

# **UNISON Evidence to the NHS Pay Review Body**

## **UNISON Member Survey 2009**





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## **Introduction and Key Conclusion**

UNISON conducted a survey of its health members over July and August 2009 that collected staff views on 57 questions relating to pay, working conditions, recruitment / retention, training / career development, work-life balance, violence / harassment at work and the impact of reorganisation / restructuring.

In line with previous years, the questionnaire was distributed through a mailing to 8,000 randomly selected members generating 1,756 responses in the space of just three weeks.

The survey was completed by members working in a broad range of occupational groups, ranging from ancillary and maintenance staff, to administrative and clerical staff, nursing and midwifery staff, occupational therapy and other allied health professionals, scientific and technical staff and senior managers.

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

As a result of gathering this exhaustive body of opinion from staff across the NHS, we have been able to set out below a comprehensive grassroots picture of experiences and views among those who deliver our health service. The data is presented as both the most up-to-date snapshot available of staffing opinion in the NHS and a valuable study of trends thrown up by comparing results against almost identical UNISON surveys conducted in 2007 and 2008.

UNISON's key conclusion from this survey is that, whilst pay levels, particularly amongst the lower bands, remain a cause of dissatisfaction it has not manifested itself yet in a significant change in the recruitment and retention position within employing NHS organisations. The signs are that as economic recovery starts and inflation begins to rise that there are likely to be recruitment and retention problems that may need to be addressed in future years. UNISON will wish to focus on these in future year's evidence to the NHS Pay Review Body.

## Key Findings from UNISON Member Survey

- 53% of staff felt that they were worse off than this time last year, with rising prices on basic goods hitting the lowest paid hardest;
- 56% of staff were dependent on some form of additional payment to basic pay in order to sustain their standard of living;
- There had been no let up in the relentless pressures on staff, with 78% reporting both an increase in workload and stress on last year;
- 54% of respondents reported a decline in staffing levels within their workplace over the last year;
- Use of temporary staff has risen in 36% of workplaces and decreased in 15%;
- 48% of staff described morale in their workplace as low or very low as opposed to 8% who describe it as high or very high;
- 44% of staff have fairly or very seriously considered leaving the NHS over the last year;
- The top four reasons given for considering leaving the NHS were the feeling of being undervalued due to managers' treatment of staff, staff shortages, restructuring / reorganisation and feeling undervalued due to levels of pay;
- Just 8% of staff referred to improved pay and conditions as a factor in their decision to stay in the NHS;
- 34% of staff believed that recruitment and retention was more difficult than this time last year as opposed to 3% who saw it as less difficult;
- 53% of staff indicated that staff shortages had occurred frequently in their workplace / department over the last year;
- 38% of staff indicated that their employer had announced recruitment freezes over the last year;
- 38% of staff work extra hours without payment to deliver quality patient care for the NHS.

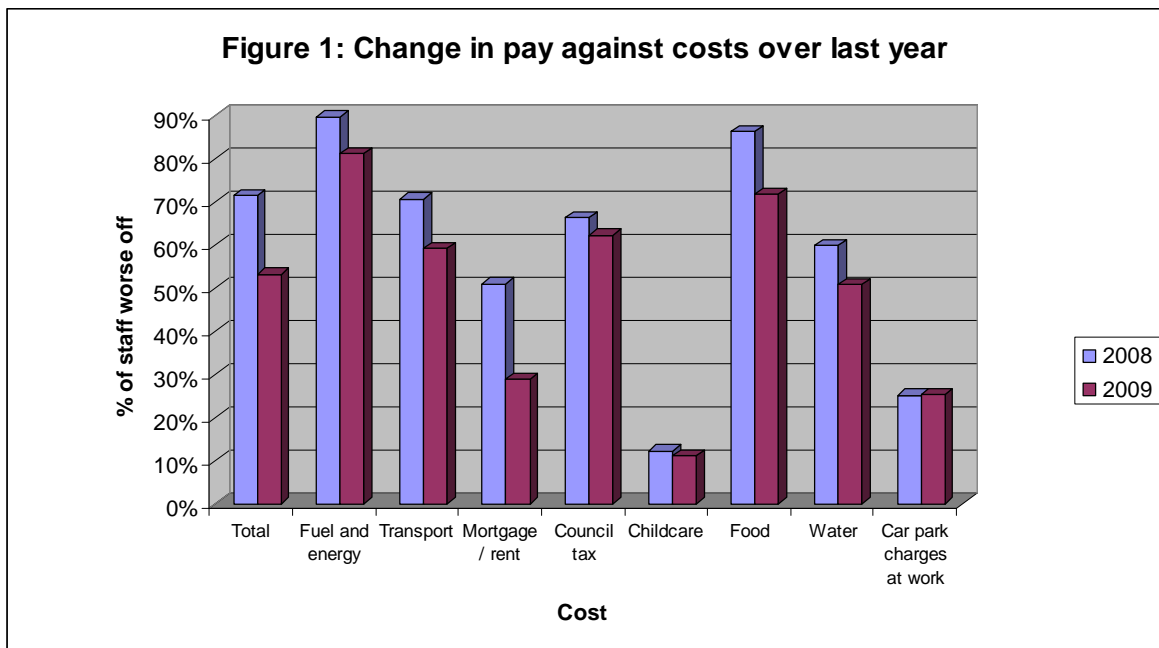
## Pay

The survey found that the proportion of staff reporting that they feel worse off than 12 months ago in terms of their pay relative to the cost of living was no longer running at the unprecedented levels reported last year. At that time, the Retail Price Index was consistently exceeding 4%, leading 72% of staff to state that they were worse off than the previous year. Nonetheless, 53% of staff still 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 clearly felt the impact of higher prices more sharply. For instance, Band 1 staff contained the highest proportion of staff who felt worse off at 65% and the proportion reporting a decline dropped off markedly among staff in Bands 6 to 8.

Delving deeper into the reasons behind this response revealed that the continued increases in prices for fuel and energy, transport, council tax, food and water bills, which form the principal elements of the Consumer Price Index, were the dominant reasons that staff felt worse off. For instance, 81% of respondents felt that the value of their pay had deteriorated against the cost of fuel and energy and 72% felt that it had declined against the cost of food.

In line with official statistics showing the marked divergence between the Consumer Price Index and the Retail Price Index over the last year, the proportion of staff indicating that the value of their pay had declined against the cost of their mortgage / rent declined from 51% in 2008 to 29% this year (see figure 1 below).



The survey 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 were in receipt of a local Recruitment and Retention Premia (RRP), with 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.

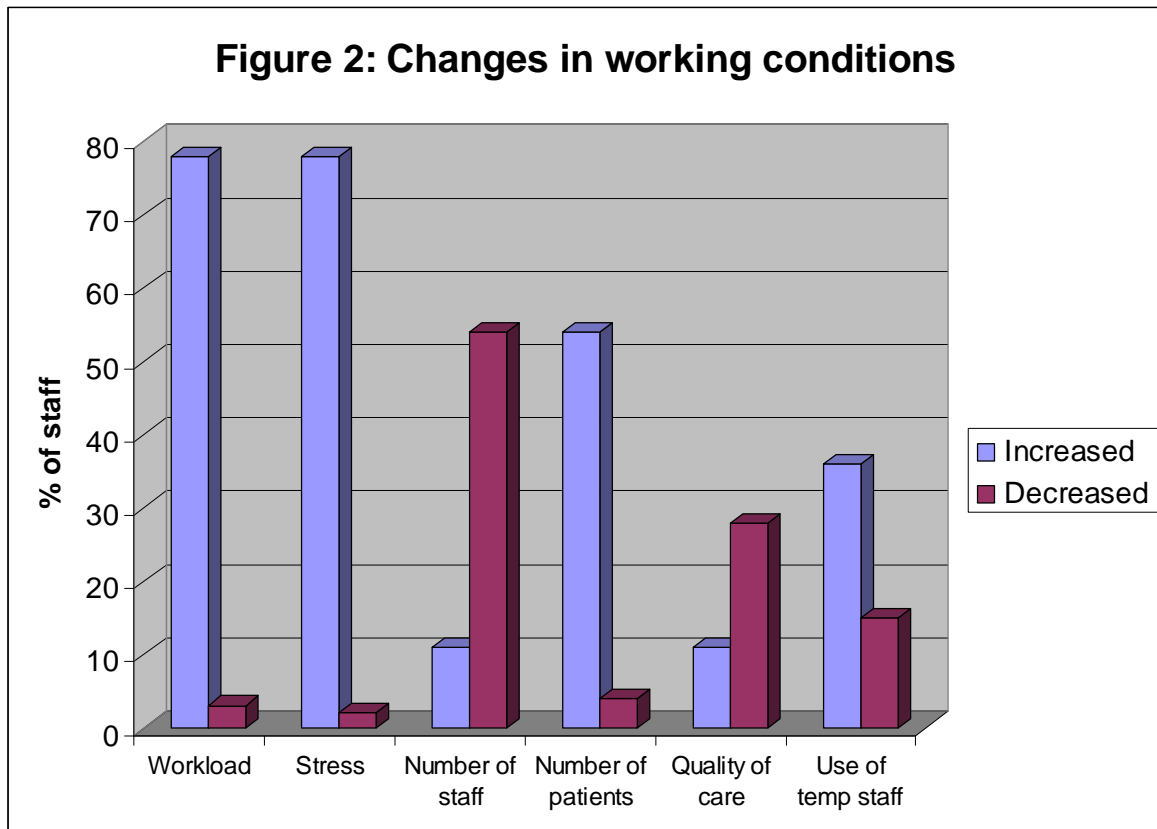
## **Working Conditions**

NHS staff indicated that there had been no let up in the relentless pressures created by extra workloads, with 78% reporting both an increase in workload and stress on last year. While the workload figures were identical to the levels reported in 2008, the stress levels represented an increase of 5% on 2008. Among Ambulance staff, the picture was even more dramatic, with 95% reporting increased workload and stress, jumping from figures around the 70% mark 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. Both sets of figures showed little change on 2008 results.

Consequently, 28% of staff believed that the quality of care had decreased against 11% who reported an increase, which was broadly in line with the views expressed in the 2008 survey. Among staff in Northern Ireland, 48% of staff believed that the quality of care had declined.

Across the UK as a whole, use of temporary staff (including bank and agency employees) had risen in 36% of workplaces and decreased in 15%, though Scotland showed a less marked tendency to turn to temporary staff. These results chime with the latest official figures from the Office of National Statistics, which show the number of Bank staff employed in the NHS at 30 September 2008 had risen for the second consecutive year in England.



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.

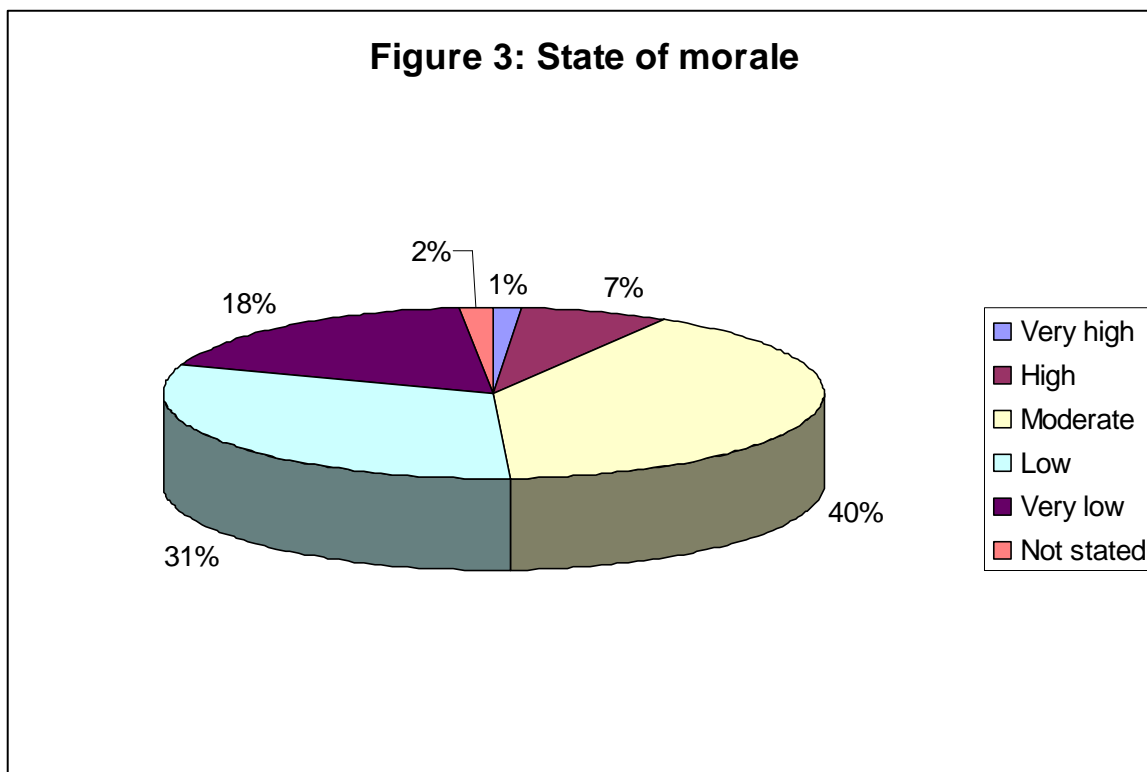
For those who had experienced increased workload, 58% felt that they had suffered a detrimental effect on their personal health and 42% reported a detrimental effect on their family health.

When asked to rate their motivation levels between one, representing very low, and ten, representing very high, the average score stood at 5.75. Approximately 68% were clustered between scores of four and eight, with 9% at the low extreme of 1 and 2, while 9% stood at the extreme high of 9 or 10.

The most commonly cited reasons for the level of motivation shown by staff related to the individual's colleagues / team (highlighted by 74% of staff), followed by a sense of being valued (70% of staff), being treated with respect (69%) and being able to make a difference to people (67%). The material rewards offered by the NHS contributed to the level of motivation for 42% of staff, leaving that factor twelfth on the list out of 21 options.

When asked to rank the top three factors motivating them, staff put work life balance first, followed by colleagues / team and then being able to make a difference to people

The proportion of staff who described morale in their workplace as low or very low showed a slight improvement on last year's figures when 57% of staff ranked morale as low or very low, but that still left 48% of staff putting morale in that category as opposed to 8% who saw it as high or very high (see figure 3 below). Similarly, 64% reported that morale had deteriorated since last year (compared to 65% in 2008) and 3% indicated that it had improved.



The proportion of staff describing morale in their workplace as very low tapers markedly across pay bands, from 4% of Band 8 staff to 33% at Band 1 staff. Occupational variations also reveal that 86% of Ambulance staff reported a decline in morale and a massive 83% of Ambulance staff rate morale in their workplace as low or very low. Ancillary and Maintenance staff also far exceed the average with 69% rating morale as low or very low and 44% of Northern Ireland put morale at very low compared to the UK wide average of 18%.

Whereas 33% of staff indicated last year that they would probably or definitely recommend their occupation or profession as a career in the NHS, that figure had risen to 43% this year. But the results are no cause for complacency as that still left 47% indicating that they would probably or definitely not recommend their career.

Occupational groups such as Allied Health Professionals and Professional and Technical B staff were far more likely to recommend their careers and Ambulance staff were much less likely to do so.

## Recruitment and Retention

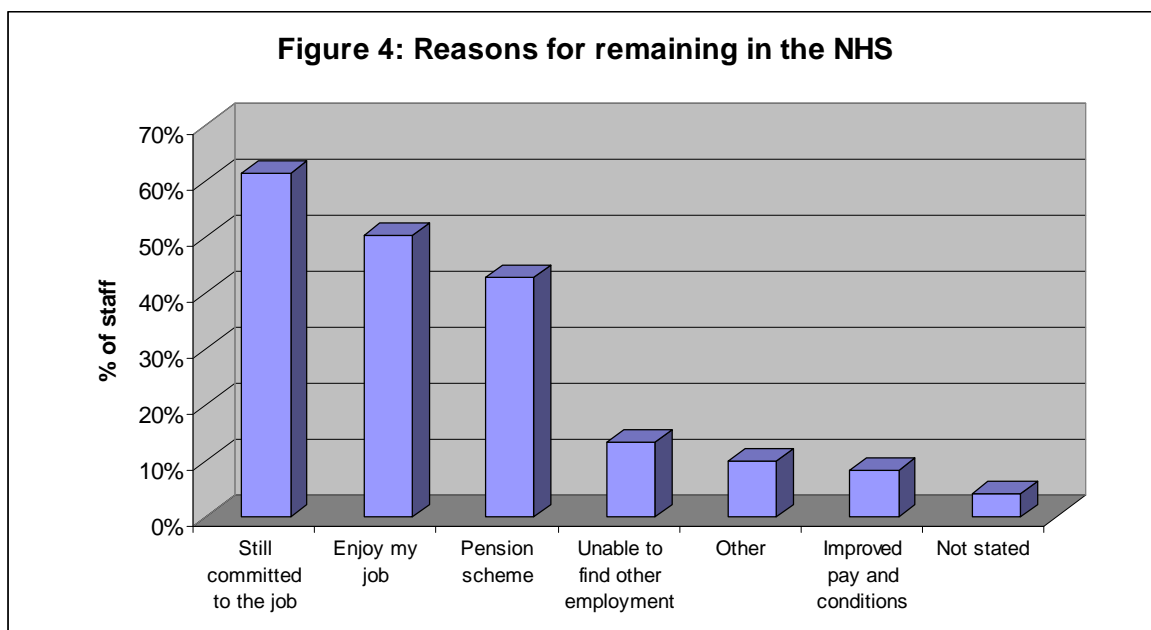
The level of concern among the NHS workforce about job security remains steady, with 46% reporting that they are fairly or very worried.

The impact of higher unemployment across the economy is perhaps reflected in the finding 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 44% in 2009. Once again, the picture among Ambulance staff presented a more alarming picture, with 88% having considered leaving (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 the private or independent healthcare sector rose to 20%, while 42% stated that they would take up a position outside the health service entirely.

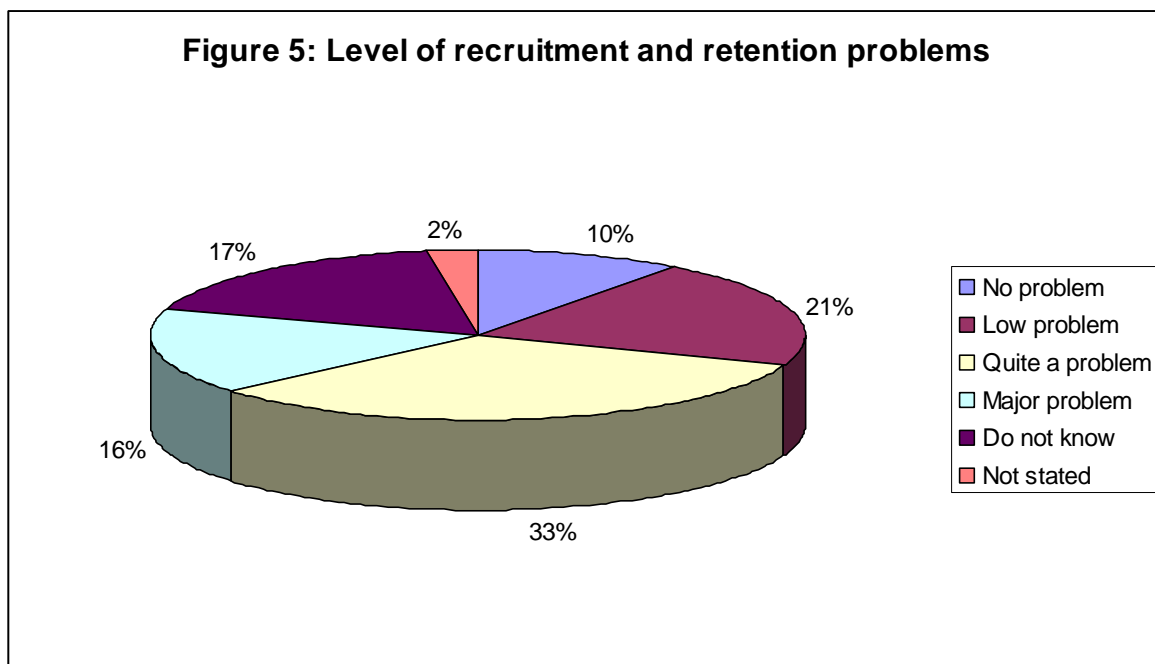
When asked to state their reasons for remaining in the NHS, 61% cited commitment to their job, half put it down to enjoying their job and 43% highlighted the pension scheme. Just 8% of staff referred to improved pay and conditions, leaving this dimension in last position of the six factors offered to 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.



For the first time, the UNISON survey included the recruitment and retention questions directed at Trust and Health Board managers by the OME in its Workforce

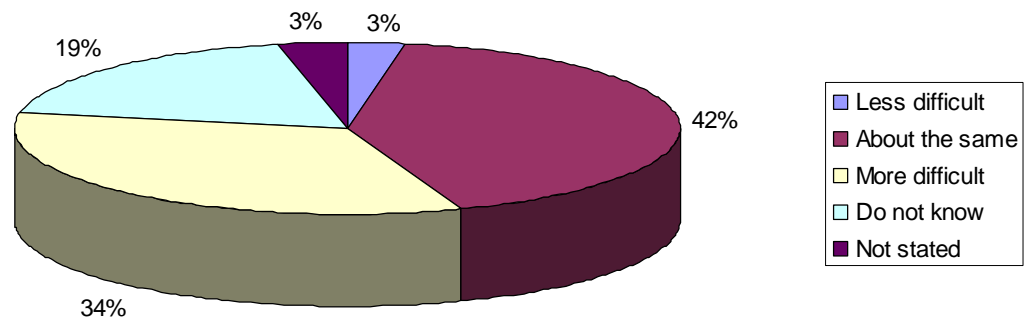
Survey. In this way, UNISON sought to obtain a staff perspective to complement the managers views collected by the OME.

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 (a further 17% acknowledged that they did not know the situation).



In addition, 42% of staff believed that recruitment and retention difficulties had remained the same over the last year in their department / workplace, whereas 34% saw recruitment and retention as more difficult, 3% as less difficult and 19% did not know.

**Figure 6: Change to recruitment and retention over last year**



These figures are starkly different from the last Workforce Survey statistics presented by the OME in the 2008 NHS Pay Review Body report, when over 90% of managers believed that recruitment and retention presented no or low problems and 5% reported more difficulties than in the previous year.

The UNISON results also chime with the trends revealed by official Information Centre statistics, showing rises in 2009 vacancy rates across most occupations covered by the NHS Pay Review Body.

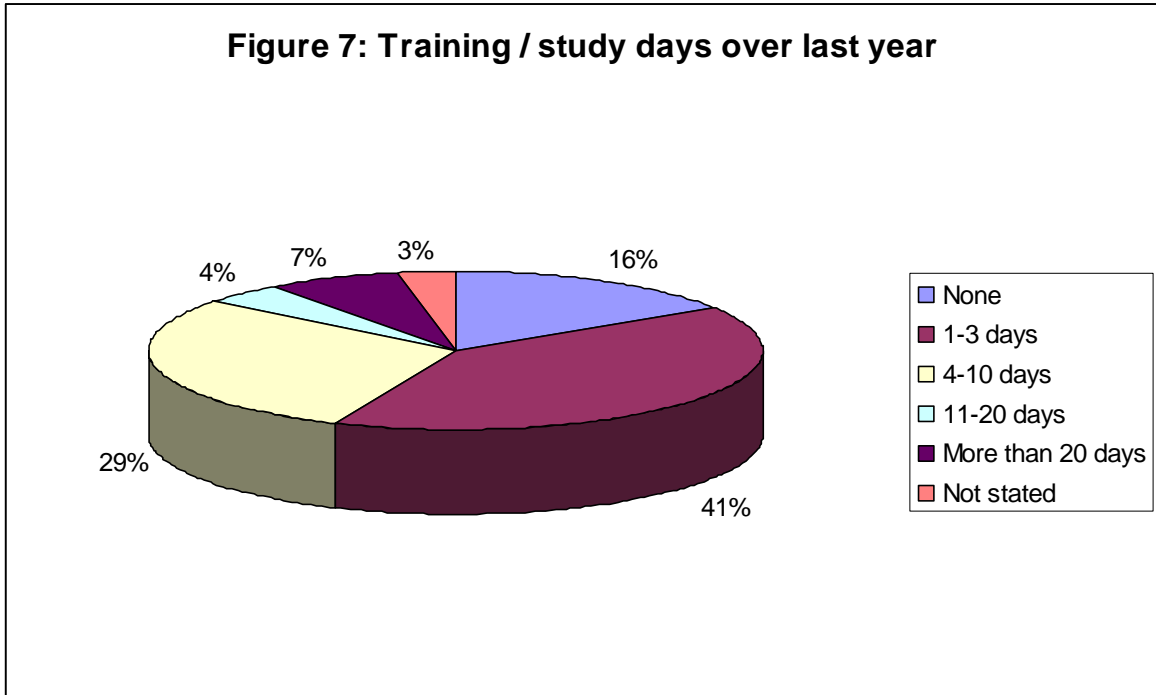
Around 53% of staff indicated that staff shortages had occurred frequently in their workplace / department over the last year, which represented a fall from last year when 62% noted frequent shortages. The service in Northern Ireland appeared to suffer particularly acute staff shortages, with 68% stating that they had occurred frequently. In addition, staff shortages showed a link to banding, with levels running from a huge 72% of Band 1 staff reporting shortages down to 34% of Band 8 staff.

The most popular response of Trusts to such shortages was to employ bank and agency / NHS Professionals staff. However, Scotland and Wales showed a markedly lower tendency to turn to bank staff to fill gaps.

### **Training, Learning and 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 (see figure 7 below), which represented an improvement on last year when the figures were 23% and 42% respectively. The concentration of lack of training opportunities is apparent in the finding that 32% of Ancillary and Maintenance staff, along with 45% of Band 1 staff, had received no training.

**Figure 7: Training / study days over last year**



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, occupational and banding variations. For instance, 64% of staff in Scotland had received an outline compared to 34% in Northern Ireland, only 8% of Band 1s and 38% of Band 2s had received an outline while 36% of Ambulance staff had received an outline compared to 76% of Allied Health Professionals.

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. Similarly, 33% of Band 1 staff had received a review along with 43% of Band 2 staff and 32% of Ambulance staff, as opposed to 72% of Allied Health Professionals.

Approximately 54% staff had a Personal Development Plan (PDP). Once again, Ambulance staff were poorly represented, with just 34% having a PDP, along with 33% of Ancillary and Maintenance staff, while Allied Health Professionals led the way with three quarters possessing a PDP. The 69% of staff in Scotland with a PDP contrasted strongly with the 30% in Wales and 35% in Northern Ireland. Those staff on the bottom bands were least likely to have a PDP, with 21% of Band 1 staff and 41% of Band 2 staff.

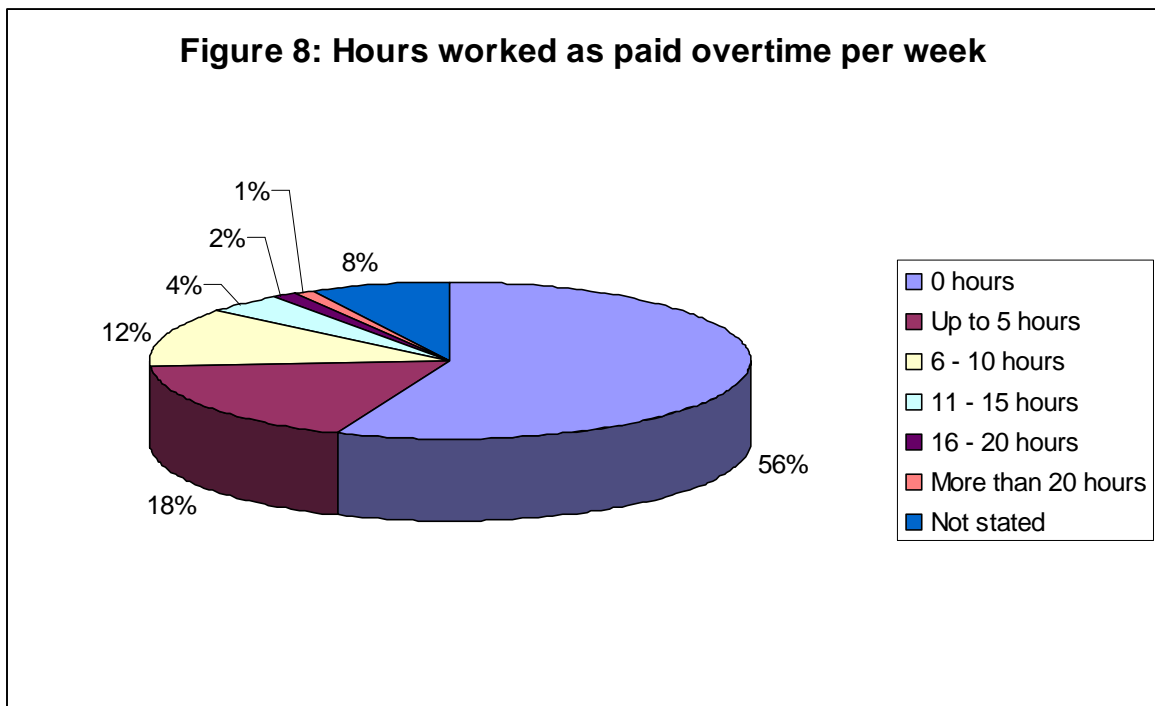
Of those staff who had a PDP, 73% stated that it was based on their KSF post outline.

## Work-Life Balance

The survey found that, on average, 63% of NHS staff were contracted to work 35 hours or more per week. However, this figure ranged from 92% of Ambulance staff on full-time hours to 45% of Ancillary and Maintenance staff. Part-time contracts also appeared more prevalent in Wales, where 47% of staff reported that they worked 35 hours or more per week.

With over half of respondents reporting that they have some form of caring responsibilities, 65% of staff stated that their hours conflicted with personal arrangements to some degree and 11% stated that those conflicts were frequent.

The proportion of staff who worked paid overtime in addition to their contracted hours remained steady at 37% and for 7% of staff that overtime exceeded 10 hours a week (see figure 8 below). The prevalence of overtime within Ambulance Trusts was supported by the finding that 29% of Ambulance staff work more than 10 hours overtime a week.



In addition, the proportion of staff who work extra hours that are not paid and without time off in lieu also remained steady at 38%, with 7% working more than five hours a week on that basis. Among Allied Health Professionals, the proportion working up to five hours a week for free stands at 42%.

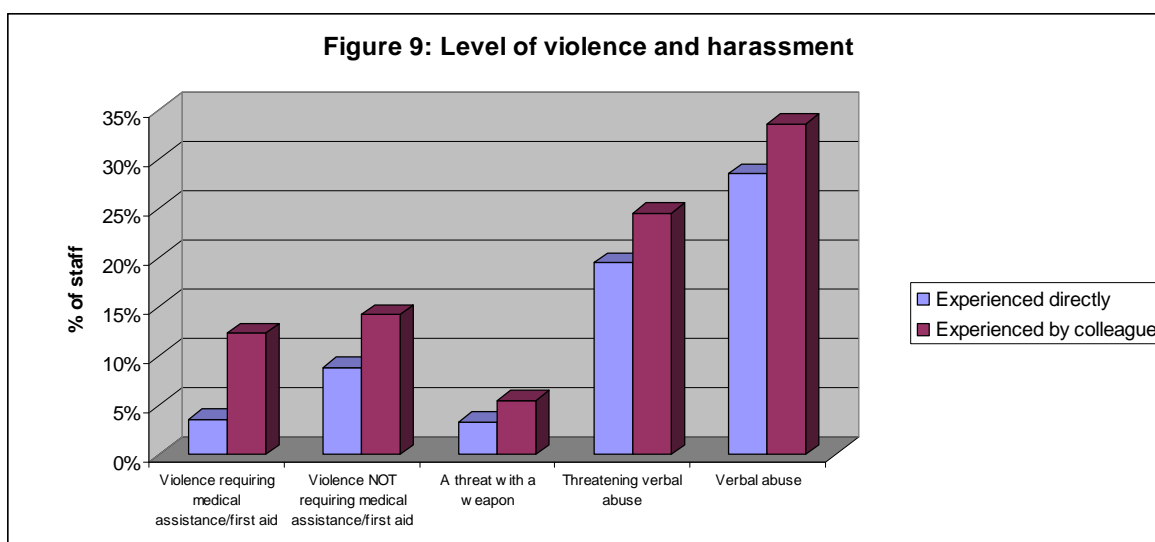
The most popular reasons for working more than contracted hours were the impossibility of doing a job without the extra hours, wanting to provide the best care possible for patients, not wanting to let down colleagues and the necessity to meet deadlines.

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.

## Violence, Harassment and Bullying at Work

The survey found that 4% of staff had been directly subject to violence requiring medical assistance, 9% had experienced violence not requiring medical assistance and 3% had been threatened with a weapon over the previous year

A further 19% had suffered threatening verbal abuse and 28% had been on the end of verbal abuse (see figure 9 below). These figures represented slight improvements on the figures uncovered last year.



Ambulance staff stand out as the group suffering the greatest level of violence and abuse, with 28% experiencing violence not requiring medical assistance, 15% having been threatened with a weapon ambulance and 64% suffering threatening verbal abuse. Nurses and staff who categorise their ethnic group as Black are also disproportionately represented in the figures for verbal abuse, with 37% and 44% respectively suffering such abuse over the last year.

The survey also revealed that 11% of Black staff, 23% of Asian staff and 20% of staff who categorise their ethnic group as Mixed had been subject to racist jokes, insults, banter, taunts or insinuations from patients/carers. In addition, 12% of Black staff stated that they had witnessed or been subject to physical attacks because of race.

## **Reorganising / Restructuring**

Respondents reported that 32% of employers had announced reductions in the number of posts over the previous year (compared to 34% in 2008) and 38% had announced recruitment freezes. Changes had hit Allied Health Professionals particularly hard, with 45% highlighting cuts in posts and 49% pinpointing recruitment freezes.

Widescale reorganisation in the NHS, particularly in the field of Primary Care, is reflected in the finding that 31% of staff reported that restructuring of services, such as reconfiguration of trusts or service redesign, had resulted in an impact on their job role.

## **Respondent profile**

The occupational composition of the respondents to the survey was weighted to reflect UNISON's membership. As a result, this survey is based on 20% of responses from members in the Administrative and Clerical sector, 4% from Ambulance sector members, 19% from Ancillary and Maintenance sector members, 44% from Nursing and Midwifery sector members, 14% from Allied Health Professional members, 3% from Professional and Technical B sector members, 2% from Social Care sector members and 1% from Senior Manager members.

The gender composition was 21% male and 79% female.

The national composition was based on 76% of responses from England, 12% from Scotland, 6% from Wales and 4% from Northern Ireland.

The ethnic group composition was 89% White British, 2% Mixed, 5% Asian and 4% Black.

The age profile was 8% between the ages of 16 and 30, 17% between 31 and 40, 34% between 41 and 50, 39% between 51 and 65, and 1% over 65.

Across pay bands, 5% were from Band 1, 20% from Band 2, 16% from Band 3, 7% from Band 4, 20% from Band 5, 16% from Band 6, 10% from Band 7 and 4% from Band 8.

The service profile showed that 46% had worked in the NHS for more than 15 years and 21% had been employed for more than 15 years in their present job.

At 52%, just over half of the respondents had some form of domestic personal caring responsibilities. Caring for children accounted for 35%, a further 20% looked after elderly relatives and 6% cared for long term sick or disabled dependants

## Conclusions

The decline in the Retail Price Index from the extremely high levels prevalent last year has clearly had an effect in reducing the proportion of staff who feel that their pay is declining in comparison to the survey last year. However, that doesn't change the fact that the increases in the prices of many basic items of consumption that shape the Consumer Price Index have still left over half NHS staff feeling that their pay has declined relative to the cost of living over the past year and the survey suggests that the lowest paid staff have been hit with the biggest decline in the value of their pay packets.

There has certainly been no change in the draining impact of the immense increases in workload pressures driving rising stress levels among NHS staff. On the ground, staff paint a picture of frequent staff shortages, recruitment freezes and inadequate staffing cover that has left morale stuck at worryingly low levels amongst almost half of workplaces

The views of staff toward pay are transparent in the finding that staff quote being undervalued due to levels of pay among their top three reasons for leaving and they place pay as the lowest rated factor in persuading them to stay. In last year's survey, UNISON predicted that the simmering frustration over the eroding value of pay combined with increased workload pressures was squandering the goodwill on which the NHS relies in delivering services and could stoke recruitment and retention problems in the years ahead.

This year, these recruitment and retention problems have begun to emerge. Despite a background of recession that would normally drive vacancy levels down, NHS staff have reported problems in filling in posts that are entirely in line with the latest statistics from the Office of National Statistics showing a deterioration in the vacancy rates across almost all occupational groups.

The data collected by the survey on training and career development shows that, five years after the introduction of Agenda for Change, there is still great scope for improving the use of tools such as KSF and PDP to maximise the effectiveness of the system in utilising the talents of NHS staff. While the violence and harassment data once again shows the extent to which NHS staff live with these stresses as part of their working lives.

It is striking that so many of the survey responses draw out the particular problems faced by the lowest paid in the NHS. Employees in the bottom bands consistently receive the worst deal in terms of training and development, suffer the hardest from rises in the prices of basic goods, report the lowest level of morale and the highest level of staff shortages.

Northern Ireland has been through a difficult process of major structural change. This may explain why the 2009 survey has pinpointed a particularly tough year for staff in Northern Ireland, who have reported much higher than average levels of recruitment freezes and staff shortages alongside very low morale.

In summary, UNISON concludes from this survey of members that whilst pay levels, particularly amongst the lower bands, remain a cause of dissatisfaction, it has not manifested itself yet in a significant change in the recruitment and retention position within employing NHS organisations. The signs are that as economic recovery starts and inflation begins to rise that there are likely to be recruitment and retention problems that may need to be addressed in future years. UNISON will wish to focus on these in future year's evidence to the NHSPRB.