

# Joint Staff Side's evidence to the NHSPRB for 2010-11

## Executive Summary

Staff side are requesting the NHS Pay Review Body to recommend that it is not necessary to review the proposed 2.25% for NHS staff for the coming year. Neither recruitment and retention nor the wider economic and labour market conditions warrant this.

### Economic indicators

NHS staff are still feeling the effect of earlier high inflation. Inflation levels are likely to increase again as the UK comes out of recession. Treasury forecasts are predicting that RPI will bounce back strongly in 2010, hitting 2.4%.

CPI is currently at 1.6%, below the proposed final year award of 2.25% but this has been more than balanced out by high levels of inflation over the period of the deal. NHS staff also received two years of below inflation and staged pay awards (in England) previous to the 3 year deal. The first year's award at 2.75% was slightly below inflation at that time, as inflation was projected to fall over the period of the deal. But inflation then soared to the highest rate in 16 years.

NHS staff are still the lowest paid in the public sector and they are often the sole or main earner in their household.

NHS pay is not out of step with pay settlements across the public sector. In the three months to the end of July 2009, the median pay settlement stood at 2.3% across the public sector<sup>1</sup>. Average earnings growth for the whole economy stood at 2.5% in June 2009 and at 3.7% for the public sector

### Affordability

The NHS has received increased funding over recent years and England in particular is in a strong financial position this year. Honouring the final year of the three year pay award will assist the NHS to recruit and retain the very best workforce.

### Labour market

The evidence from Britain and other countries is that demand for health services (and therefore staff) increases in an economic downturn.

While unemployment continued to rise to 2.435 million on the International Labour Organisation measure in the three months to June 2009, vacancy rates in the NHS have risen for the first time in five years

---

<sup>1</sup> [IRS Pay Intelligence, August 2009](#)

and further restrictions on migration from outside the EU are likely to reduce the supply of nurses and other health and social care workers in the UK in the coming year.

Despite being in a recession, vacancy rates in England have risen for the majority of staff categories covered by the NHS Pay Review Body.

### **Workload**

There is considerable evidence that NHS staff are under extreme pressure, are experiencing heavy workloads resulting in increased levels of workplace stress and impacting on patient care.

### **Recruitment and retention**

Possibly as a result of rising unemployment and the recession, Unison's survey of NHS staff shows that the number of staff who have fairly or very seriously considered leaving the NHS over the last year has declined slightly from 50% in 2008 to a still high proportion of 44% in 2009. However, this figure rose to 88% for ambulance staff (up from 67% in 2008).

### **Pay and reward**

It remains the case that nurses are more dissatisfied with their pay and remuneration than any other aspect of their working lives.

### **Productivity**

The future of the NHS finance post 2011 is not yet known, although the position may become clearer after the autumn statement. The government and the opposition in Westminster have stated that NHS funding will be maintained and ring-fenced from cuts but this will not mean that the NHS escapes the squeeze on public sector spending. It is similarly unclear how the new devolved governments will determine the future of NHS funding after the 2011 elections in Scotland, Wales and Northern Ireland. Demographic and other cost pressures will be generated in a stand-still situation.

Given that paybill costs represent approximately 40% of the NHS budget, it is inevitable that most Trusts/Boards will look to reduce those costs as part of a package of measures to respond to financial pressures.

Trade unions have indicated that they wish to be a key partner at local and national level on delivering greater productivity. A more productive and more efficient workforce that maintains and improves the quality of care is the ideal. If this can be delivered in partnership, then the Trade Unions will argue that the gains should be shared by reflecting the increased productivity in the pay award recommended by the pay review process.

## **Career progression, training and development; KSF**

Progress on implementation and effective use of the KSF across the NHS has been slower than and not as widespread as had been expected. There is recognition that despite the work already achieved, more work needs to be done nationally to ensure effective use of the KSF across the whole NHS.

## **Background**

In June 2008 a three year pay settlement for NHS staff was reached with a award for the first year at the level recommended by the NHS Pay Review Body (NHSPRB) in its 23<sup>rd</sup> Report (2.75%) followed by awards of 2.4% and 2.25% for the subsequent two years. The deal contained a reopener clause and it was agreed that the review body would continue to gather evidence throughout the period of the agreement.

The NHS Pay Review Body will gather any new evidence of a significant and material change in recruitment and retention and wider economic and labour market conditions in order to consider whether to request a remit from the Secretary of State to review the negotiated pay increase for 2010/11, the final year of the three year pay deal.

In their latest 24<sup>th</sup> report, the NHS PRB made recommendations regarding an RRP for pharmacists which the Government did not accept. NHS staff side<sup>2</sup> organisations would like to reiterate its appreciation of the role of the NHS PRB in continuing to determine a fair pay deal for NHS staff under its remit and for its independence and rigorous approach in consideration of the evidence from all parties.

This year, staff side proposes that current recruitment and retention in the NHS and wider economic and labour market conditions do not warrant revision of the proposed 2.25% for 2010/11. In supporting this proposal and in anticipation of future years pay negotiations, staff side would like to submit a few points of evidence. The bulk of the evidence that staff side is presenting to the NHSPRB relates to NHS staff working in the whole of the UK. Where appropriate however, references will be made to country specific issues in recruitment, retention, the economy and labour market conditions.

## **1. Economic indicators, inflation, cost of living and the impact of the recession on healthcare workers**

---

<sup>2</sup> British Assoc of Occupational Therapists, British Dietetic Association, British Orthoptic Society, Chartered Soc of Physiotherapists, Community and District Nursing Association, Federation of Clinical Scientists, GMB, Royal College of Midwives, Royal College of Nursing, Society of Chiropodists and Podiatrists, Society of Radiographers, UCATT, Unison, Unite

- 1.1** At the time that the three year deal was agreed in June 2008, inflation (CPI) was running at 3% (RPI 4.6%) but was expected to drop to the Chancellor's target of 2% before the end of the year. The pay award in the first year (2.75%) was slightly below CPI at that time, as inflation was projected to fall over the period of the whole pay deal.
- 1.2** However, inflation (CPI and RPI) then soared to the highest rate in 16 years with the CPI, the government's preferred indicator, being at 5.2% by October 2008 (RPI 4.2%) and subsequently dropping to 2.3% in April when the second pay award was implemented at 2.4%. The CPI is currently at 1.6% (RPI -1.3%) slightly below the proposed final year award of 2.25%. However staff side propose that this variation has been balanced out by high levels of inflation over the period of the three years of the deal. NHS staff also received two years of below inflation and staged pay awards in England prior to the three year deal (2.5% in 2007 and 1.9% in 2006). At the time that the three year deal was agreed, the secretary of state, Alan Johnson said in a press release that "a multi-year deal ensures security for staff and allows them to plan for their future...it also ensures long-term stability for the NHS."
- 1.3** NHS staff are still feeling the effects of months of high inflation. Although the Consumer Price Index has recently dipped to 1.6%, last year the CPI consistently ran at over 4% for five consecutive months and peaked at 5.2% with large rises in the cost of basic items of consumption such as food and energy. From the start of the multi-year deal in April 2008 to the figures available up to June 2009, CPI had exceeded the pay rise received by NHS staff for 12 of the 15 months and RPI had also surpassed the pay rise over more than half the period.
- 1.4** Whatever the overall rates of inflation may be at any given time, given that a large number of NHS staff are low earners, they tend to experience a relatively higher cost of living. The latest Croner Reward cost of living study<sup>3</sup> shows how the general decline in the rate of increase in prices masks differing impacts according to the wage level of employees. The study found that the lowest income groups actually experienced a 5.5% increase in their cost of living over the year to March 2009.
- 1.5** NHS staff are still the lowest paid in the public sector and they are often the sole or main earner in their household. From the RCN's latest employment survey<sup>4</sup>, in one in five cases (21%) nurses'

---

<sup>3</sup> Cost of living Regional Comparisons, 2009

<sup>4</sup> Past Imperfect, Future Tense: Nurses' Employment and Morale in 2009

earnings represented all their household income, 27% earnings represented most of the household income, in 24% of cases it represents about half all income and in 27% of cases it represents less than half of household income. UNISON's latest member survey also revealed that just over half of staff had some form of domestic personal caring responsibilities.

**1.6** The following table (edited to include gender differences) from IDS Pay in the Public Services 2009 uses data from ASHE 2008 and shows the average earnings (£pa) for full-time workers in key public sector jobs

	<b>All FT</b>	<b>Male FT</b>	<b>Female FT</b>
<b>Police Officer</b>	37,439	38,573	33,089
<b>Teacher</b>	35,541	39,647	33,122
<b>Whole Economy</b>	31,323	35,122	25,304
<b>Firefighter</b>	30,557	30,698	28,000
<b>Social Worker</b>	29,569	29,906	29,447
<b>Nurse</b>	28,241	29,234	28,060

**1.7** RCN members were also asked how they view their financial circumstances to provide a barometer of how well nurses are coping financially in 2009. Only one in four (24%) say they are 'living comfortably' with over half (53%) saying they are just 'getting by' and one in four (23%) say they are 'finding it difficult'. However, 39% of nurses whose earnings represent all their household income say that they are 'finding it difficult. The RCN's welfare department has seen a threefold increase in calls for advice on financial matters from April – July 2009.

**1.8** Between January and July 2009 the Society of Radiographers had already received more applications to their Benevolent Fund than they normally receive in a year. We believe that the economic crisis is causing financial hardship for some SoR members resulting in more applications to the fund for financial assistance.

**1.9** The SoR survey<sup>5</sup> of radiography students and recent graduates in the UK in July 2009 revealed that student debt continues to be a concern. Despite the majority having access to an NHS bursary, only 22% of respondents had not used any form of credit to fund their studies:

- 67% had a student loan; and
- 46% had used an overdraft facility.
- 34% of respondents relied on income from working during term

<sup>5</sup> The Society of Radiographers survey of students and recent graduates 2009 (Published on 20<sup>th</sup> August 2009 <http://doc-lib.sor.org/survey-students-and-recent-graduates-2009> )

time to help fund their studies.

The average respondent was in debt by between £5,000 and £10,000 on the date of their graduation. Even more worryingly, around 30% said they were over £10,000 in debt on graduation, or expected to be. (These debt figures do not include mortgages.) After graduation, 30% of recent graduates responding had monthly debt / loan payments of more than £150 per month (not including mortgage payments).

**1.10** Unison's Pay survey this year found that 53% of NHS staff indicated that they were worse off than this time last year and 40% indicated that they were neither better nor worse off. Across pay bands, the lowest paid staff felt the impact of higher prices more sharply. Band 1 staff contained the highest proportion of staff who felt worse off at 65%.

The survey also found that 56% of staff were dependent on some form of additional payment to basic pay in order to sustain their standard of living, representing no significant change on 2008. For 35% of staff, that dependence rested on Unsocial Hours payments and special duty / shift premia, while 25% needed the extra income from working overtime. The pattern of dependence varied greatly according to occupation. For instance, Ambulance staff were way above the average, with 86% dependent on Unsocial Hours or special duty / shift premia and a further 60% on overtime.

In addition to those working for extra payment through their current NHS job, 15% had some form of additional employment, which represented no change on the 2008 figures. Among those staff, 41% worked for NHS Professionals or the Bank, 11% took up other agency employment and 42% worked outside the NHS entirely. Far exceeding the average, 37% of Black staff and 25% of Asian staff held another paid job.

The survey found that 4% of staff received a local Recruitment and Retention Premia (RRP), at an average value of £2,164. The payments were predominately made to Nursing and Midwifery staff or Allied Health Professionals on Bands 6 and 7 and were almost entirely concentrated in England.

### **1.11 Non Clinical Support Staff**

Data obtained from Computer Assisted Job Evaluation software for Agenda for Change <sup>6</sup>shows the preponderance of staff on the lower pay bands within the ancillary and maintenance as well as

---

<sup>6</sup> UNISON evidence to the NHS Pay Review Body 2008/09

the administrative and clerical NHS staff groups. Approximately three quarters of ancillary and maintenance staff are on bands 1 – 3, while the same proportion of administrative and clerical staff are on bands 2 – 4.

In the absence of any centralised collection of data specifically from staff in non clinical support roles, the UNISON member survey conducted in 2009<sup>7</sup> has proven to be particularly valuable as a means of assessing the views and experiences of these groups.

For instance, the disproportionate impact of inflation on these groups is reflected in the finding that Band 1 staff contained the highest proportion of staff who felt that their pay had deteriorated against the cost of living, 65% stating that they were worse off compared to an NHS average of 53%.

This result was backed up by the latest Croner Reward cost of living study,<sup>8</sup> which showed how the general decline in the rate of increase in prices masks differing impacts according to the wage level of employees. The study found that the lowest income groups actually experienced a 5.5% increase in their cost of living over the year to March 2009, perhaps reflecting the higher proportion of relatively high inflation basic goods such as food and energy in the expenditure of low income households.

Pay comparator data also suggests that NHS pay for the staff that the NHS Information Centre defines as admin & estates has grown less competitive over the last year as the 2.8% rise in average full time-earnings for the NHS staff within this group<sup>9</sup> lagged well behind the rise in earnings for general administrative occupations across the wider economy at 6.5%<sup>10</sup>

### **1.12 Pay settlements in line with NHS**

In the three months to the end of July 2009, the median pay settlement stood at 2.3% across the public sector<sup>11</sup>. Average earnings growth for the whole economy stood at 2.5% in June 2009 and at 3.7% for the public sector. The forecasters contacted by IRS expect earnings growth to remain weak over the year, averaging 1.6%, but bounce back in the first quarter of 2010 to 3%.

### **1.13 Multi-year deals overtake NHS**

Incomes Data Services predicts that pay in the public and private

---

<sup>7</sup> UNISON evidence to the NHS Pay Review Body: UNISON Member Survey 2009

<sup>8</sup> Cost of living Regional Comparisons, 2009

<sup>9</sup> NHS Staff Earnings 2008 and 2009, NHS Information Centre, March 2009 and March 2008

<sup>10</sup> 2008 Annual Survey of Hours and Earnings, Office for National Statistics, November 2008

<sup>11</sup> [IRS Pay Intelligence, August 2009](#)

sector will centre on 2.5% in 2009<sup>12</sup>, though some groups, such as University staff who received a 5% increase in the third year of their three year deal, have benefited from significantly bigger rises. In fact, among a sample of 20 long term deals studied by Income Data Services, 17 delivered a higher rise in 2009 than was received by NHS staff<sup>13</sup>.

**1.14 Labour market:** While unemployment continued to rise to 2.435 million on the International Labour Organisation measure in the three months to June 2009, vacancy rates in the NHS have risen for the first time in five years and further restrictions on migration from outside the EU is likely to reduce the supply of nurses and other health and social care workers in the UK in the coming year.

**1.15 Migration statistics:** The Office for National Statistics figures published on 27<sup>th</sup> August show a dramatic fall in net migration to the UK, which dropped by 44% in 2008<sup>14</sup>. The drop is partly explained by rapid increases in the emigration of non-British citizens from the UK – up 50% in 2008. This trend is particularly marked for migrants from new EU member states – net migration from these countries was just 14,000 in 2008, down from a peak of over 80,000 in 2007.

**1.16** The UK has in recent years been able to benefit from the global mobility of the nursing sector and tap into the worldwide nursing talent pool to fill its vacancies, however, demand exceeds supply across the world and the UK is in competition with many other countries for the global pool of available nurses. The recent restrictions on nurses entering the UK has seen an increase in the number of non-EU nurses going to other developed countries in shortage, like the US, Canada and Australia.

Many UK nurses are also leaving the UK to go and work abroad to destinations such as Canada, Australia, the Middle East and the United States. The following table<sup>15</sup> provides details of the number of verification checks made by regulators outside the UK for nurses and midwives on the NMC register by country and we can see a steady increase over the past four years.

---

<sup>12</sup> Pay in the Public Services 2009, March 2009

<sup>13</sup> *ibid*

<sup>14</sup> [Migration Statistics Quarterly Report, August 2009](#)

<sup>15</sup> NMC Statistical analysis of the register 2007-2008

<http://www.nmc-uk.org/aDisplayDocument.aspx?DocumentID=5730>

Country	2005	2006	2007	2008
Australia	3,296	3,047	4,764	5,581
USA	1,729	1,338	1,613	1,701
New Zealand	1,097	1,423	1,336	1,237
Eire	847	1,009	999	1,011
Canada	461	404	739	898
Spain	124	132	142	164
United Arab Emirates	28	18	42	66
France	74	87	60	62
Other	375	341	384	458
<b>Total</b>	<b>8,031</b>	<b>7,799</b>	<b>10,079</b>	<b>11,178</b>

Only 2,309 nurses registered with the NMC from non-EU countries in 2008 compared with 4,624 the previous year while 1,872 nurses from EU countries registered to work in the UK in 2008, compared with 1,520 in 2007. Therefore the net migration figure for 2008 was an overall loss of 6,997 nurses considerably higher than the net loss of 3,935 nurses in 2007.

A similar pattern is emerging in Northern Ireland, with the historic pattern of the UK experiencing net gains in nursing numbers from the Republic of Ireland reversing. NMC verification statistics show that there has been a significant net outflow over the past year.

**1.17** The introduction of the points-based visa system for individuals from Commonwealth countries is also an issue of growing concern within the Occupational Therapy profession. Responses to Freedom of Information requests published by the Health Professions Council show that between June 2006 and December 2008 the number of international OT registrations fell by 377. The British Association of Occupational Therapists (BAOT) fears that this number will increase further as the new visa entry system is dissuading many young Commonwealth professionals from planning their traditional two year working trip to the UK. Language barriers and differences in practice mean that it is not possible for a shortfall in Commonwealth migrants to be quickly compensated for by an increase in migration within Europe<sup>16</sup>. This is at a time when UK-qualified Occupational

<sup>16</sup> Source: FOI Request no. FR00149, "Numbers of registrants joining the HPC register by which route over time" (08/06/2006) Full web reference [http://info.hpc-uk.org/public/FOIRequest.nsf/\(attachments\)/FR00149/\\$FILE/fr00149-20060608%20registrations%20by%20application%20type%20by%20profession%20cross-tab.pdf](http://info.hpc-uk.org/public/FOIRequest.nsf/(attachments)/FR00149/$FILE/fr00149-20060608%20registrations%20by%20application%20type%20by%20profession%20cross-tab.pdf)  
*OTs registered via International route 2008 = 2683*

Therapy registrants are being actively recruited by the Canadian and Australian Governments.

Occupational Therapists at Band 7 and 8 have continued to be recognised by the Migration Advisory Committee<sup>17</sup> as a shortage profession.

### **1.18 Affordability**

The NHS in England has built up significant surpluses over the past couple of years. NHS accounts for 2007/8 published in December 2008 acknowledge that the NHS in England remains in a “very strong financial position” having generated a surplus of £1.67 billion (up from £515 million in 2006/7). Just 11 NHS organisations recorded a deficit compared to 82 the previous year.

The NHS plans for 2010/11 indicate that its finances are based on continuing with a “managed surplus” into the future and in line with this position it is forecasting that it is set to deliver a surplus of £1.7 billion for 2008/9 and the number of organisations reporting deficits has declined once again to just six<sup>18</sup>.

By contrast to the surpluses built up in England, the HSC in Northern Ireland faces significant structural funding challenges, primarily through the imposition of efficiency savings required under the Comprehensive Spending Review [CSR] totalling £344 million during the current CSR period. Audit Scotland<sup>19</sup> presented a solid picture of NHS Scotland accounts in 2007/8 with overall underspends on both revenue and capital budgets and the achievement of an 83% reduction in recurring deficits. Only one Scottish Board failed to meet its financial targets. Though at a lower rate than recent years, NHS funding increases from the Scottish Government are expected to continue. In Wales the signs are that there will be reductions in spending and deficits to be cleared given that the local NHS Trust in Cardiff is currently required to make 60million savings. Similar situations are likely to occur across other NHS Organisations throughout Wales.

There is increasing pressure on government finances, as a result of the economic crisis in the UK and there has been some discussion about the possibilities of cuts in public sector spending in the future.

---

Source: FOI Request no. FR00440, “2008 December Month end statistics”(02/01/2009)

Full web reference [http://info.hpc-uk.org/public/FOIRequest.nsf/\(attachments\)/FR00440/\\$FILE/20090102new%20profn-gender-modalityapptyperegistered%20all%20new.pdf](http://info.hpc-uk.org/public/FOIRequest.nsf/(attachments)/FR00440/$FILE/20090102new%20profn-gender-modalityapptyperegistered%20all%20new.pdf)

<sup>17</sup> <http://www.ukba.homeoffice.gov.uk/aboutus/workingwithus/indbodies/mac/macfirstshortagelist/>

<sup>18</sup> The Quarter, Quarter 4, 2008/09

<sup>19</sup> Audit Scotland, *Financial Overview of the NHS in Scotland 2007-08*, December 2008

However staff side's view is that for this remaining year of the three year deal, that there is sufficient money available to honour the agreed award.

### **1.19 Impact of the economic downturn on demand for health services**

The evidence from Britain and other countries is that demand for health services (and therefore staff) increases in an economic downturn. As more people pull out of private health care, pressure on primary care providers increases and these effects are most evident in mental health services.

A nationwide survey of GPs following the 1981 recession (1983) showed increased primary healthcare service utilisation in areas of high and prolonged unemployment: GP consultation rates increased between 20 – 80% in people who are unemployed, with men in particular being more likely to consult their GPs if they are unemployed.

International evidence shows that demands on secondary healthcare service utilisation also increased in economic downturns

- Admission rates to Finnish acute hospitals increased by 10% and outpatient consultations by 30% during a period of high unemployment (1988-1996)
- 33% increase in admissions to hospital in unemployed people in Canadian survey (1986)

Prolonged unemployment has been shown to lead to a number of negative behaviours in individuals, namely,

- increased smoking
- increased alcohol consumption especially in young men
- increased use of illicit drugs in the young
- reduced physical activity and exercise leading to obesity

**1.20** Mark Haddad, Clinical Research Fellow in the Health Service and Population Research Department at the Institute of Psychiatry is of the opinion that the current UK recession will increase demand for health services "... with unemployment and increased personal debt being especially associated with mental health problems. Reduced household income and loss of work may have a wide range of effects - including poorer nutrition, less exercise, increased alcohol consumption, and the increased likelihood of entering debt, as well as placing additional strain on marital and family relationships."

We have an emerging situation in the UK in which adverse economic circumstances are increasing the risks of work-related anxieties, unemployment, debt, and poverty - which in turn are

related to health problems (mental and physical) and increased demand for health services.

This increase in demand combined with the impact of the flu pandemic could arguably mean that there will be an unprecedented rise in pressure, workload and demand for healthcare workers in the coming year. It is important to recognise the role played by public services in a recession - to sustain and rebuild the economy.

**1.21** These issues also apply to Wales. In fact the implications of the recession will be most keenly felt across poorer areas and Wales has many 'poorer/social deprivation' areas, recognised by the EU hence, hence receives substantial Objective1 funding<sup>20</sup>. Demands on all health and social care services will increase with the impact of pandemic flu.

**1.22** Demand for health services are also likely to increase in Northern Ireland during the recession, given Northern Ireland's levels of socio-economic deprivation.

## **2 Workload and pressure on staff**

From all the staff side organisations, there is considerable evidence that NHS staff are under extreme pressure, are experiencing heavy workloads resulting in increased levels of workplace stress and impacting on patient care.

**2.1** The Chartered Society of Physiotherapy undertook a survey of their workplace stewards in July 2009 and received over 300 responses on the number of job losses and vacancy freezes that were occurring in the NHS. Initial findings are that many Trusts failing to fill vacancies as they arise, or have procedures in place (using vacancy control panels) which delays the filling of vacancies. We hope to be in a position to expand on this for the oral evidence.

**2.2** The workload of maternity services continues to rise due to:

- A continuing shortage of midwives and rising vacancy rates
- the rising UK Birthrate (which has risen by 18.6% since 2001)
- the increasing number of complex cases (the 4 most common of which are older mothers, younger mothers, more obese mothers and an increase in caesarean sections)
- Social & Demographic change with many Heads of Midwifery noting a rise on their local populations and increased use of

---

<sup>20</sup> Objective 1 aims to help reduce differences in social and economic conditions within the European Union, where prosperity, measured in Gross Domestic Product (GDP), was 75% or less of the European average. In Wales, Objective 1 covered West Wales and the Valleys (i.e. 15 local authority areas).

## English as a second language

According to a Royal College of Midwives survey, 30% of Head of Midwifery Services (HOMS) say heavy workloads is a barrier to recruitment. Their 2007 evidence showed midwives to work an average of 6 – 8 hrs unpaid excess hours per week. 35% of HOMS say stress is a barrier to recruitment; this is seen as the largest factor, more so than pay, grading, lack of family friendly policies, return to practice problems and financial cutbacks. In response to the Question 'has morale improved or deteriorated over the last 12 months?' 21.6% of HOMS said it had improved, 35.1% said it had deteriorated and 43% said it was the same.

**2.3** From the RCN's recently published survey<sup>21</sup>, there are some findings which raise concern about nurses' workload. Nearly two thirds (61%) of all NHS nurses say their workload is too heavy, 55% say they are under too much pressure at work, 54% say they are too busy to provide the standard of care they would like and 47% say too much time is spent on non-nursing duties. Larger proportions of health visitors, sisters/charge nurses and senior nurses feel under pressure from their workload.

**2.4** There are also some implications for patient safety, with more than half (55%) of NHS nurses considering that the nursing establishment where they work is not sufficient to meet patient needs. In older people's nursing, women's health and paediatric critical care, 60% say the establishment is insufficient. 42% say short staffing compromises patient care least once or twice per week; one in four say it is on most or every shift. Care is compromised more often in the NHS compared with the independent sector.

**2.5** Heavy nursing workloads are having a detrimental effect on patient care and health outcomes across the world, a global survey has suggested. In a survey of over 2,000 nurses from 13 countries, conducted by the International Council of Nurses<sup>22</sup>, 92 per cent of respondents said they faced time constraints that prevented them from spending sufficient time with individual patients. Nearly half said their workload was worse today than it was five years ago. Findings from the survey also showed that nursing was viewed as a worse career today than it was five years ago in the UK, Canada, the US and Taiwan, reports the Nursing Times. The council's chief executive David Benton said: 'Nurses globally are thinking about leaving the profession, which will further impact on already burdened healthcare systems. It is urgent to respond to their needs

---

<sup>21</sup> Past Imperfect, Future Tense: Nurses' Employment and Morale in 2009

<sup>22</sup> [Nurses in the Workplace: Expectations and Needs - A Global Survey of Nurses May 2009, ICN](#)

with adequate staffing, greater independence and greater involvement in decision-making.

**2.6** The Cancer Reform Strategy (CRS) and subsequent reports<sup>23</sup> of the National Radiotherapy Advisory Group (NRAG) indicate that the demand for radiotherapy will increase by 91% by 2016 in England. There is likely to be a similar increase in demand across the UK.

**2.7** There are some new initiatives planned which will increase pressure on the diagnostic radiography workforce including:

- age extension of the NHS Breast Screening Programme;
- Abdominal Aorta Aneurysm screening;
- Foetal Anomaly Screening/nuchal translucency screening;
- investigations into non-symptomatic chest pain;
- improved access to interventional services throughout the 24/7 cycle; and
- tumour ablation under imaging control<sup>24</sup>.

**2.8** Members of the specialist diagnostic workforce who will deliver some of these key initiatives are either currently or likely to be in short supply. There is a recognised shortage of sonographers throughout the UK. For example NHS Scotland recently reported sonographer vacancy rates of 11.3%<sup>25</sup>; and over 50% of SoR members who specialise in mammography working in the NHS across the UK are due to retire in the next ten years.

**2.9** In Northern Ireland and Wales increasing demand for both CT and MRI has also been highlighted. Several sites in Northern Ireland are considering opening 12 hours a day, 7 days a week, but the additional funding and staffing required is a concern. Extra sessions are currently being provided by the private sector. In Wales projections based on population growth alone indicate that demand for CT and MRI will increase by just over 30% by 2020. There will also continue to be increased demand due to changes in clinical practice.<sup>26</sup>

**2.10** From Unison's survey of NHS staff, 78% reported an increase in workload and stress on last year, representing an increase of 5% on

---

<sup>23</sup> Radiotherapy: delivering a world class service for England - Report to Ministers from National Radiotherapy Advisory Group 26/02/2007  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_074576.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074576.pdf)

<sup>24</sup> SoR response to Workforce Review Team Assessment of Workforce Priorities Summer 2009 consultation

<sup>25</sup> NHS Scotland Sonographer workforce capacity study November 2008

<sup>26</sup> An Horizon Scan of Demand for Computerised Tomography and Magnetic Resonance Imaging in Wales; Imaging Departments Service Improvement; Review of MRI, CT and Ultrasound Services in Wales

the latter. Among Ambulance staff, 95% report increased workload and stress, up from around 70% in 2008. Approximately 54% of respondents reported a decline in staffing levels within their workplace against just 11% noting an increase. Mirroring those figures, 54% reported an increase in patients and 4% experienced a decline. Echoing the findings from the RCN survey, 28% of believed that the quality of care had decreased rising to 48% among staff in Northern Ireland. Across the UK as a whole, Unison's NHS members reported that the use of temporary staff (including bank and agency employees) had risen in 36% of workplaces and decreased in 15%.

**2.11** The principal reasons cited for increased workload were additional duties and responsibilities placed on top of employees' existing workload and insufficient sickness, maternity and holiday cover. However, Wales and Northern Ireland staff showed a much more marked tendency to attribute workload to vacancy freezes. For those who had experienced increased workload, 58% felt they had suffered a detrimental effect on their personal health and 42% reported a detrimental effect on their family health.

**2.12** Unite are in the process of analysing results from a survey of their members in the NHS. Over 2000 members have responded and initial results show that in the region of 80% of Unite members reported an increased workload in the past year - the majority of these stating their workload had grown a lot. Nearly half reported that this increased workload had led to them experiencing increased stress levels resulting in a detrimental effect on your relationships within and outside work. Just approximately 1 in 10 reported their morale had improved from this time last year - many felt it had become a lot worse. Overwhelmingly the reason why people remain working in the NHS was because they felt they were doing something worthwhile.

**2.13** According to anecdotal evidence from workplace representatives, morale is generally low across the service in Wales. Emergency pressures are taking their toll and staff morale has significantly declined. There is constant pressure to increase bed occupancy and meet targets. The pressure is evident in high sickness /absence rates and new stringent policies introduced to manage absence, which has further negative impact upon morale. There have also been policies to stop agency usage and significantly reduce 'bank' work placing even greater pressure on existing staff. Vacancies are not routinely being advertised or filled. Services are still expanding and staffing seems static if not reducing. Finally there is evidence of greater mental health conditions across staff groups.

**2.14** The 2008 NHS Scotland Staff Opinion Survey reported that only 56% of staff were comfortable with the level of pressure placed on them in their job<sup>27</sup>.

### **3 Vacancies and emerging workforce shortages**

**3.1** The RCN survey<sup>28</sup> shows that nursing turnover as measured by job changes across all nurses has increased from the 10 year low reported in 2007 of 16% to 19% and movement between employers has increased from 8% to 10% in 2009. In the NHS the rate of job change is 16%. Much of the increase in turnover between 2007 and 2009 is concentrated among nurses early in their careers and the main reason nurses change jobs is to gain new experience and skills (54%). However, there has been an increase in job moves due to stress/workload issues (31% compared to 23% in 2007) and because of dissatisfaction with their previous job (30% compared to 26% in 2007).

#### **3.2 Vacancy rates rise across professions despite recession**

Despite being in a recession, vacancy rates in England have risen for the majority of staff categories covered by the NHS Pay Review Body. At 31 March 2009, the “on the day” vacancy rates had risen relative to the same point last year for Qualifies Nursing, Midwifery and Health Visiting Staff, Unqualified nurses and ST&T staff (including Allied Health professionals, Qualifies Healthcare scientists and Other Qualifies ST&T staff) and Ambulance Staff. A similar pattern emerges when assessing the three-month vacancy rates.

**3.3** The changes in the three-month vacancy rates for the principal staffing groups defined by the Information Centre are shown below.

	2008		2009	
	Number	Rate	Number	Rate
Total qualified nursing, midwifery and health visiting staff	7,721	2.5%	10,014	3.1%
Total unqualified nurses	1,519	1.8%	1,838	2.3%
Total ST&T staff	4,119	2.7%	4,840	3.0%
Qualified Allied Health Professionals	1,692	2.9%	1,981	3.2%
Qualified healthcare scientists	680	2.4%	776	2.7%
Total Other qualified ST&T staff	997	3.0%	1,277	3.6%
Total unqualified ST&T staff	750	2.4%	806	2.4%
Total all other staff	9,896	2.7%	9,556	2.5%
	March 2008		March 2009	
	Number	Rate	Number	Rate
Total qualified nursing, midwifery and	1,565	0.5%	2,088	0.7%

<sup>27</sup> ORC International NHS Scotland Staff Opinion Survey 2008, 2009

<sup>28</sup> Past Imperfect, Future Tense: Nurses' Employment and Morale in 2009

health visiting staff				
Total unqualified nurses	350	0.4%	329	0.4%
Total ST&T staff	662	0.4%	1,018	0.7%
Qualified Allied Health Professionals	271	0.5%	400	0.7%
Qualified healthcare scientists	155	0.6%	178	0.6%
Total Other qualified ST&T staff	157	0.5%	332	1.0%
Total unqualified ST&T staff	78	0.3%	108	0.3%
Total all other staff	1,414	0.4%	1,420	0.4%

**3.4** In NHS Scotland vacancy rates are at comparable rates with the rates in the NHS in England - 2.5% for qualified nurses and midwives, 2.6% for unqualified nurses and midwives and 3.9% for allied health professionals. Hard to fill vacancies of three months or more vary from 0.5% for unqualified nurses and midwives to 0.6% for qualified nurses and midwives and 1.0% for allied health professionals<sup>29</sup>

	<u>September 2008</u>		<u>September 2008</u>	
	Total vacancies		Three months or more	
	WTE	Rate	WTE	Rate
All nursing and midwifery staff	1471.5	2.5%	344.7	0.6%
Total qualified nursing and midwifery	1058.8	2.5%	264.8	0.6%
Total unqualified nursing and midwifery	412.7	2.6%	79.9	0.5%
All Allied Health Professionals	377.4	3.9%	91.6	1.0%

The number of nursing and midwifery vacancies as a percentage of all nursing and midwifery capacity in NHS Scotland has increased by 0.6% from 1.7% to 2.3% during the 2007/08 to 2008/09 period.<sup>30</sup>

**3.5** In Northern Ireland, vacancy rates in the Health and Social Care (HSC) are continuing to fall, although this is being attributed by staff side representatives to the imposition of vacancy controls rather than to any discernible increase in supply. However, colleagues in the independent sector report continuing problems filling vacancies, suggesting an overall shortfall in supply. The recent Regulation and Quality Improvement Authority report into the *Clostridium difficile* outbreak in a Northern Trust highlighted nursing shortages as a contributory factor to the outbreak and spread of infection.

### **3.6 Issues with the Department of Health Vacancies**

As staff side have pointed out previously, a vacancy is defined by the DH as 'an empty position which has lasted for three months or more and which employers are actively trying to fill'. If a trust is not 'actively' recruiting there are technically no vacancies. This leads to great distortions during times of delaying or freezing recruitment.

<sup>29</sup> ISD Scotland *NHS Scotland Workforce Information*, December 2008

<sup>30</sup> ISD Scotland *Agency and Bank Nursing*, June 2009

They are compiled on the basis of returns from NHS trusts and where a return is not received it is not counted and this has the effect of distorting the percentage vacancy rate figure. Typically, Trusts/Boards with the highest vacancy rates are less likely to return their survey statistics as they suffer relatively higher workloads and so the results are skewed in favour of trust with lower vacancies. DH data is also not detailed enough to highlight recruitment difficulties affecting specific bands and specialties within wider staff groups and was never designed to be used to analyse existing or imminent shortages in particular staff groups in the NHS.

**3.7** The acute recruitment problems in social work professions were uncovered by a UNISON Freedom of Information survey that went to employers last year. The responses revealed that at 31 December 2008, vacancy rates for social workers employed by councils and Trusts averaged 12% across the UK and hit dangerous levels close to 40% in some areas. Staff side is concerned that there may be similar pockets of low staffing in healthcare where trusts are not submitting their data to be counted in the overall vacancy data.

**3.8** However despite staff side's view that the DH data may be showing a conservative estimate of true vacancy levels, the latest figures still show a considerable rise in on-the-day vacancies for the nursing family as a whole from 2.5% to 3.1% and for midwives from 2.1% to 3.4%. There has also been a sharp rise in vacancies for ambulance staff from 3.4% to 4.7%, in Occupational Therapy from 3.6% to 4.2%, in registered pharmacists from 4.3% to 5.3%, in pre-registration pharmacy trainees from 3.9% to 5.8% and in operating theatre staff from 2.1% to 3%.

**3.9** There may be a number of factors contributing to this increase in on-the-day vacancy rates. For example, it may be the case that employers have started to record vacancy rates more accurately in response to repeated calls from the NHS Pay Review Body. Anecdotal evidence which we have reported year on year would suggest that there is a growing incidence of refusal of employers to backfill posts when staff are on maternity leave and this would certainly seem a plausible reason for the increase in the on-the-day rates. However, we believe that the figures remain an understatement of the position on the front line because of anecdotal evidence that actual staffing levels are not reflected in permanent whole time equivalent numbers.

**3.10** Whatever the reason behind the increase in vacancies, it is reasonable to assume that this will create more pressure on staff, increase workloads and affect the level of morale on staff. The increase in vacancies could indicate an increasing willingness

among employers and departmental managers to make short term financial savings at the expense of staffing levels which are inadequate for both the purposes of patient care and service development.

### **3.11 Non Clinical Support Staff**

The UNISON survey suggested a higher prevalence of staff shortages amongst these groups. In fact, a huge 72% of Band 1 staff reported shortages and this figure progressively declined across pay bands to reach 34% of Band 8 staff.

### **3.12 Difficulties in recruiting graduates**

The rise in vacancy rates across the majority of graduate recruiting professions in the NHS also runs counter to the trend reported by the Association of Graduate Recruiters<sup>31</sup>, which found in its February 2009 survey that graduate vacancies had fallen by 5.4% over the year.

This shows the difficulty the NHS faces in recruiting graduates to many of its critical professions in comparison to the wider labour market. The NHS should be able to capitalise on the increased pool of graduate talent available from the wider economy but NHS vacancy data suggest that the package available is not tempting them into the service despite the employment problems they face.

Therefore, although the latest Healthcare Commission 2008 staff survey indicates that the proportion of NHS staff thinking of leaving their Trust has declined over the last year, the NHS is not taking advantage of the opportunities to draw in new graduate talent and reinvigorate the service.

### **3.13 Earnings growth lags behind principal comparators**

The UNISON 2009 pay survey obtained responses from 248 staff who had considered leaving the NHS over the last year on what occupations they would move to in the event of leaving the NHS. The responses contained a large variety of occupations; however, the three most popular occupations quoted were general administration, retail work and teaching.

In the following graph we describe the mean increase in gross annual full-time pay for the groups mostly closely aligned with those occupations in the most recent Annual Survey of Hours and Earnings Survey<sup>32</sup> and compared them against the mean growth in full-time earnings for three groups covering the bulk of NHS staff -

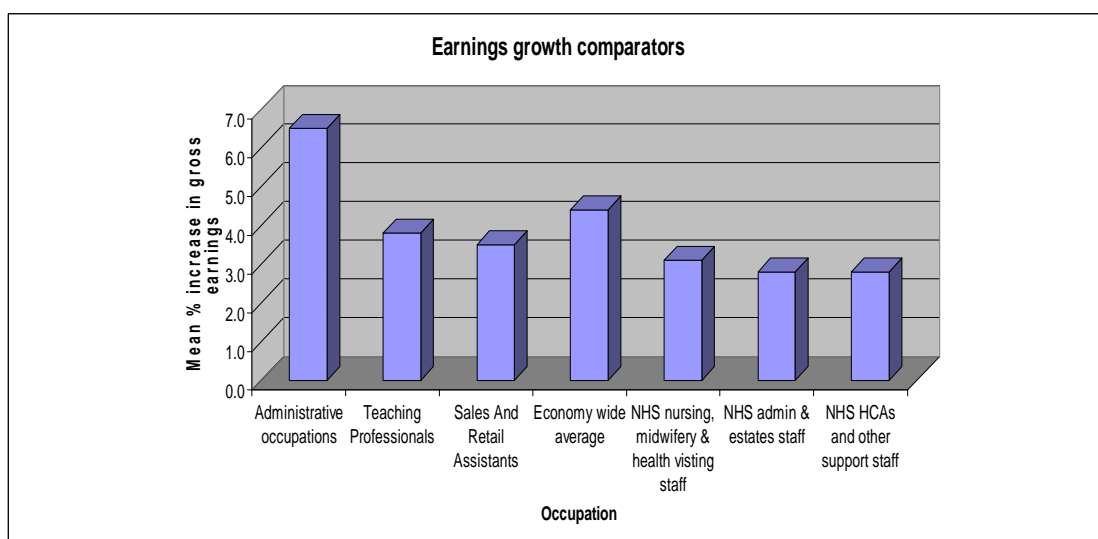
---

<sup>31</sup> <http://www.agr.org.uk/Content/Graduate-Recruitment-Survey-2009-2>

<sup>32</sup> 2008 Annual Survey of Hours and Earnings, Office for National Statistics, November 2008

administrative and estates staff, nursing, midwifery and health visiting staff and healthcare assistant and other support staff according to figures from the Information Centre<sup>33</sup>.

This comparison shows that, with an average increase of 2.8%, NHS admin & estates staff and NHS HCA & other support staff lagged well behind general administrative occupations in the wider economy at 6.5% and sales and retail assistants at 3.5%, while nursing, midwifery and health visiting staff saw earnings increase by 3.1%, which also lagged behind teaching professionals at 3.8%.



### 3.14 Other sources of vacancy data

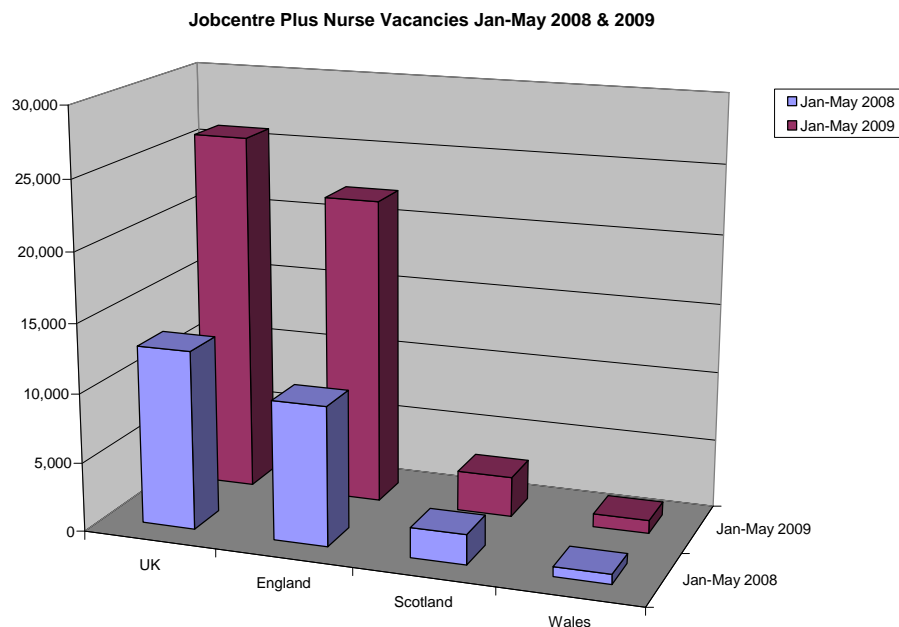
This year staff side sought to provide another source of vacancy data. The Jobcentre Plus data, which is the preferred source of vacancy data for the Migration Advisory Committee, shows a different picture to the DH data. Data from the period January – May 2009 show that nursing vacancies have shot up since last year. More than 4,000 extra vacancies were advertised in the UK in April, compared with the figure a year ago. The data revealed a rise in adverts for nurses over the past four years, but the biggest jump, from 2,198 to 6,429 occurred last year. The increase in London alone over the past year was from 296 to 1,147.

**3.15** At first glance at the results, compared with the IC's data, show some inconsistencies. For example, the Jobcentre Plus data is consistently lower than the IC's figures, which could be due to some NHS organisations not using Jobcentre Plus at all. However NHS organisations have only been forced to use Jobcentre Plus in recent years to satisfy the labour market test required by the UKBA to hire nurses from outside the EU. Therefore an increase in the number of

<sup>33</sup> NHS Staff Earnings 2008 and 2009, NHS Information Centre, March 2009 and March 2008

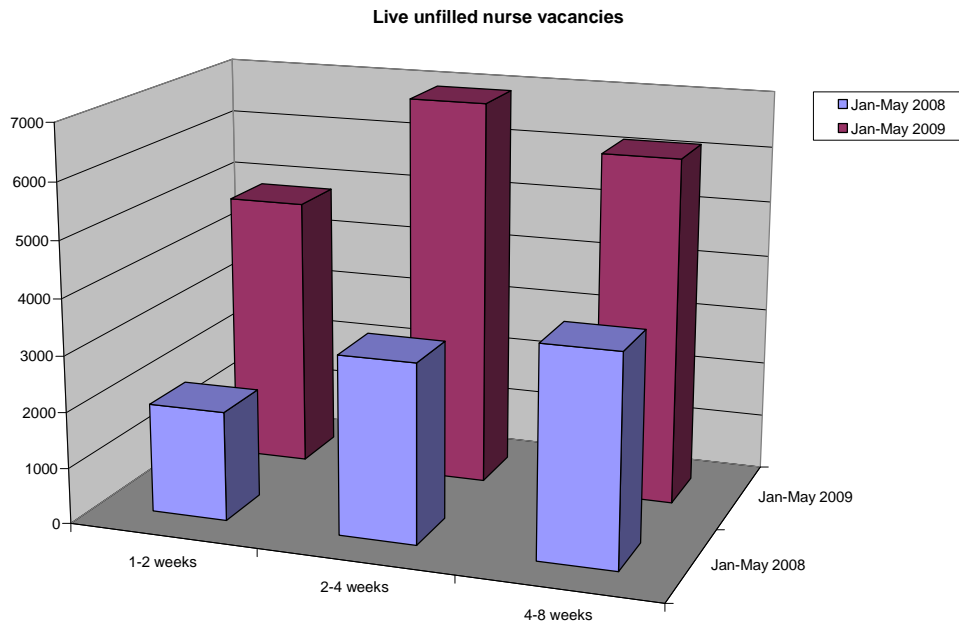
organisations using Jobcentre Plus could in itself be an indicator of increased pressure on recruitment and a need to advertise outside of the UK and EU job markets. As with the DH vacancy data, it is difficult to say with any certainty whether any observed increase in vacancies from Jobcentre Plus is simply the result of more organisations using the system. What is clear is that both sources of vacancy data are going in the same direction i.e. showing a rise in vacancies across many professions in the NHS.

**3.16** The following graph<sup>34</sup> shows the difference in notified nurse vacancies, comparing the first five months of 2008 with the same period this year. There have been significant rises in advertised vacancies in each of the UK countries with the overall figure rising from 12,913 in 2008 to 25,962 so far in 2009.



**3.17** The same trends is evident when looking at the unfilled vacancy data from Jobcentre Plus, with the total number of unfilled nursing posts at 1-2 weeks increasing from 1,952 in the first five months of 2008 to 4,854 for the same period in 2009. The number is considerably higher at 2-4 weeks, from 3,190 in 2008 to 6,914 in 2009 and remains high at 4-8 weeks, from 3,732 in 2008 to 6,173 this year.

<sup>34</sup> <https://www.nomisweb.co.uk/>



**3.18** The Jobcentre Plus data also highlights that there are increased vacancies in many specialist areas of nursing such as obstetrician, orthopaedic, anaesthetic and gynaecologist nurses. Additionally there is currently a shortage of accident and emergency expertise and a growing requirement for nurses from an emergency medicine background. These figures cause concern to the RCN and there is a concern that the rise could be due in part to more staff leaving the profession as they reach retirement age, a trend that is set to increase over the next ten to 20 years.

**3.19** There is also the contributing factor of the reduction in nurse education commissioning in the past few years that should be considered. There is a lag of several years between decisions made on funding levels for pre-registration nurse education and when these “new” nurses enter the register. Reductions in commissioning in 2005/06 will start to play through to corresponding training output declines in 2009. Closing the door to internationally educated nurses at the same time will only exacerbate this situation, and it is likely that these factors alongside all the other demographic trends in the nursing labour market mean that a serious shortage in UK nursing, similar to the period at the end of the nineties is very likely to be repeated.

### **3.20 Community Nursing and Primary Care**

Much of the policy from the Department of Health in recent years has demanded an increase in the community nursing and primary care workforce. Similarly the Scottish Government is focusing on reforming the community nursing workforce to successfully shift the balance of care. According to the RCN's Employment survey, one

in three community nurses are now over 50 years old and over a fifth of practice nurses are over 55, which adds up to around 200,000 nurses who are due to retire over the next decade. This represents almost 50% of the nursing population and this will leave a massive skills shortfall in the workforce. This is a worrying prospect at a time when the size of the UK's elderly population looks set to continue to increase over the coming years, meaning the demand for specialist nurses and community based nurses will continue to grow with it.

**3.21** Significant numbers of nurses in Scotland are aged 50 or over and so coming into the age range when they will consider retiring or perhaps reducing their working hours. Preventing or replacing this loss of skills and expertise is one of the main workforce challenges facing the NHS in Scotland. Age profiles for acute, mental health and community nurses all peak in the 40 – 50 age band, but community nursing has the oldest age profile. Three out of ten community nurses in Scotland will reach retirement age within the next 10 years.<sup>35</sup>

**3.22** The community nursing sector for the UK as a whole is already under resourced to fulfil existing policy drivers (Care closer to home, Next stage review, Transforming Community services, Better Health, Better Care etc.). “Growing” the primary care nursing workforce is not just a simple matter of recruiting direct from the acute sector or direct from UK training. The skills base required to work in the community is somewhat different to working in a hospital. There will have to be more investment in specialist bridging training for hospital based nurses and this will require a period of increased investment in the number of nurses overall, to maintain good quality of care while the workforce is being developed to deliver the demands of the service. Attracting and retaining community nurses is vital to ensuring the intended policies are made into a reality and pay is a vital component in the recruitment and retention of these nurses.

### **3.23 Proxy evidence of shortages and areas of concern**

In March 2008 there were 676,547 qualified nurses, midwives and health visitors registered with the Nursing and Midwifery Council (NMC). This represented a decline of 10,000 on the previous year, the first such fall in recent years. We also know from the Information Centre that the use of bank and agency nurses is on the rise again which puts financial pressure on the NHS and that some trusts are working well below their real establishment levels sometimes to catastrophic effect as illustrated in the case of Mid Staffordshire

---

<sup>35</sup> J. Buchan, F. O’May, D. McCann, *Older...but wiser?*, Queen Margaret University, Edinburgh, November 2008

Trust. If the DH is going to improve standards of care across the service, then it cannot allow under recruiting of nurses to continue in the interest of cost saving or productivity initiatives. There is a general over-reliance on agency and bank staff in Northern Ireland which is being attributed to controls on filling vacancies by staff side representatives. In response to a recent Northern Ireland Assembly question, the Minister confirmed that the cost of employing agency nurses in the HSC totalled £13 million during 2007-2008.

**3.24** In a recent survey of its members for the Migration Advisory Committee, NHS Employers found that “78% of all responses included nursing as a shortage issue ... including school nurses; health visiting, theatres in addition to general hospital based nursing for Agenda for Change pay bands 5-7”. Nearly half (47%) of those staff responding to the Healthcare Commission survey said there were not enough staff to do their jobs properly and as mentioned in a previous section, findings from the Royal College of Nursing's Employment survey show that 61% of nurses say that their workload is too heavy, 55% are under too much pressure and 54% are too busy to provide the standard of care they would like.

**3.25** During autumn 2008 the CSP undertook a survey of physiotherapy service managers following indications that despite the problems facing new graduates in obtaining their first physiotherapy post, managers were facing difficulties in recruiting to senior physiotherapy posts. The survey was sent to 307 NHS organisations and they received responses from 141 organisations across the UK - a response rate of 46%. The 141 organisations represent 46% of the total no. of NHS organisations in the UK where they have members. They received more than one response from a small number of organisations where stewards from different workplaces in the same employer replied.

The key findings from this survey were that:

- Managers are facing significant problems in recruiting to senior posts: a third reported some or major problems recruiting to Band 6 and nearly half in recruiting to Band 7 posts. Over a quarter stated that these difficulties have increased over the past year.
- The majority of managers were being required to make cuts to their budgets in the current financial year. The most commonly reported impacts of these cuts were delays in filling vacant posts; restrictions in the use of bank/agency staff; cuts in purchasing of clinical equipment and reductions in staff training budgets (60% of respondents said that training budgets were insufficient to meet the CPD needs of their staff).

- In terms of impact on service delivery and staff, managers expressed strong concerns about increasing workload levels and stress. There were also serious concerns that demand for physiotherapy services were expected to increase in the coming year (97% of respondents agreed or strongly agreed with this) but 74% stated that they did not expect to have sufficient resources to meet this increased demand.

**3.26** A recent survey by the RCN into the experiences of School Nurses found that they are overburdened and that they provide care for an average of 2,590 pupils each. Two-thirds of school nurses feel overstretched and feel they are not given support. In Northern Ireland there are 88 school nurses covering a school population of 331,647, giving an average caseload of 3769 children.

**3.27** From the RCN's Labour Market Review<sup>36</sup>, Jim Buchan warns that "The overall reduction in the number of (nursing) commissions will (in the absence of any significant change in attrition levels) result in fewer newly qualified nurses coming into the labour supply from 2009 onwards and a shortfall against the projected requirements published by the WRT.

**3.28** Senior policy advisors in RCN Wales have suggested that people are less likely to consider NHS careers due to uncertainty, low morale and poor pay (in comparison to other roles). The Welsh picture is compounded by the recent major NHS Organisational Change with ensuing policy changes and possible spending cuts.

**3.29** HPC-registered diagnostic radiographers, HPC-registered therapeutic radiographers and sonographers continue to feature on the government-approved shortage occupation list as of June 2009<sup>37</sup>.

**3.30** A health visiting crisis in London has been highlighted in Unite's Community Practitioner journal. The research shows that the situation in a number of primary care trusts (PCTs) in London is getting worse, as the number of new health visitor registrations nationally has slumped from 712 in 2005 to 253 in 2008. The journal highlights crisis areas in the capital:

- Staff employed by NHS Hounslow say the lack of qualified health visitors means that many families with new babies are being seen

---

<sup>36</sup> Difficult Times, Difficult Choices: The UK nursing labour market review, 2009; Prof. Jim Buchan for the Royal College of Nursing; Sept 2009

<sup>37</sup> Government-approved shortage occupation lists for Tier 2 of the Points Based System 15 June 2009 <http://www.bia.homeoffice.gov.uk/sitecontent/documents/workingintheuk/shortageoccupationlist.pdf>

up to four months after the birth – instead of the recommended 10-14 days for new birth visits

- Barking and Dagenham Community Health Services has failed to deliver on promises made to Unite last December to recruit 22 specialist community public health nurses (SCPHNs) and train nine student health visitors
- NHS Richmond has confirmed that non-health visiting staff are conducting new birth assessments
- At NHS Haringey - at the centre of the storm over the death of Baby P - there are only 34 whole time equivalent (WTE) health visitors, when Unite believes the figure should be between 45-60 in this 'complex inner-city borough with a culture of gang and knife crime'
- NHS Lambeth has been ranked the worst PCT in England by the influential Family and Parenting Institute, with only 33 WTE health visitors; each having an estimated caseload of 894 children under the age of five
- Staff shortages are also reported at NHS Havering where nursery nurses will be running a group contact for one year-olds, and also in Barnet Community Services
- NHS Enfield - health visitors are 'demoralised', as caseloads are getting bigger and health visitors are leaving
- In deprived Leyton and Leytonstone, covered by NHS Waltham Forest, a recruitment drive for health visitors failed, as the shortage of health visitors nationally means staff can easily choose to work in other locations.

**3.31** London is not alone in facing such a crisis. In Scotland, for example, the numbers undertaking health visiting and district nursing courses have fallen by more than 50% between 2001/2 and 2007/8<sup>38</sup>.

### **3.32 Recruitment and Retention issues**

Possibly as a result of rising unemployment and the recession, Unison's survey of NHS staff shows that the number of staff who have fairly or very seriously considered leaving the NHS over the last year has declined slightly from 50% in 2008 to a still high proportion of 44% in 2009. However, this figure rose to 88% for ambulance staff (up from 67% in 2008).

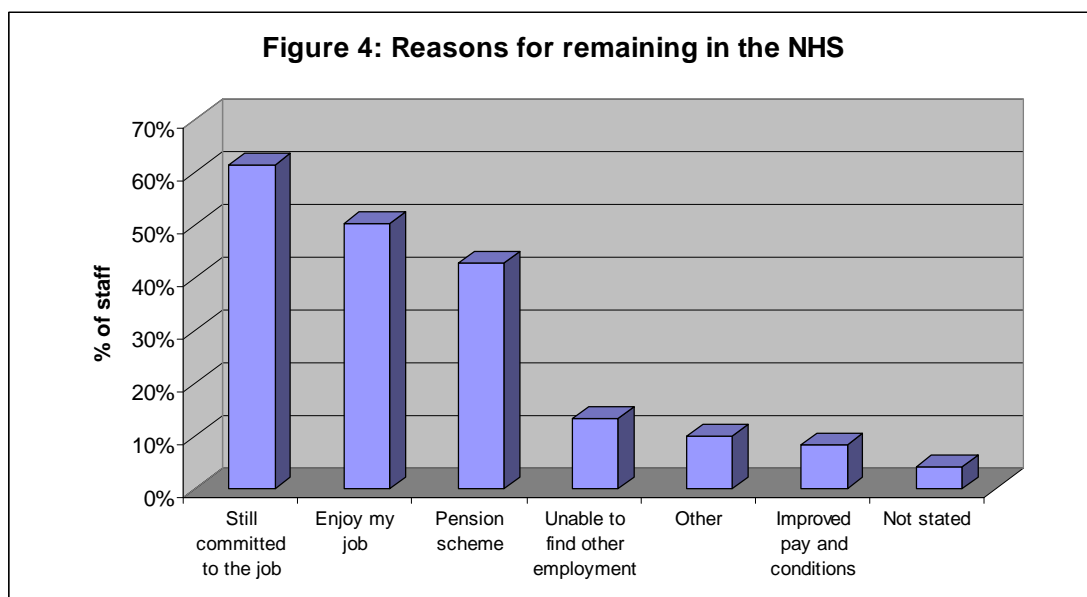
When those who had considered leaving were asked to state their reasons, the top four reasons given were the feeling of being undervalued due to managers' treatment of staff, staff shortages, restructuring / reorganisation and feeling undervalued due to levels of pay. The proportion of staff that considered leaving to take up a post in

---

<sup>38</sup> ISD Scotland, *NHS Scotland Workforce Statistics 'Nursing and Midwifery – student intakes and students in training'* (Dec 2008)

the private or independent healthcare sector rose to 20%, while 42% stated that they would take up a position outside the health service entirely.

When asked to state their reasons for remaining in the NHS, 61% cited commitment to their job, half put it down to enjoying their job and 43% highlighted the pension scheme. Just 8% of staff referred to improved pay and conditions, leaving this dimension in last position of the six factors offered to respondents (see figure 4 below). Despite the primary position held by commitment to the job, the figure still represents an erosion of staff feelings toward their work since 2007, when three quarters quoted it as a reason for staying.



From questions posed to Trust and Health Board managers, the survey found that 31% of staff believed that their department/workplace had experienced no or low recruitment and retention difficulties over the last year. 33% reported that recruitment and retention was quite a problem and 16% believed that recruitment and retention was a major problem. In addition, 34% of staff believed that recruitment and retention had become more difficult over the past year.

### 3.33 Non Clinical Support Staff

UNISON's survey revealed that the proportion of staff describing morale in their workplace as very low tapered markedly across pay bands, from 4% of Band 8 staff to 33% of Band 1 staff. This backed up the finding that 69% of Ancillary and Maintenance staff rated morale as low or very low, compared to an occupation-wide average of 48%.

## 4 Pay and rewards

It remains the case that nurses are more dissatisfied with their pay and remuneration than any other aspect of their working lives. The current RCN survey<sup>39</sup> is the first one since all NHS staff across the UK have been assimilated to Agenda for Change pay bands making pre and post AfC comparisons possible (using data from 2003, the last survey in which all nurses were on clinical grades). As in previous surveys nurses' views on pay in Northern Ireland are more negative here than the UK average.

- 4.1** More E grade nurses in England and Wales were placed on band 6 (15% and 17% respectively) compared to Scotland 8% and Northern Ireland 2%. There were similar disparities in the proportion of G grades moving on to band 7. One in four (23%) NHS nurses requested a banding review. More nurses in Scotland (27%) and in Northern Ireland (30%) requested a banding review, reflecting the higher proportions of nurses who had been assimilated onto lower pay bands.
- 4.2** Health visitors are most dissatisfied with their transition to AfC; a half requested a banding review (50%), and many more saying that their grade/pay band is not appropriate to their role and responsibilities (74% compared with 49% in 2003 prior to AfC).
- 4.3** Across all nurses, 44% consider that their pay band/grade is not appropriate given their role and responsibilities. The proportion of IRNs working in care homes who say they 'don't know' if their pay band is appropriate has more than doubled, since 2001 to 27%.
- 4.4** Within the NHS, senior nurses are less likely to think that their grade/pay band is inappropriate relative to their role and responsibilities than in 2003 (e.g. 59% pre AfC in 2003, 28% in 2009). Nurses on band 5 are twice as likely as those on band 8/9 to consider their pay band to be inappropriate, whereas in 2003 there was little variation by grade.
- 4.5** Black and minority ethnic (BME) nurses are least likely to feel that they are appropriately graded (65% say their grade is not appropriate compared to 44% across all respondents). IRNs are also more likely to view their pay band as inappropriate.
- 4.6** Nurses continue to be generally dissatisfied with their pay, 84% say that nurses are not well paid in relation to other professional groups and 78% think they could be paid more for less effort if they left nursing. Nurses early in their careers are least positive about pay.

---

<sup>39</sup> **Past imperfect, future tense:** Nurses' employment and morale in 2009, Employment Research Ltd.

**4.7** One in four nurses (23%) say they are 'finding it difficult' financially at present, and 24% of nurses have an additional job. More band 5 BME nurses have another job (42% vs. 24% of all nurses), and do so in order to provide additional income. Agency work is much less common in 2009 than in the past.

#### **4.8 NHS Productivity**

The future of the NHS finance post 2011 is not yet known, although the position may become clearer after the autumn statement. The government and the opposition in Westminster have stated that NHS funding will be maintained and ring-fenced from cuts but this will not mean that the NHS escapes the squeeze on public sector spending. It is similarly unclear how the new devolved governments will determine the future of NHS funding after the 2011 elections in Scotland, Wales and Northern Ireland. Demographic and other cost pressures will be generated in a stand-still situation.

In England the Chief Executive of the NHS has predicted that the service should prepare to save £15-£20 billion during the years 2011 to 2014. Cost pressures are also being experienced in the devolved nations. Productivity is therefore now high on the NHS agenda although at the time of writing nobody is clear about what measures they would apply to productivity and how it is going to contribute to the savings that it is said are needed. The trade unions have signalled a wish to have a dialogue with government and employers on productivity and gain share since 2007 but the invitation has only recently been picked up in informal talks.

**4.9** National assessments of NHS productivity are undertaken by the Office of National Statistics Centre for the Measurement of Government Activity. Its latest assessment was set out in January 2008 in the report *Public Service Productivity*<sup>40</sup>, which builds on public service techniques recommended by the Atkinson Review to measure the quantity and quality of outputs. Output quantity is based on activities provided by or funded by the NHS, including hospital acute services, community health, GP appointments and GP prescribed drugs. Changes in this measure are used as a proxy for the whole of NHS spending in the UK.

**4.10** Adjustments are made for the quality of output through short-term survival and health gain indicators, outcomes from primary medical care and assessment of the patient experience, while inputs are measured according to expenditure on labour, goods & services and capital consumption. The productivity measures

---

<sup>40</sup> <http://www.statistics.gov.uk/cci/article.asp?id=2116>

derived from this source have been used to attack NHS performance and Agenda for Change as they show a marked downward trend, with an average annual decline of 2.5% since 2001, because input growth has risen even more rapidly than the 50% output growth achieved since 1995.

**4.11** The ONS bases part of its methodology on work commissioned from the Centre for Health Economics (CHE) based at the University of York, which acts as the other principal provider of national NHS productivity measurement. The CHE claims to provide more accurate measurement because it assesses every output activity conducted by the NHS (based on 6,630 categories) rather than extrapolating results from a sample of activities and its quality measure relies less on the subjectivity of survey data. It measures the quantity of output for hospitals, outpatients, mental health, community care service and primary care using such factors as Hospital Episode Statistics, Outpatient Minimum Dataset, Reference Cost, Primary Care consultations and prescribing. Output is then adjusted for a quality measure based on survival rates, waiting times and disease management. Inputs are measured in terms of labour, intermediate inputs and capital. The CHE has presented a more favourable view of productivity over recent years, recording rises of 1.64% over the 2004/5 – 2005/6 period and 0.4% over the 2005/6 – 2006/7 period.

#### **4.12 Productivity and pay**

In the House of Commons Public Accounts Committee report published in June 2009<sup>41</sup>, there was a memorandum from the Chief Executive, Department of Health in the appendix sharing the findings of the recently published report<sup>42</sup> from the Centre for Health Economics (CHE) at York University led by Professor Andrew Street on NHS inputs for the period 2003–04 to 2007–08.

The report includes figures on NHS productivity for the period 2003–04 to 2006–07. Productivity is measured by comparing the rate of output growth with the rate of input growth. It shows an increase in NHS productivity for the most recent years (2004–05 to 2005–06 and 2005–06 to 2006–07).

Since 2000–01 there has been strong input growth, with significant investment in new staff, equipment and buildings. Meanwhile output growth has lagged behind input growth. This is unsurprising since investments take time to bear fruit. Even so, year-on-year increases in the number of patients treated meant that output

---

<sup>41</sup> NHS Pay Modernisation in England: Agenda for Change Twenty-ninth Report of Session 2008–09

<sup>42</sup> <http://www.york.ac.uk/inst/che/pdf/rp47.pdf>

growth averaged more than 3.7% per year up to 2003–04. The net effect, though, was negative productivity growth up to 2003–04.

This latest publication however shows that the trend has since changed. NHS output has continued to rise, but at a faster rate, averaging 5.5% per year between 2004–05 and 2006–07. Not only are more patients being treated, but the quality of the care they receive has been improving. For example:

- Waiting times have been falling, both for outpatient appointments and for admission to hospital.
- Survival rates have been improving for patients admitted to hospital whether as electives or non-electives.
- Improved disease management in primary care, brought about largely by the Quality and Outcomes Framework, has led to reductions in blood pressure for patients suffering chronic heart disease, stroke and hypertension.

There has also been a slowdown in input growth since 2003–04. This is primarily the result of a levelling off in staff recruitment and less reliance on the use of agency staff. As a consequence recent NHS productivity growth has been positive or, at worst, constant.

**4.13** In addition, the NHS has a number of other initiatives to advance productivity across the organisation. In England, the NHS Productivity and Efficiency Unit was established in March 2009 to pursue the productivity agenda and the NHS Institute for Innovation and Improvement uses the web-based NHS Indicator Explorer system to enable organisations to monitor output performance levels across clinical effectiveness, prescribing, procurement, workforce. The Institute has also produced guidance entitled “The Productive Series” focused on releasing staff time to focus on patient care. One of the Productive Series ‘Releasing Time to Care’ is being rolled out in NHS Scotland and is being monitored by the Scottish Efficiency and Productivity Programme.

**4.14** Given that paybill costs represent approximately 40% of the NHS budget, it is inevitable that most Trusts/Boards will look to reduce those costs as part of a package of measures to respond to financial pressures. In some cases the paybill may be seen as the main target for cost reduction as in 2006. In the case of Mid Staffordshire Hospital paybill costs were driven down significantly in the drive for Foundation Trust status and given the ONS measure, productivity would have been seen to rise – but with disastrous consequences on quality of care.

**4.15** Trade unions have indicated that they wish to be a key partner at local and national level on delivering greater productivity. A more productive and more efficient workforce that maintains and

improves the quality of care is the ideal. If this can be delivered in partnership, then the Trade Unions will argue that the gains should be shared by reflecting the increased productivity in the pay award recommended by the pay review process.

## **5 Career progression, training and development**

### **5.1 Knowledge and Skills Framework (KSF)**

The Knowledge and skills framework was an integral part of the Agenda for Change agreement concluded in 2004. It allows for staff development, particularly for staff from outside of the professional groups who had not previously had the opportunity to participate in appraisals and personal development, to enhance their skills at work in the NHS and enable movement of staff into posts they may have not considered previously. For the professional groups of staff in the NHS it meant that professional and personal development would be treated as an employment right, an integral part of the employment relationship, not an add-on subject to the availability of training time and budgets. What has been missing in the implementation of KSF in England has been a lack of leadership at Trust level and a lack of direction from the DH to employers who have not fully implemented KSF as part of the AfC process.

**5.2** Progress on implementation and effective use of the KSF across the NHS has been slower than and not as widespread as had been expected. There is recognition that despite the work already achieved, more work needs to be done nationally to ensure effective use of the KSF across the whole NHS. The NHS Staff Survey results for England in 2008<sup>43</sup> show only very slight increases in number of appraisals (64% in 2008 compared with 61% in 2007) and the indications are that the situation is not likely to get significantly better in 2009. The National Audit Office (NAO) fieldwork in August/September 2008 estimated 54% of staff had had a development review. The NAO's report<sup>44</sup> concluded that *"The potential of the Knowledge and Skills Framework has not been realised by many trusts, yet effective use of the Framework is essential for maximising the benefits of Agenda for Change."* A series of recommendations were set out in the report including the need for a KSF champion at board level, training for managers, and sufficient time for staff to participate. It also recommended that steps should be taken to review and simplify the guidance for using the KSF.

### **5.3 Independent review**

---

<sup>43</sup> [www.cqc.org.uk/usingcareservices/healthcare/nhsstaffsurveys/2008nhsstaffsurvey.cfm](http://www.cqc.org.uk/usingcareservices/healthcare/nhsstaffsurveys/2008nhsstaffsurvey.cfm)

<sup>44</sup> "NHS Pay Modernisation in England: Agenda for Change" (Jan 2009)

[http://www.nao.org.uk/publications/0809/nhs\\_pay\\_modernisation.aspx](http://www.nao.org.uk/publications/0809/nhs_pay_modernisation.aspx)

In response to the NAO recommendations, the NHS Staff Council has commissioned an independent review of the KSF to analyse the barriers to implementation and to identify practical solutions which will help bring about full-scale implementation and the embedding of KSF into the NHS. Whilst this review is in response to the NAO Report on Agenda for Change in England, the KSF is a UK-wide agreement and as such, any recommendations that emerge will have implications for all four countries. The Staff Council is in the process of establishing a 'stakeholder reference group' representing a spectrum of interested parties with different experiences and attitudes to the KSF, which will feed in its views throughout the process. The review is due to report by the end of January 2010 and will make specific proposals on the further action needed to ensure that the principles underpinning the KSF are effectively implemented across the NHS.

#### **5.4 Scotland**

A decision by NHS Scotland to link the KSF to its performance targets has seen a marked increase in its implementation monitoring figures. By the end of July 2009, all NHS Boards in Scotland reported full achievement of the KSF 2008/09 target requiring 100% of staff with a substantive contract to have a KSF based Personal Development Plan. The new target requires 80% of KSF reviews and PDPs to be recorded on e-ksf (the electronic tool) by the end of March 2011.

#### **5.5 Northern Ireland**

Health and Social Care organisations in Northern Ireland are continuing to conclude their post outline development and consolidate outlines created prior to the reconfiguration of the organisations in the region. The Department of Health and Social Services are currently seeking to appoint a full time project manager to oversee and conclude the implementation phase of KSF within Northern Ireland by supporting each of the organisations. The KSF is a central feature of Northern Ireland's Regional Workforce Learning and Development Strategy which was published by the Department of Health and Social Services in April 2009.

#### **5.6 Wales**

There has been an agreement in Wales that, as assimilation was substantially complete the Agenda for Change Implementation Sub-Group of the Welsh Partnership Forum has now completed its work. Responsibility for Agenda for Change issues will now be taken forward by the Welsh Partnership Forum Business Committee and, as a result, there are currently no plans for any further national monitoring on Agenda for Change, including the KSF.

It is recognised that there is still considerable work needed to ensure

that the KSF remains a regular part of staff development reviews. Proposals on how this will be taken forward in the short term are currently being considered by the Welsh Partnership Forum Business Committee.

**5.7** The profile of the nursing workforce is changing with the increased use of health care assistants (HCAs) and assistant practitioners. Continuing learning and development opportunities for all staff are essential to ensure safe and effective care.

However, the preliminary findings from the RCN's 2009 Employment Survey show that for nurses:

- In 2009 the amount of CPD undertaken remains lower than in preceding years, and is more or less the same as reported in 2007.
- Staff nurses in the NHS (5.3 days) have undertaken less CPD than other groups of NHS nurse.
- Three in ten nurses (29%) think the amount of CPD they have undertaken in the last year has increased and 22% think it has decreased.
- Just over six in ten nurses (61%) across all sectors have had an appraisal/development review with their manager in the 12 months prior to the survey. This figure is slightly higher than that reported in 2007 (58%).
- In general, mandatory training has increased marginally across the board since 2007. However, there is much more infection control training reported by nurses in NHS hospitals than was the case in 2007 (80% in 2009 compared to 63% in 2007) and more nurses working in independent care homes have also received infection control training (81% compared to 67% in 2007).
- Views of access to training opportunities are more slightly more positive in 2009 than was the case in 2007, but remain lower than was recorded in 2005.

**5.8** UNISON's survey revealed the following results in relation to training and career development:

- Approximately 16% of staff had received no workplace training or academic study over the last year, while 41% had received between one and three days, which represented an improvement on last year when the figures were 23% and 42% respectively;
- There was a slight improvement in the proportion of staff receiving their KSF outline from 50% in 2008 to 55% in 2009, but that still left 37% without any such outline (8% of respondents did not state one way or the other). The overall figure masks substantial national banding variations. For instance, 64% of staff

in Scotland had received an outline compared to 34% in Northern Ireland;

- The survey found that 54% of staff had received a development review with their line manager, but 43% had not. The numbers receiving reviews in Wales and Northern Ireland were much lower at 34% and 36% respectively;
- Approximately 54% staff had a Personal Development Plan (PDP). The 69% of staff in Scotland with a PDP contrasted strongly with the 30% in Wales and 35% in Northern Ireland.

### **5.9 Non-Clinical Support Staff**

These staff groups have faced longstanding acute problems in the field of training and career development and the 2009 UNISON survey confirmed that little has changed. For instance, while 16% of NHS staff in general had received no workplace training or academic study over the previous year, 32% of Ancillary and Maintenance staff, along with 45% of Band 1 staff, had received no training.

Similarly, while 54% of NHS staff had a Personal Development Plan (PDP), that figure dropped to 33% of Ancillary and Maintenance staff, 21% of Band 1 staff and 41% of Band 2 staff.

**5.10** The UNISON survey also found that the proportion of staff aware of the Improving Working Lives (IWL) initiative in England rose slightly on last year's results to 46%, but only 11% stated that it had resulted in a positive impact on their working lives. Only 17% of Ancillary and Maintenance staff were aware of IWL and awareness rose strongly according to band from 7% of Band 1 staff to 79% of Band 8 staff. Similarly, a mere 1% of Band 1 staff believed that it had resulted in a positive impact on their working lives compared to 19% of Band 8 staff.

**5.11** Although showing improvements on previous years, the Healthcare Commission's 2008 staff survey showed that only 64% of NHS staff had received an appraisal, 51% of staff have had an appraisal based on their KSF outline, 59% of staff were satisfied with the support received from their immediate manager and 39% believed that they worked in well structured teams. These figures show a considerable margin still available for improvement and the potential benefits in service delivery possible from future investments in these areas. However, these benefits can only be realised fully if the relative position of the workforce in terms of the rewards they receive is maintained and improved.

**5.12** If threatened cuts in public service finances become a reality for the NHS, staff side fears that as in the past, learning and

development will be an easy target for cuts. This would not only be short sighted but also potentially dangerous; continuing learning and development opportunities for all staff are essential to ensure safe and effective care. All NHS staff should have protected training time as part of their continual professional development and provided with preceptorship where appropriate.

**5.13** According to a recent research project commissioned by the SoR, the majority of the radiographic workforce in England and Wales are dissatisfied with AfC in relation to their career progression<sup>45</sup>. The following statistics from the research project survey indicate that there is still room to improve the regularity of staff appraisals and use of the Knowledge and Skills Framework (KSF).

Percentage of survey respondents who had had an appraisal in the last year:

- diagnostic radiographers 59%
- therapeutic radiographers 72%
- assistant practitioners and healthcare assistants 61%
- Less than 65% of all survey respondents said that KSF was used during their last appraisal.

**5.14** Feedback to the Welsh Partnership Forum suggests that managers are finding the time it takes to undertake a KSF appraisal is twice that of the old method. There are concerns that both staff and managers are unable to commit the time and resources to effectively implement KSF during a time of competing priorities and financial constraints.

**5.15** While KSF is considered to have been generally implemented in Northern Ireland and Scotland there is still discontent with the implementation of AfC. In both countries a significant proportion of the radiographic workforce who appealed against their AfC banding are still waiting for the outcome of their appeals. In Northern Ireland many radiographers who have taken further training and gained extra qualifications are still sitting on the original bands until the appeals have been released. In Scotland there is also concern that most NHS Scotland Boards have failed to implement Annex T of the AfC Terms and Conditions.

---

<sup>45</sup> Effect of Agenda for Change on Career Progression of the Radiographic Workforce – Full report July 2009

## **Conclusion**

Our evidence shows that NHS staff are still feeling the impact of recent high inflation. Across pay bands the lowest paid staff felt the impact of higher prices more sharply. NHS staff remain the lowest paid in the public sector and they are often the sole or main earner in their household.

We show that despite being in a recession, vacancy rates in England have risen for the majority of staff categories covered by the NHS Pay Review Body and that vacancy rates across all staff groups have risen for the first time in five years.

Further restrictions on migration from outside the EU are likely to reduce the supply of nurses and other health and social care workers in the UK in the coming year. The evidence from Britain and other countries is that demand for health services (and therefore staff) increases in an economic downturn.

We demonstrate that NHS staff are experiencing even heavier workloads resulting in increased levels of workplace stress which will inevitably affect service delivery. If the Government were to adopt a quick-fix approach and used the wider economic conditions to make a short term saving in pay, this could result in a longer term impact on morale, motivation and affect the retention of staff which ultimately impacts on patient care.

The NHS has received increased funding over recent years and England in particular is in a strong financial position this year. Honouring the final year of the three year pay award will assist the NHS to recruit and retain the very best workforce. It is essential that a long-term view is taken in terms of workforce planning and that the NHS does not risk the continuing stability of the workforce in order to make any short term savings.

Findings from the NHS staff survey 2008 suggests that there are still considerable gains to be made in terms of driving the quality agenda in the service , but for these important changes to happen, the NHS needs to ensure it has a workforce that has the motivation and the capacity to work in new and innovative ways.

**Staff side are therefore requesting the NHS Pay Review Body to recommend that it is not necessary to review the proposed 2.25% for NHS staff for the coming year.**

Gains have already been made in terms of quality improvements and productivity in the service. However there needs to be continued investment in NHS staff through not only through pay but also by

providing opportunities for training and career development to ensure a well motivated and engaged workforce. We urge the Pay Review Body to make recommendations that will ensure the NHS is best placed to compete for the talent it needs to maintain service at today's high standards and exact further improvements for patients and taxpayers.