	2	85	14	
Clinical coding officer	3	199	34	
Clinical coding officer higher level	4	151	26	
Clinical coding officer team leader	5	67	11	
Clinical coding team manager	6	61	10	
Clinical coding service manager	7	27	5	

41. Finance job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Finance assistant	1	62	1	100
Finance assistant higher level	2	649	12	100
Finance officer	3	779	15	100
Finance officer higher level	4	746	17	81
Finance team leader	4	177		19
Finance analyst	5	482	15	60
Finance team manager	5	323		40
Finance analyst specialist	6	351	12	54
Finance section manager	6	301		46
Finance analyst advanced	7	287	11	49
Finance department manager	7	297		51
Principal finance manager	8a	387	16	45
Chief finance manager	8b	153		18
	8c	247		28
	8d	80		9

42. Public Relations job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
Consumer services officer	3	98	34	92
PALS Administrator	3	5		5
Patient Support Officer	3	3		3
Patient Support Officer HL	4	17	9	63
Comms Assistant	4	10		37
PALS officer HL	5	13	13	33
Comms Officer	5	27		67
PALS Team Manager	6	6	34	6
PALS Specialist	6	12		11
Complaints officer higher level	6	75		71
Comms Specialist	6	12		11
PALS Service Manager	7	6		5
Comms Manager	7	9	60	
PALS Professional Head	8a	3	6	16
	8b	1		5
	8c	0		0
Comms Service Manager	8a	8		42
	8b	5		26
	8c	2		11

43. Estates and maintenance job family

Profile	Band	No.of matches	Percent by band of total	Percent of band
43.b Maintenance staff:				
Estates support worker	1	59	3	100
Estates support worker higher level	2	359	19	100
Estates maintenance worker	3	372	20	100
Estates maintenance worker higher level	4	680	40	90
Maintenance supervisor	4	76		10
Estates maintenance worker specialist	5	115	18	35
Estates maintenance worker team leader	5	214		65

Profile	Band	No.of matches	Percent by band of total	Percent of band
43.b Estates staff:				
Estates officer entry level	5	61	5	100
Estates Officer (operations)	6	227	42	41
Estates officer (specialist services)	6	195		35
Estates officer (projects)	6	137		24
Estates manager (operations)	7	113	25	35
Estates officer specialist (specialist services)	7	89		27
Estates manager (projects)	7	124		38
Estates manager higher level (projects)	8a	87	28	23
	8b	59		16
Estates manager higher level (operations)	8a	108		29
	8b	44		12
Head of estates/assistant head of estates	8c	44		12
	8d	17		5
Director of estates and facilities	8d	18		5
	9	3		0.2
43.c Fire safety:				
Fire safety officer	5	75		

44.Home Care

Profile	Band	No.of matches	Percent by band of total	Percent of band
Home Carer	2	3	5	100
Home Carer HL	3	15	24	100
Home Care Organiser (Client Assessment)	4	7	24	100
Home Care Organiser (Staff)	4	8		100
Home Care Team Leader	5	9	14	100
Care Coordinator	6	21	33	100

45. Residential and Day Care

Profile	Band	No.of matches	Percent by band of total	Percent of band
Care Assistant	2	20	42	63
Driver with Caring Duties	2	12		37
Residential Carer	3	2	10	25
Day Centre Carer	3	6		75
Social Work Asst Practitioner (Residential)	5	0	30	0
Day Centre Carer (HL/Team Leader)	5	14		61
Residential Carer Team Leader	5	9		39
Social Work Residential	6	0	5	0
Day Centre Manager	6	4		100
Social Care Team Mgr (Adult Residential)	7	10	13	100

46. Social Work

Profile	Band	No.of matches	Percent by band of total	Percent of band
Social Work Entry Level	5	10	16	71
Rehab Worker (Sensory Impairment)	5	4		29
Social Worker	6	26	30	100
Social Work Team Manager	7	17	41	47
Social Work Specialist	7	19		53
Social Work Locality/Service Manager	8a	10	13	91
Social Work Programme Mgr/Asst Dir	8b	1		9

47. Chaplains

Profile	Band	No.of matches	Percent by band of total	Percent of band
Chaplain Entry Level	5	35	12	100
Chaplain	6	186	62	100
Chaplain Team Manager	7	78	26	100

48. Practice Education Facilitators

Profile	Band	No.of matches	Percent by band of total	Percent of band
Practice Education Facilitator Entry Level	6	47	89	100
Practice Education Facilitator	7	7	11	100

49. Cancer Screening

Profile	Band	No.of matches	Percent by band of total	Percent of band
Screening Practitioner	6	1	33	100
Screening Practitioner Specialist	7	2	67	100
Screening Practitioner Service Manager	8a	0	0	
	8b	0		

Appendix 4 – UNISON Survey



June 2007

UNISON HEALTH GROUP PAY SURVEY 2007

This survey has been sent to a broad cross-section of UNISON members who work in the health service. We want to get a clear picture of the issues health staff face in 2007, including pay, working conditions, staffing levels, training, hours of work and violence at work.

Your responses will play a vital part in shaping the arguments UNISON uses in its submission for the 2008/9 pay award to NHS staff.

Therefore, we would be extremely grateful if you would spare the time to complete this form and return it in the envelope provided no later than 20 July 2007.

If the envelope is not included, please send the form to:

Health Group Pay Survey
UNISON
FREEPOST (WC5652)
LONDON
WC1H 9BR

This is an anonymous survey and all responses will be treated in the strictest confidence.

Many thanks for your co-operation.

A handwritten signature in black ink that reads "Karen Jennings". The signature is fluid and cursive, with the first name "Karen" and the last name "Jennings" clearly legible.

Karen Jennings
UNISON Head of Health Care

UNISON IS CAMPAIGNING TO PROTECT JOBS AND SERVICES IN THE NHS – JOIN US
www.unison.org.uk/healthcare/keepNHSworking



UNISON HEALTH PAY SURVEY 2007

SECTION 1: PAY

1.1 Compared to 12 months ago, how do you feel your pay has changed relative to the cost of living?

- A. I am better off
- B. I am worse off
- C. Neither better nor worse off

1.2 Compared to 12 months ago, how do you feel your pay has changed relative to the cost of the following aspects of your expenditure?

- | | A | B | C |
|--------------------------------|--------------------------|--------------------------|------------------------------|
| | Better off | Worse off | Neither better nor worse off |
| i. Fuel and energy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Transport | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Mortgage/rent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Council tax | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Childcare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vii. Water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| viii. Car park charges at work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1.3 In your employment within the NHS are you dependent on any of the following payments to sustain your standard of living?

(Please tick all boxes that apply)

- A. Unsocial hours payment/special duty/shift premia
- B. On-call
- C. Overtime
- D. Other

1.4 Do you do another paid job(s) other than your main one in the health service?

- A. Yes
- B. No

If Yes, please answer question 1.5

If No, move on to question 1.6

1.5 If yes, where is the second job(s)?

(Please tick all boxes that apply)

- A. NHS (NHS Professional or Bank)
- B. NHS (other)
- C. Agency
- D. Other non NHS

1.6 What is your pay band?

- A. Band 1
- B. Band 2
- C. Band 3
- D. Band 4
- E. Band 5
- F. Band 6
- G. Band 7
- H. Band 8
- I. Band 9

SECTION 2: WORKING CONDITIONS

2.1 Compared with this time last year, would you say that in your working area or department.....?

- | | A | B | C | D |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | *Increased | Decreased | Remained the same | Don't know |
| i. The workload has* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. The level of stress has | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. The number of staff has | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. The number of patients has | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. The quality of care for each patient has | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. The use of temporary staff (including bank and agency staff) has | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If you have indicated in the above question that your workload has increased, please answer questions 2.2 and 2.3, otherwise please move on to question 2.4.*

2.2 Why has your workload increased?

(Please tick all boxes that apply)

- A. Vacancy freezes and redundancies
- B. Recruitment problems/unable to attract staff
- C. Bed shortages
- D. Insufficient sickness, maternity and holiday cover
- E. Additional duties and responsibilities on top of your existing workload
- F. Pressure to meet government targets (eg waiting times)

2.3 Has your increased workload resulted in?

(Please tick all boxes that apply)

- A. A detrimental effect on your personal health
- B. A detrimental effect on your family life
- C. Little or no effect

2.4 Is morale in your workplace ...?

- A. Very high
- B. High
- C. Moderate
- D. Low
- E. Very low

2.5 Compared to 12 months ago, has morale?

- A. Improved
- B. Worsened
- C. Remained the same
- D. Not sure/don't know

2.6 Would you recommend your own occupation or profession as a career in the NHS?

- A. Yes, definitely
- B. Yes, probably
- C. Probably not
- D. Definitely not
- E. Not sure/don't know

SECTION 3: RECRUITMENT AND RETENTION

3.1 How worried are you about your job security?

- A. Very worried
- B. Fairly worried
- C. Not worried
- D. Not at all worried

3.2 How seriously have you considered leaving your current position in the NHS?

- A. I have not considered leaving
- B. Not very seriously
- C. Fairly seriously
- D. Very seriously

If you have ticked option A, please move onto 3.5, otherwise please answer question 3.3 and 3.4.

3.3 Have you considered leaving for any of the following reasons? (Please tick all boxes that apply)

- A. Feeling undervalued due to
 - i. Levels of pay
 - ii. Unfair grading
 - iii. Managers' treatment of staff
- B. Staff shortages
- C. Having to compromise on standards of care
- D. Problems with patterns of working hours
- E. The changing nature of the NHS (eg restructuring / reorganisation)
- F. Job too stressful
- G. Job being transferred to the private or third sector
- H. Lack of career/promotion prospects

3.4 Have you considered leaving your current post in order to:

- A. To take up another position within your trust/organisation
- B. To take up a post in another trust or organisation within the NHS
- C. Leave the NHS and take up a post in the private or independent healthcare sector
- D. To take up a position completely outside the health service or the health care sector
- E. Other (retirement, to look after children or relative full time etc). *(Please specify below)*

3.5 Have you remained in the NHS for any of the following reasons? (Please tick all boxes that apply)

- A. Enjoy my job
- B. Unable to find other employment
- C. Improved pay and conditions
- D. Pension scheme
- E. Still committed to the job
- F. Other

3.6 In the last 12 months, have staff shortages occurred in your working area/department...?

- A. Frequently
- B. Sometimes
- C. Occasionally
- D. Never
- E. Not sure/don't know

If you ticked options D or E, please move onto Section 4.

3.7 What is your trust doing to alleviate the staff shortages in your working area/department?
(Please tick all boxes that apply)

- A. Recruit permanent staff (from within the UK)
- B. Recruit staff on fixed term contracts (from within the UK)
- C. Recruit staff from overseas
- D. Employ bank and agency/ NHS Professionals staff
- E. Introduce family friendly policies or Improving working lives initiatives and other such measures to improve retention of existing staff
- F. Restructuring or reorganizing service delivery
- G. Outsourcing services
- H. Department closures
- I. Nothing

SECTION 4: TRAINING, LEARNING AND DEVELOPMENT

4.1 How much workplace training or academic studying have you undertaken in the last 12 months?

(count any day or part day as one day on which you have attended a training course, a class or other workplace or academic training.)

- A. None
- B. 1-3 days
- C. 4-10 days
- D. 11-20 days
- E. More than 20 days

4.2 How does the amount of training compare to 12 months ago?

- A. Improved
- B. Worsened
- C. Remained the same
- D. Not sure/don't know

4.3 Do you have access to assessment for S/NVQ (Scottish or National Vocational Qualification) or equivalent?

A. Yes (please indicate level)

- NVQ level 1
- NVQ level 2
- NVQ level 3
- NVQ level 4 and above

- B. No
- C. Not applicable

4.4 Have you received your KSF outline?

- A. Yes
- B. No

4.5 Are you aware of any KSF relaunch in your area?

- A. Yes
- B. No

4.6 Have you discussed your Personal Development Plan (PDP)?

- A. Yes
- B. No

4.7 Have you had a development review with your line manager?

- A. Yes
- B. No

SECTION 5: WORK-LIFE BALANCE

5.1 What are your normal weekly contracted hours of work?

- A. Up to 8 hours
- B. 8-16 hours
- C. 16-24 hours
- D. 24-35 hours
- E. 35+ hours

5.2 To what extent do your contracted hours of work (including shift patterns) conflict with your domestic commitments: (child care arrangements, looking after an older relative).

- A. Frequently
- B. Sometimes
- C. Occasionally
- D. Never

5.3 In a typical week, how many hours in addition to your normal contracted hours do you work as paid overtime?

- A. 0 hours
- B. Up to 5 hours
- C. 6 - 10 hours
- D. 11 - 15 hours
- E. 16 - 20 hours
- F. More than 20 hours

5.4 How many hours in addition to your normal contracted hours do you work per week for which you are not paid and do not receive time off in lieu?

- A. 0 hours
- B. Up to 5 hours
- C. 6 - 10 hours
- D. 11 - 15 hours
- E. 16 - 20 hours
- F. More than 20 hours

5.5 Why do you work more than your contracted hours? (Please tick all boxes that apply)

- A. Necessary to meet deadlines
- B. Necessary to get ahead in my career
- C. Also work bank shifts
- D. Expected by my immediate manager
- E. Expected by my colleagues
- E. Enjoy my job
- F. Impossible to do my job if I don't
- G. Want to provide the best care I can for patients/service users
- H. Don't want to let down the people I work with
- I. Basic salary insufficient
- J. Want to earn extra money

5.6 Are you aware of your employer implementing the *Improving Working Lives* initiative?

- A. Yes
- B. No

*If Yes, please answer question 5.7
If No, move on to Section 6*

5.7 If yes, has it had any positive impact on your working life?

- A. Yes
- B. No

SECTION 6: VIOLENCE, HARASSMENT AND BULLYING AT WORK

6.1 Have you ever personally experienced harassment at work?

(Please tick all boxes that apply. Please indicate whether the harassment was by members of staff, managers, patients/carers or all)

	Staff	Managers	Patients/ Carers
A. Sexual Harassment: unnecessary touching etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sexual Harassment: unwanted propositions, suggestive comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Racist jokes, banter, insults, taunts and insinuations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Sexist jokes, banter, insults, taunts and insinuations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Homophobic jokes, banter, insults, taunts and insinuations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Discrimination because of sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Discrimination on religious grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Discrimination because of age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Witnessing or subject to physical attacks because of race, colour of skin etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Displays of offensive material such as racist literature, pornographic material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Unfair allocation of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Unjustified criticism including malicious complaints, unfair performance review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Denial of authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Exclusion from conversation, workplace or social events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2 In the past year, have you been subjected to or have knowledge of a colleague being subjected to any of the following at work...?

(Please tick all boxes that apply)

	You	A colleague
A. Violence requiring medical assistance/first aid	<input type="checkbox"/>	<input type="checkbox"/>
B. Violence NOT requiring medical assistance/first aid	<input type="checkbox"/>	<input type="checkbox"/>
C. A threat with a weapon	<input type="checkbox"/>	<input type="checkbox"/>
D. Threatening verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>
E. Verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>
E. Other, please write below	<input type="checkbox"/>	<input type="checkbox"/>

6.3 Have you personally experienced criticism of your work performance which has led to:

A. Verbal warning - no formal procedure taken forward	<input type="checkbox"/>
B. Formal disciplinary procedures being invoked against you	<input type="checkbox"/>
C. Case being referred to professional regulatory authorities (e.g. NMC, HPC, etc)	<input type="checkbox"/>

6.4 If you have ticked any of the boxes in 6.1, 6.2 or 6.3, please state whether this led you to having to take time-off work?

A. Yes	<input type="checkbox"/>
B. No	<input type="checkbox"/>

6.5 If you experienced an incident of violence, harassment, bullying or abuse, would you know how to report this?

A. Yes	<input type="checkbox"/>
B. No	<input type="checkbox"/>

6.6 If you have been subjected to an incident of violence, harassment, bullying or abuse over the past year that you reported, was action taken against the assailant/perpetrator?

A. Yes	<input type="checkbox"/>
B. No	<input type="checkbox"/>

SECTION 7: REORGANISATION / RESTRUCTURING

7.1 Has your NHS employer announced either of the following over the last 12 months:

i). Deficit

A. Yes	<input type="checkbox"/>
B. No	<input type="checkbox"/>

ii). Reduction in number of posts

A. Yes	<input type="checkbox"/>
B. No	<input type="checkbox"/>

7.2 If you answered Yes to question 7.1i, has the financial position improved over the last 12 months?

A. Yes	<input type="checkbox"/>
B. No	<input type="checkbox"/>
C. Same	<input type="checkbox"/>

7.3 Has the reconfiguration of SHAs/PCTs (England) or any other restructuring of services (eg service redesign) had any impact on your job role?

A. Yes, definitely	<input type="checkbox"/>
B. Yes, probably	<input type="checkbox"/>
C. Probably not	<input type="checkbox"/>
D. Definitely not	<input type="checkbox"/>
E. Not sure/don't know	<input type="checkbox"/>

7.4 What percentage of staff on your ward/area of work are Bank/NHS Professionals or agency staff?

A. Under 25% (under quarter)	<input type="checkbox"/>
B. Over 25% (over quarter)	<input type="checkbox"/>
C. Over 50% (over half)	<input type="checkbox"/>
D. Over 75% (over three quarters)	<input type="checkbox"/>

7.4 Is this more or less than 12 months ago?

A. More	<input type="checkbox"/>
B. Less	<input type="checkbox"/>
C. Same	<input type="checkbox"/>

SECTION 8: PROFILE

8.1 What is your occupational group?

(Please tick one box only)

Administrative and Clerical:

- HR
- Clerical
- IT
- Clinical Coding
- Secretarial
- Finance
- Health Records
- Other
- Manager

Ambulance Staff:

- Paramedic
- Control Room
- Technician
- Fleet
- Officer
- Admin/ IT Support
- Patient Transport Service
- Other

Ancillary and Maintenance Staff:

- Housekeeping
- Maintenance and Craft
- Cleaning
- Security
- Portering
- Catering
- Laundry
- Sterile Services
- Transport
- Other

Nurses and Midwives:

- Health Care Assistant/Support Worker
- Nursing Assistant/Auxiliary
- Student Nurse
- Enrolled Nurse
- Staff Nurse
- Ward Sister/Charge Nurse
- Midwife
- Health Visitor
- Community Nurse
- Mental Health Nurse
- Senior Nurse/Senior Midwife
- Bank Nurse
- Other

Allied Health Professions (AHP):

- OTs (registered)
- Physiotherapists (support)
- OT (support)
- Chiropodists (registered)
- OT Technical Instructor
- Chiropodists (support)
- Physiotherapists (registered)
- Other
- Student

PTB Staff:

- Dental
- Scientific
- Pathology
- Technical
- Operating Department
- Estates
- Pharmacy
- Other

Social Care:

- Social Worker / Residential Care Worker
- Social Care Manager
- Social Care Support Staff

- Senior Managers

8.2 Are you..?

- A. Male
- B. Female

8.3 What age are you?

- A. 16-20
- B. 21-30
- C. 31-40
- D. 41-50
- E. 51-65
- F. 66 or over

8.4 In your main job, are you employed by...?

- A. NHS
 - B. Voluntary organisation
 - C. Private hospital/nursing home
 - D. Private contractors/private sector
 - E. Local authority council
 - F. Other (please specify below)
-

8.5 How long have you been employed in...?

(Please tick one box in each column)

- | | The Health service | Your present job |
|-----------------------|--------------------------|--------------------------|
| A. Less than 1 year | <input type="checkbox"/> | <input type="checkbox"/> |
| B. 1 - 2 years | <input type="checkbox"/> | <input type="checkbox"/> |
| C. 3 - 5 years | <input type="checkbox"/> | <input type="checkbox"/> |
| D. 6 - 10 years | <input type="checkbox"/> | <input type="checkbox"/> |
| E. 11 - 15 years | <input type="checkbox"/> | <input type="checkbox"/> |
| F. More than 15 years | <input type="checkbox"/> | <input type="checkbox"/> |

8.6 Which UNISON region do you belong to?

- A. Eastern
- B. East Midlands
- C. Greater London
- D. Northern
- E. Northern Ireland
- F. North West
- G. Scotland
- H. South East
- I. South West
- J. Wales
- K. West Midlands
- L. Yorkshire and Humberside

8.7 Do you have, or share, domestic personal caring responsibilities for the following?

(Please tick all boxes that apply)

- A. Pre-school child/children
- B. School age child/children
- C. Elderly relatives
- D. Long term sick or disabled dependants
- F. Other (please specify below)

8.7 What is your ethnic group?

A. White - British

- English
 - Scottish
 - Welsh
 - Irish
 - Any other white background (please write in)
-

B. Mixed

- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed background (please write in)
-

C. Asian, Asian British, Asian English, Asian Scottish

- Asian Welsh
 - Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background (please write in)
-

D. Black, Black British, Black English, Black Scottish

- Black Welsh
 - Caribbean
 - African
 - Any other black background (please write in)
-

E. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group

- Chinese
 - Any other ethnic group (please write in)
-

Appendix 5 – MiP Survey

SECTION 1: PAY

1.1 Compared to 12 months ago, how do you feel your pay has changed relative to the cost of living?

- A. I am better off
- B. I am worse off
- C. Neither better nor worse off

1.2 Compared to 12 months ago, how do you feel your pay has changed relative to the cost of the following aspects of your expenditure?

- | | A
Better
off | B
Worse
off | C
Neither
better nor
worse off |
|--------------------------------|--------------------------|--------------------------|---|
| i. Fuel and energy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Transport | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Mortgage/rent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Council tax | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Childcare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vii. Water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| viii. Car park charges at work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1.3 In your employment within the NHS are you dependent on any of the following payments to sustain your standard of living?

(Please tick all boxes that apply)

- A. Unsocial hours payment/ special duty/shift premia
- B. On-call
- C. Overtime
- D. Other

1.4 Do you do another paid job(s) other than your main one in the health service?

- A. Yes
- B. No

If Yes, please answer question 1.5

If No, move on to question 1.6

1.5 If yes, where is the second job(s)?

(Please tick all boxes that apply)

- A. NHS (NHS Professional or Bank)
- B. NHS (other)
- C. Agency
- D. Other non NHS

1.6 What is your pay band?

- A. Band 6
- B. Band 7
- C. Band 8a
- D. Band 8b
- E. Band 8c
- F. Band 8d
- G. Band 9

SECTION 2: WORKING CONDITIONS

2.1 Compared with this time last year, would you say that in your working area or department.....?

- | | A
*Increased | B
Decreased | C
Remained
the same | D
Don't
know |
|--|--------------------------|--------------------------|---------------------------|--------------------------|
| i. The workload has* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. The level of stress has | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. The number of staff has | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. The number of patients has | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. The quality of care for each patient has | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. The use of temporary staff (including bank and agency staff) has | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If you have indicated in the above question that your workload has increased, please answer questions 2.2 and 2.3, otherwise please move on to question 2.4.*

2.2 Why has your workload increased?

(Please tick all boxes that apply)

- A. Vacancy freezes and redundancies
- B. Recruitment problems/unable to attract staff
- C. Bed shortages
- D. Insufficient sickness, maternity and holiday cover
- E. Additional duties and responsibilities on top of your existing workload
- F. Pressure to meet government targets (on waiting times)

2.3 Has your increased workload resulted in?

(Please tick all boxes that apply)

- A. A detrimental effect on your personal health
- B. A detrimental effect on your family life
- C. Little or no effect

2.4 Is morale in your workplace ...?

- A. Very high
- B. High
- C. Moderate
- D. Low
- E. Very low

2.5 Compared to 12 months ago, has morale?

- A. Improved
- B. Worsened
- C. Remained the same
- D. Not sure/don't know

2.6 Would you recommend your own occupation or profession as a career in the NHS?

- A. Yes, definitely
- B. Yes, probably
- C. Probably not
- D. Definitely not
- E. Not sure/don't know

SECTION 3: RECRUITMENT AND RETENTION

3.1 How worried are you about your job security?

- A. Very worried
- B. Fairly worried
- C. Not worried
- D. Not at all worried

3.2 How seriously have you considered leaving your current position in the NHS?

- A. I have not considered leaving*
- B. Not very seriously
- C. Fairly seriously
- D. Very seriously

**If you have ticked option A, please move onto 3.5, otherwise please answer question 3.3 and 3.4.*

3.3 Have you considered leaving for any of the following reasons? (Please tick all boxes that apply)

- A. Feeling undervalued due to
 - i. Levels of pay
 - ii. Unfair grading
 - iii. Managers' treatment of staff
- B. Staff shortages
- C. Having to compromise on standards of care
- D. Problems with patterns of working hours
- E. The changing nature of the NHS (eg restructuring / reorganisation)
- F. Job too stressful
- G. Job being transferred to the private or third sector
- H. Lack of career/promotion prospects

3.4 Have you considered leaving your current post in order to:

- A. To take up another position within your trust/organisation
- B. To take up a post in another trust or organisation within the NHS
- C. Leave the NHS and take up a post in the private or independent healthcare sector
- D. To take up a position completely outside the health service or the healthcare sector
- E. Other (retirement, to look after children or relative full time etc). *(Please specify below)*

3.5 Have you remained in the NHS for any of the following reasons? (Please tick all boxes that apply)

- A. Enjoy my job
- B. Unable to find other employment
- C. Improved pay and conditions
- D. Pension scheme
- E. Still committed to the job
- F. Other

3.6 In the last 12 months, have staff shortages occurred in your working area/department...?

- A. Frequently
- B. Sometimes
- C. Occasionally
- D. Never
- E. Not sure/don't know

3.7 What is your trust doing to alleviate the staff shortages in your working area/department?

(Please tick all boxes that apply)

- A. Recruit permanent staff (from within the UK)
- B. Recruit staff on fixed term contracts (from within the UK)
- C. Recruit staff from overseas
- D. Employbank and agency/ NHS Professionals staff
- E. Introduce family friendly policies or Improving working lives initiatives and other such measures to improve retention of existing staff
- F. Restructuring or reorganizing service delivery
- G. Outsourcing services
- H. Department closures
- I. Nothing

SECTION 4: TRAINING, LEARNING AND DEVELOPMENT

4.1 How much workplace training or academic studying have you undertaken in the last 12 months?

- A. None
- B. 1-3 days
- C. 4-10 days
- D. 11-20 days
- E. More than 20 days

4.2 How does the amount of training compare to 12 months ago?

- A. Improved
- B. Worsened
- C. Remained the same
- D. Not sure/don't know

4.3 Have you received your KSF outline?

- A. Yes
- B. No

4.4 Are you aware of any KSF relaunch in your area?

- A. Yes
- B. No

4.5 Have you discussed your Personal Development Plan (PDP)?

- A. Yes
- B. No

4.6 Have you had a development review with your line manager?

- A. Yes
- B. No

SECTION 5: WORK-LIFE BALANCE

5.1 What are your normal weekly contracted hours of work?

- A. Up to 8 hours
- B. 8-16 hours
- C. 16-24 hours
- D. 24-35 hours
- E. 35+ hours

5.2 To what extent do your contracted hours of work (including shift patterns) conflict with your domestic commitments: (child care arrangements, looking after an older relative).

- A. Frequently
- B. Sometimes
- C. Occasionally
- D. Never

5.3 In a typical week, how many hours in addition to your normal contracted hours do you work as paid overtime?

- A. 0 hours
- B. Up to 5 hours
- C. 6-10 hours
- D. 11-15 hours
- E. 16-20 hours
- F. More than 20 hours

5.4 How many hours in addition to your normal contracted hours do you work per week for which you are not paid and do not receive time off in lieu?

- A. 0 hours
- B. Up to 5 hours
- C. 6-10 hours
- D. 11-15 hours
- E. 16-20 hours
- F. More than 20 hours

5.5 Why do you work more than your contracted hours? *(Please tick all boxes that apply)*

- A. Necessary to meet deadlines
- B. Necessary to get ahead in my career
- C. Also work bank shifts
- D. Expected by my immediate manager
- E. Expected by my colleagues
- E. Enjoy my job
- F. Impossible to do my job if I don't
- G. Want to provide the best care I can for patients/service users
- H. Don't want to let down the people I work with
- I. Basic salary insufficient
- J. Want to earn extra money

5.6 Are you aware of your employer implementing the *Improving Working Lives* initiative?

- A. Yes
- B. No

*If Yes, please answer question 5.7
If No, move on to Section 6*

5.7 If yes, has it had any positive impact on your working life?

- A. Yes
- B. No

SECTION 6: VIOLENCE, HARASSMENT AND BULLYING AT WORK

6.1 Have you ever personally experienced harassment at work?

(Please tick all boxes that apply. Please indicate whether the harassment was by members of staff, managers, patients/carers or all)

	Staff	Managers	Patients/ Carers
A. Sexual Harassment: unnecessary touching etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sexual Harassment: unwanted propositions, suggestive comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Racist jokes, banter, insults, taunts and insinuations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Sexist jokes, banter, insults, taunts and insinuations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Homophobic jokes, banter, insults, taunts and insinuations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Discrimination because of sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Discrimination on religious grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Discrimination because of age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Witnessing or subject to physical attacks because of race, colour of skin etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Displays of offensive material such as racist literature, pornographic material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Unfair allocation of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Unjustified criticism including malicious complaints, unfair performance review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Denial of authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Exclusion from conversation, workplace or social events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2 In the past year, have you been subjected to any of the following at work...?

(Please tick all boxes that apply)

- A. Violence requiring medical assistance/first aid
- B. Violence NOT requiring medical assistance/first aid
- C. A threat with a weapon
- D. Threatening verbal abuse
- E. Verbal abuse
- E. Other, please write below

6.3 In the past year, have you had knowledge of a colleague being subjected to any of the following at work...?

- A. Violence requiring medical assistance/first aid
- B. Violence NOT requiring medical assistance/first aid
- C. A threat with a weapon
- D. Threatening verbal abuse
- E. Verbal abuse
- E. Other, please write below

6.4 Have you personally experienced criticism of your work performance which has led to:

- A. Verbal warning - no formal procedure taken forward
- B. Formal disciplinary procedures being invoked against you
- C. Case being referred to professional regulatory authorities (e.g. NMC, HPC, etc)

6.5 If you have ticked any of the boxes in 6.1, 6.2 or 6.3 or 6.4, please state whether this led you to having to take time-off work?

- A. Yes
- B. No

6.6 If you experienced an incident of violence, harassment, bullying or abuse, would you know how to report this?

- A. Yes
- B. No

6.7 If you have been subjected to an incident of violence, harassment, bullying or abuse over the past year that you reported, was action taken against the assailant/perpetrator?

- A. Yes
- B. No

RESTRUCTURING

7.1 Has your NHS employer announced a deficit over the last 12 months:

- A. Yes
- B. No

7.2 If you answered Yes to question 7.1, has the financial position improved over the last 12 months?

- A. Yes
- B. No
- C. Same

7.3 Has your NHS employer announced a reduction in the number of posts in the last 12 months:

- A. Yes
- B. No

7.4 Has the reconfiguration of SHAs/PCTs (England) or any other restructuring of services (eg service redesign) had any impact on your job role?

- A. Yes, definitely
- B. Yes, probably
- C. Probably not
- D. Definitely not
- E. Not sure/don't know

SECTION 8: PROFILE

8.1 What is your occupational group?

(Please tick one box only)

- HR
- IT
- General Management
- Facilities
- Communications
- Finance
- Other

8.2 Are you..?

- A. Male
- B. Female

8.3 What age are you?

- A. 16-20
- B. 21-30
- C. 31-40
- D. 41-50
- E. 51-65
- F. 66 or over

8.4 In your main job, are you employed by...?

- A. SHA
- B. PCT
- C. NHS Trust
- D. NHS Foundation Trust
- E. Ambulance Trust
- F. Special HA
- G. Health Board (Scotland)
- H. LHB (Wales)
- I. Voluntary Organisation
- J. Private hospital/nursing home
- K. Private contractors/private sector
- L. Local Authority Council
- M. Other *(please specify below)*

8.5 How long have you been employed in the health service?

- A. Less than 1 year
- B. 1 - 2 years
- C. 3 - 5 years
- D. 6 - 10 years
- E. 11 - 15 years
- F. More than 15 years

8.6 How long have you been employed in your present job?

- A. Less than 1 year
- B. 1 - 2 years
- C. 3 - 5 years
- D. 6 - 10 years
- E. 11 - 15 years
- F. More than 15 years

8.7 Which NHS region do you belong to?

- A. East of England
- B. East Midlands
- C. London
- D. North East
- E. Northern Ireland
- F. North West
- G. Scotland
- H. South East Cost
- I. South West
- J. Wales
- K. West Midlands
- L. Yorkshire and Humberside
- L. South Central

8.8 Do you have, or share, domestic personal caring responsibilities for the following?

(Please tick all boxes that apply)

- A. Pre-school child/children
- B. School age child/children
- C. Elderly relatives
- D. Long term sick or disabled dependants
- F. Other (please specify below)

8.7 What is your ethnic group?

- White British – English
- White British – Scottish
- White British – Welsh
- White British – Irish
- White and Black Caribbean
- White and Black African
- White and Asian
- Asian British – English
- Asian British – Scottish
- Asian British – Welsh
- Indian
- Pakistani
- Bangladeshi
- Black British – English
- Black British – Scottish
- Black British – Welsh
- Black Caribbean
- Black African
- Chinese
- Other *(please specify)*

