This evidence is submitted on behalf of nearly half a million UNISON and BAOT members working in the NHS across the UK.

The past year has been a difficult and challenging one for staff in the NHS. The NHS is under pressure like never before to make efficiency savings in an environment of dwindling resources. Inevitably these efficiency savings have impacted on the NHS workforce in terms of fewer staff since 2010, staff working longer hours, increase in workloads and NHS staff feeling the effect of pay freezes and pay caps, while rising living costs and inflation continue to devalue take home pay.

Staff Side evidence to the NHS Pay Review Body highlights recent developments in NHS government policy and their direct impact on the NHS workforce across all four countries, as well as detailing recent revisions to Agenda for Change in England. The Staff Side evidence also contains detailed analyses of the current economic climate, in order to highlight the impact of inflationary pressures on the value of NHS pay and costs out the real-terms devaluation of NHS pay over the past 12 months. The evidence makes the case that pay suppression is now putting immense pressure on the day to day living costs of the NHS workforce and that this is impacting on morale and motivation as well as recruitment and retention.

The Staff Side evidence details current earnings comparisons between the public and private sectors, sets out the costings for delivering the Living Wage in the NHS and analyses the state of NHS finances making the argument that the Living Wage is affordable to implement and that it is vital that the NHS Pay Review Body abolish poverty pay in the NHS.

Finally the Staff Side evidence identifies workforce changes and their impact on the service quality delivered by the NHS as well as a section on staff engagement in relation to its importance for delivering a high standard of patient care and improving patient outcomes.

UNISON’s evidence builds on the Staff Side evidence by providing further detail and analyses on the Living Wage, and its cost to implement and future proof. UNISON’s evidence highlights the importance of why the lowest paid staff in the NHS should be protected and examines how implementing the Living Wage would serve the purpose of re-harmonising NHS pay across all four countries. The evidence identifies a case study where UNISON has recently run a successful campaign in which Sussex Community NHS Trust has implemented the Living Wage and the relatively small financial cost incurred by the trust in doing this.

The evidence goes on to detail the England-only changes to Agenda for Change Annex W in relation to incremental pay progression and shows in detail the impact of continued pay restraint on the morale and motivation of the NHS workforce especially in England where there appears to be differences emerging in the pay,
terms and conditions of the NHS workforce in relation to the devolved nations and in turn the pressure that this is now having on industrial relations within the NHS.

The evidence reiterates the position taken by the PRB and stated in the NHS Pay Review Body 26th report, that incremental pay progression is a separate issue to basic pay and is not a substitute for annual pay increases and that all NHS staff (including those at the top of their pay band) deserve an uplift that will protect them against the impact of inflation on their salary.

The final part of the UNISON evidence consists of detailed analysis of the UNISON Pay Survey 2013, in which over 16,000 UNISON and BAOT members working in the NHS took the time to tell us what were the fundamental issues facing them regarding their pay and working conditions in the NHS. The results of this survey paint a worrying picture of what is happening to our members in the NHS, and provide a valuable insight into workforce perceptions on pay and reward.
CONTENTS:

The UNISON evidence will cover:

1. Using RPI in NHS Pay Bargaining
   - Current Inflationary Picture

2. The Living Wage and the social value of fair pay in the NHS
   - Costing Out the Living Wage in the NHS
   - Living Wage in the Devolved countries
   - Removal of Pay Point 1
   - Costing a fair pay rise for all
   - Case Study of Implementation of the Living Wage in the NHS – Sussex Community NHS Trust

3. Incremental Pay Progression

4. Funds Available to the Department of Health & the Public Spending Review 2013
   - Employment Relations in the NHS

5. Service Quality

6. UNISON Pay Survey 2013 Findings

Evidence on the following areas has been submitted as part of the Staff Side document:

1. Policy and Economic Context
2. Agenda for Change Update
3. NHS Workforce in Numbers
4. Pay and Prices
5. NHS Finances
6. Morale and Motivation in the NHS Workforce
7. Workload
8. Staff Engagement
Key Points and Recommendations:

i. We ask the Pay Review Body to make a recommendation on pay that is UK wide and which:
   a. will support UK wide NHS pay determination, maintain the integrity of the existing pay system and reduce inconsistencies between the four countries
   b. recognises that inflation - consistently running well above NHS pay awards year on year - coupled with the two year pay freeze imposed on staff, followed by successive 1% caps on NHS pay; has had a negative impact on the living standards of NHS staff
   c. acknowledges that a fair pay rise for NHS staff would protect the value of NHS pay against prevailing inflation rates and address the deterioration in NHS earnings which has now reached an average 10% cut to pay in real-terms
   d. removes or uprates pay point one to make the NHS a Living Wage employer across the whole UK

ii. UNISON asks the Pay Review Body to support our case for the use of RPI as a more appropriate measure than CPI for costing the impact of inflation on NHS staff

iii. In relation to incremental pay, we ask the Pay Review Body to note our views and confirm the position described in their 26th report that incremental pay progression is not a substitute for annual pay increases

iv. UNISON also calls on the Pay Review Body to:
   a. acknowledge the impact of continued pay restraint on the morale and motivation of the NHS workforce as well as the impact low morale is having on service quality within the NHS
   b. note that morale and motivation of the NHS workforce has worsened significantly over the last 12 months and shows no signs of improving
   c. recognise the massive strains to the service caused by increasing demands and the pressure this is placing on the workforce and its implications on the standards of patient care
   d. acknowledge the healthy financial surpluses recorded by the NHS over recent years and recommend that this money be re-circulated back into the NHS to improve service quality
e. recognise the growing pressures that pay suppression is placing on industrial relations within the NHS and the perception among the workforce that the independence of the Review Body is being consistently undermined by the restricted remit

v. We ask the Pay Review Body to recognise and raise concern about the reported increase in the growing use of zero hours contracts in the NHS

vi. We ask the Pay Review Body to recognise the need for published vacancy data for the NHS, consistent across the UK, for future planning of the NHS workforce
“People are talking about going and leaving their jobs. The atmosphere on the ward has changed. People come in and you don’t know what mood they are in and it’s like walking on egg shells sometimes. It’s very high pressured. There just isn’t enough staff, there isn’t the time they want to give and devote to patients”.

 Band 2 Housekeeper

Introduction

UNISON is calling for a fair pay rise for all, which delivers the Living Wage and reduces the impact of year on year cuts to the real terms value of NHS pay.

Our evidence has been supported by results from a survey of over 16,000 UNISON and BAOT members who work within the NHS. We have backed up this research by conducting a case study of one hospital in August 2013, where we visited a hospital on a regular day of the week and conducted one to one interviews with a range of NHS staff in different occupations from across the Agenda for Change pay Bands to give a clear account of the impact of high cost of living on NHS staff.

The survey identified that the top motivating factors for NHS staff in their workplaces were job security and work/life balance, however the survey went on to show a decline in these areas, which supports UNISON’s claim that the main benefits of working for the NHS are now being eroded by long hours and increases in demand. Only 16 per cent of those surveyed identified that pay had no effect on their motivation.

UNISON’s evidence to the Pay Review Body last year clearly highlighted the impact inflation has had on the real value of NHS pay and particularly the impact this has had on the lower pay bands with inflation taking an 8% slice out of the value of Band 1 wages. The most striking aspect of the latest economic data, including future projections from the Treasury on RPI, is the sheer scale of the continued devaluation across all pay bands on Agenda for Change caused by inflation. We have explored the impact inflation has had on different Agenda for Change pay bands in the Staff Side evidence but the best projections available suggest that inflation will have cut out on average 10% from the value of staff wages by the end of 2014.

While the 1% uplift across the Agenda for Change pay bands has made a small contribution to the take home salary of NHS staff and halted the value of NHS wages from slipping entirely off a cliff edge, the impact inflation has had on the value of NHS wages is being felt financially by the entire NHS workforce.

Plainly a greater impact is felt by those on the lower Agenda for Change pay scales, however from the results of the UNISON NHS Pay Survey 2013 and interviews with members, the ability to afford to cover the most basic aspects of expenditure on housing, food and energy and childcare costs is being felt accross all sections of the NHS workforce and all occupational groups.
1. Using RPI in NHS Pay Bargaining:

Key Points

- RPI as a measure of inflation represents the best way of costing out the inflationary impact on the real-terms value of NHS pay as it includes housing costs
- RPI is broader in scope and better reflects the outgoings of NHS staff
- RPI continues to be used as a benchmark in other national Pay Review Body processes and pay negotiations
- RPI & CPI continued to rise up until June 2013
- HM Treasury projections predict that RPI will stay above 3% until 2016.

UNISON has consistently maintained that the RPI measure of inflation represents the best measure of changes in prices faced by NHS staff, as it includes the housing costs that form a significant part of most employee’s expenditure.¹

This position is based on the fact that:

- RPI is more closely tied to the inflation faced by employees than CPI;
- RPI includes the housing costs that form a major component of costs faced by most workers yet are omitted from CPI;
- RPI is not based on a statistical technique that understates inflation and skews the figures for CPI and RPI.

When the CPI was introduced in 2003, the government made it clear that RPI would continue to be used as the index to which changes in benefits, tax credits and tax allowances would be linked.² However, this position was eroded by the current government when the index for up-rating of benefits, tax credits and public service pensions was switched to CPI in April 2011. Substituting CPI for RPI in the analysis of this report reduces the apparently slowdown in median earnings, though the overall trend is similar. Nonetheless, RPI remains in use for the indexing of private contracts, tax allowances and government gilts. However, for workers the key issue is that RPI continues to be used as a benchmark for the great majority of pay negotiations including Local Government, Universities and Colleges staff, Doctors and Dentists and Prison Service staff.

¹Council of Mortgage Lenders – Mortgage Market Review – November 2010
1.1 The Current Inflationary Picture:

The rate of inflation (RPI) rose for the second consecutive month and was up to 3.3% in June from 3.1% in May and 2.9% in April according to the Office of National Statistics. Higher travel costs and clothing were the main contributors to the rise. The Consumer Price Index (CPI) was also up to 2.9% in June from 2.7% in May and 2.4% in April.

Seven of the 14 groups that make up the RPI increased by more than the 3.3% overall rise. Gas prices with an 8.5% rise increased by more than the overall 7.7% rise for fuel and light group. The food group saw an average rise of 3.8%, but there were large rises of 16.8% for potatoes and 7.4% for fresh fruit. The table below shows that price inflation has steadily been above 3% for a majority of this year and HM Treasury projections have RPI not falling below the 3% until 2016.

<table>
<thead>
<tr>
<th>Jan 1987=100</th>
<th>RPI</th>
<th>CPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>2.8</td>
<td>2.4</td>
</tr>
<tr>
<td>July</td>
<td>3.2</td>
<td>2.6</td>
</tr>
<tr>
<td>August</td>
<td>2.9</td>
<td>2.5</td>
</tr>
<tr>
<td>September</td>
<td>2.6</td>
<td>2.2</td>
</tr>
<tr>
<td>October</td>
<td>3.2</td>
<td>2.7</td>
</tr>
<tr>
<td>November</td>
<td>3.0</td>
<td>2.7</td>
</tr>
<tr>
<td>December</td>
<td>3.1</td>
<td>2.7</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>3.3</td>
<td>2.7</td>
</tr>
<tr>
<td>February</td>
<td>3.2</td>
<td>2.8</td>
</tr>
<tr>
<td>March</td>
<td>3.3</td>
<td>2.8</td>
</tr>
<tr>
<td>April</td>
<td>2.9</td>
<td>2.4</td>
</tr>
<tr>
<td>May</td>
<td>3.1</td>
<td>2.7</td>
</tr>
<tr>
<td>June</td>
<td>3.3</td>
<td>2.9</td>
</tr>
</tbody>
</table>

ONS, Price Inflation, June 2013

Recommendations

- **UNISON asks the Pay Review Body to support our case for the use of RPI as a more appropriate measure than CPI for costing the impact of inflation on NHS staff**
- **We ask the Pay Review Body to recognise that inflation - consistently running well above NHS pay awards year on year - coupled with the two year pay freeze imposed on staff, followed by successive 1% caps on NHS pay; has had a negative impact on the living standards of NHS staff**

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Labour Research Department, FACT service, 18th July 2013, Issue 28
2. The Living Wage and the Social Value of Fair Pay in the NHS:

Key Points

- The NHS minimum hourly rate (outside of London) is £7.31 an hour
- The Living Wage (outside of London) is £7.45 an hour
- Approximately 21,000 NHS staff across the UK are paid below the Living Wage
- It would cost approximately £5.73m to implement the Living Wage across the UK
- Integrating the Living Wage into Agenda for Change pay would maintain pay integrity across the UK and reduce current inconsistencies in the pay system
- Living Wage could also be achieved by removing pay point 1 and moving NHS staff on pay point 1 up to pay point 2 – this would cost approximately £7.53m and future-proof the Living Wage for successive pay rounds
- 39% of NHS staff in the UK are paid below pay spine point 15
- Pay settlements are currently higher in the private sector
- The public sector and in particular the NHS has a higher percentage of professionally qualified staff
- NHS trusts are recruiting nursing staff from other EU countries due to a short-fall in nursing staff

“I think the lower paid should get more, a friend said to me when I was doing some work the low paid make up 40% of the NHS, they do 60% of the work and they have 10% of the budget for it with training, so I think the low paid should get more, because we are the backbone of the NHS, cleaners, housekeepers, porters, catering, and some of the other bands 1 & 2’s and patients wouldn’t be ferried around the hospital without these people. We are the backbone”.

Band 2 Housekeeper

The Living Wage campaign was launched in London in 2001 and since then communities, businesses, trade unions, campaigners and faith groups have worked in partnership to find practical and non-statutory means to address working poverty. Pay in the NHS has historically always been above the Living Wage, however this changed in November 2012 when the Living Wage rose from £7.20 an hour to £7.45 an hour. The minimum hourly rate in the NHS is currently £7.31, which falls 14p an hour short of the Living Wage. The up-rating of the Living Wage figure each year takes into account the rises in living costs. As a consequence of the current economic climate, wage increases are falling behind living costs, therefore to protect low paid workers against this effect; their pay would need to increase significantly.

The way in which the Living Wage is calculated takes some account of what is happening to wages generally, to prevent a situation where Living Wage employers are required to give pay rises that are too far out of line with general pay trends. It is an hourly rate which is

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4 The Living Wage Foundation – History of the Living Wage
5 Centre for Research in Social Policy – Loughborough University - [http://www.lboro.ac.uk/research/crsp/mis/thelivingwage/](http://www.lboro.ac.uk/research/crsp/mis/thelivingwage/)
set independently and is calculated according to the basic cost of living. Loughborough University Centre for Research in Social Policy annually calculates the Minimum Income Standard (MIS) for the United Kingdom which then forms the basis of setting the Living Wage outside London. This is now a growing method of calculating poverty pay which has been adopted by other countries including France, Japan and Portugal. The Living Wage in London has been calculated by the Greater London Authority since 2005 who take in the account the exceptional living costs of living and working in London.

In UNISON’s submission to the Pay Review Body last year, we warned that high living costs and two years of pay freezes, followed by stagnated wages were making life a misery for many hardworking NHS staff. This was backed up by the IDS survey on pay on conditions in the NHS, which identified a notable rise in staff working longer hours, a deterioration in work / life balance, and a deterioration in morale and motivation.

Recent cost of living hikes identified in this year’s Staff Side evidence, include increases in child care costs and fuel and energy costs, as well as detailing changes to the in-work tax credit system. Rising costs and a decrease in in-work tax support are hitting those on the lowest wages the hardest. The Resolution Foundation identified that the way in which the new in-work tax credit system - 'Universal Credit' (UC) is calculated will affect low to middle income working households because UC will be calculated on the basis of net income. This small change will result in tax cuts not reaching as many working households as they were on the old system.

UNISON’s evidence has consistently highlighted how austerity for low paid workers is self-defeating for the government. By boosting incomes for low paid workers, who are likely to spend their money in local shops and businesses, would provide much needed fuel for our struggling economy. Parliamentary research suggests that paying the Living Wage secures potential benefits to the Treasury in a reduction in the amount paid out in in-work tax credits and employers benefiting from reduced rates of labour turnover. Paying NHS staff a fair wage would help to cut the benefits bill; it is estimated that the government currently pays between £6 and £7 billion a year for in-work benefits to support low paid workers.

ASPE research has shown the impact of local government caps on local economies. The case study they use identified that 97% of the people employed by the local authority, lived and respent their earnings in the local economy and by investing in their local economy it was shown to foster positive local employment opportunities. These same arguments apply to the NHS, as many local economies would seek to benefit from a pay uplift to the salary of NHS staff. This has been backed up by recent research that shows the average

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6 University of Loughborough – Department of Social Policy
7 IDS NHS staff survey on pay and conditions – September 2012
8 Daycare Trust – Childcare Costs Survey – July 2013
9 Resolution Foundation – Will future tax cuts reach struggling families – April 2013
11 Wills, J. And Linneker, B., The costs and benefits of the London living wage, School of Geography, Queen Mary University of London, October 2012
commute to work in the UK is now 15 miles and therefore NHS staff are more likely to spend their wages in their local communities.¹⁴

UNISON has tirelessly campaigned for employers in both the public and private sectors to make the Living Wage their bottom rate and a growing number of local authorities, Higher Education Institutions and Further Education colleges have signed up. This is an achievable goal as Scotland has already shown and such an outcome would serve the purpose of re-harmonising all the UK countries under the same pay regime. The Scottish Government’s pay policy is to apply a Scottish Living Wage of £7.45 per hour (from its implementation date). This means that in Scotland pay point 1 on Agenda for Change is no longer used.

2.1 Costing Out the Living Wage in the NHS

Since the 1% pay uplift in April 2013 NHS staff on Agenda for Change pay point 1 of Bands 1 and 2 who live outside of London are now earning below the Living Wage. In June 2013 in reply to a House of Common written question, the Secretary of State for Health when asked across the UK how many NHS employees earn less than the Living Wage, the Department estimated that there are around 17,500 out of 1.2 million Hospital and Community Health Services (HCHS) staff earning less than the national living wage.

These estimates are based on unvalidated data from the Electronic Staff Record (ESR) Data Warehouse. These estimates apply to HCHS staff only and would exclude doctors and dentists and trainees covered under Annex U.

Following a recent freedom of information request to the Health and Social Care Information Centre the number of those employed in NHS staff roles (England only) on pay point 1, in December 2012 was 19,915 headcount.

Staff side has calculated that all staff on pay point 1 would need an uplift in salary of 14p per hour in order to bring them up to the Living Wage. If we used the figures below (excluding London) this would cost a total of £5.49m to the NHS pay bill.

Workforce figures in England for staff on Agenda for Change on pay point 1, including London figures

Using standard publication data:

<table>
<thead>
<tr>
<th></th>
<th>England (excluding London)</th>
<th>London (therefore receive HCAS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff (roles) on spine point 1</td>
<td>19,915</td>
<td>2,237</td>
</tr>
</tbody>
</table>

The number of NHS staff paid below the Living Wage increases by a small amount if you include those staff covered under Annex U; this is because trainees are paid a percentage of their salary while they are in training. There are approximately 327 NHS trainees on pay point 1 (outside of London) of which are currently paid below the Living Wage, therefore to bring them in line it would cost an additional £87,309 to the NHS pay bill. To pay the Living Wage by raising pay point 1 members of staff and Annex U trainees up to the Living Wage would cost in total approximately £5.58m.

**Workforce figures in England for staff on Agenda for Change on pay point 1, including London figures**

Including staff roles normally excluded from publications:

<table>
<thead>
<tr>
<th>Number of staff (roles) on spine point 1</th>
<th>England Only Total (excluding London)</th>
<th>London (therefore receive HCAS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20,242</td>
<td>2,249</td>
<td></td>
</tr>
</tbody>
</table>

NHS Information Centre, workforce figures in England on Agenda for Change pay point 1, December 2012

The table below shows the bottom pay point on Agenda for Change and the number of staff that would require £273 uplift in order to deliver the Living Wage.

<table>
<thead>
<tr>
<th>Agenda for change Pay Scales</th>
<th>Salary (£) 1st April 2013</th>
<th>Living Wage £7.45 per hour</th>
<th>Difference to pay (£)</th>
<th>Headcount England Only (excluding London)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 1</td>
<td></td>
<td>14567</td>
<td>273</td>
<td>20, 242</td>
</tr>
<tr>
<td>Pay Point 1</td>
<td>14294</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2.2 The Devolved Nations:**

The above figures are England only and currently we have no details from NHS Wales on how many NHS staff are currently paid on pay point 1, although we know that the NHS in Wales employs approx 68,100 non-medical staff across all Agenda for Change pay points. As discussed earlier in this evidence Scotland no longer use pay point 1 on Agenda for Change, however key features of the Scottish Government Public Sector Pay Policy for

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15 This includes staff records normally excluded from national earnings publications as they fail to meet validity screening. These records are however deemed relevant to this data request, and include staff paid less than £14,527.50, possibly due to payment arrangements such as those covered by Annex U of the NHS Terms and Conditions Handbook.
2013-14 which are different from the other countries are included in the bullet points below, highlighting that paying the Living Wage is an affordable goal:

- A one percent cap on the cost of the increase in basic pay for staff earning under £80,000
- Maintaining a pay freeze (zero per cent basic award) for staff earning £80,000 and above
- Specific measure for supporting the lower paid including continued application of the Scottish Living wage and all staff earning less than £21,000 per annum should receive a minimum basic pay increase of £250
- Suspension of non-consolidated performance related pay
- Continuation for a further year of the commitment to no compulsory redundancies

A Freedom of Information request submitted by UNISON to the Department of Health, Social Services and Public Safety in Northern Ireland revealed that in December 2012, 758.79 WTE staff were on pay point 1, which would add an additional £207,149 to the NHS pay bill.

These figures go some way to highlight the relatively small amount of money the Living wage would cost to implement in the NHS in England, Northern Ireland and Wales in relation to its overall pay bill.

2.3 Removal of Pay Point 1:

By awarding the Living Wage to pay point 1, this would create a distortion in the pay spine. When Agenda for Change pay spines were first negotiated it was based on a system of evenly spaced spine points. The average difference between the spine increments was an average of 3.6%. Removing pay point 1 would help the NHS wage stay ahead of Living Wage costs for a longer period of time for a small additional outlay.

The difference between the pay points 1 and 2 if the Living Wage was awarded would be just £86 or 0.6% between the pay points, therefore there is an argument to follow Scotland’s lead and remove pay point 1 altogether and place those NHS staff currently on pay point 1 onto pay point 2. This would future proof the Living Wage by £86, as the Living Wage annual increase is due to rise again in November 2013.

The Current position and difference between pay point 1 and pay point 2 is 2.6%:

<table>
<thead>
<tr>
<th>Agenda for Change Pay Scale</th>
<th>Difference in pay points</th>
<th>Percentage Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Point 1 - £14, 294</td>
<td>£359</td>
<td>2.6%</td>
</tr>
<tr>
<td>Pay Point 2 - £14, 653</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The position between the pay spines if the Living Wage was awarded:

<table>
<thead>
<tr>
<th>Agenda for Change Pay Scales</th>
<th>Difference in Pay Points</th>
<th>Percentage Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Point 1 - £14, 567</td>
<td>£86</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
The Position if the Pay Review Body award 1% across all Agenda for Change pay scales is shown below, however pay point 1 would still be £130 short of the Living Wage, and this gap would potentially increase when the Living Wage commission announce their yearly increase in November:

<table>
<thead>
<tr>
<th>Agenda for Change Pay Scales with 1% uplift</th>
<th>Difference in pay points</th>
<th>Percentage Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Point 1 - £14,437</td>
<td>£363</td>
<td>2.5%</td>
</tr>
<tr>
<td>Pay Point 2 - £14,800</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table below details the costs for scrapping pay point 1 and uplifting those staff onto pay point 2. It would mean a pay uplift of £359 per person on pay point 1, which works out at 18p an hour uplift. In total this would cost the NHS pay bill approx £7.539m, this is a tiny percentage of the overall NHS pay bill of £43 billion and by doing this resolves the issue of pay spine distortions between pay point 1 & 2:

<table>
<thead>
<tr>
<th>Agenda for Change Pay Scales</th>
<th>Pay uplift to Pay point 1</th>
<th>Approx num of staff on A4C being uplifted by £359</th>
<th>Cost to the NHS Pay Bill of Scrapping Pay Point 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Point 1 (formally pay point 2) - £14,653</td>
<td>£359</td>
<td>21,000</td>
<td>£7.539m</td>
</tr>
</tbody>
</table>

2.4 Costing Out a Fair Pay Rise for All:

The impact of the increases in cost of living and previous pay freezes are being felt by NHS staff across the pay bands. The latest estimations are that an average family is £1350 a year worse off than in 2010\(^\text{16}\), and with the announcement of an increase in travel costs of over 4% for rail passengers and growing hikes in the cost of energy and fuel costs, this amount is likely to increase. Last year Staff Side estimated that a 1% increase for the NHS workforce would cost £430 million. Already by capping the pay award to 1% in 2015-16 the government claims it will have clawed back £1.3 billion in savings.\(^\text{17}\)

It is important for the morale and motivation as well as recruitment and retention of the professionally qualified staff that everyone is recognised with uplift in pay. In the NHS a far higher proportion of the workforce is professionally qualified compared to the private sector and therefore pay is likely to be higher. Also pay comparisons using conventional datasets between public and private counterparts rarely include experience and responsibility levels,


\(^{17}\) HM Treasury Spending Round 2013
which is an important consideration in the NHS\textsuperscript{18}. The table below details the percentage of employees by skill level in the public and private sector. It shows that the public sector has a greater amount of employees in the higher and upper middle status skill level in comparison to the private sector:

<table>
<thead>
<tr>
<th>Skill Level</th>
<th>Public Sector % in sector</th>
<th>Private sector % in sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Skill</td>
<td>31</td>
<td>26</td>
</tr>
<tr>
<td>Upper Middle</td>
<td>29</td>
<td>23</td>
</tr>
<tr>
<td>Lower Middle</td>
<td>32</td>
<td>36</td>
</tr>
<tr>
<td>Low Skill</td>
<td>8</td>
<td>15</td>
</tr>
</tbody>
</table>

Percentage of employees by skill level, April 2011, UK, IDS, Public Sector Pay Premium, February 2013

It is currently a fact that pay settlements are higher in the private sector and have averaged between 2.5\%-3\%\textsuperscript{19} in comparison to the public sector where pay has either been frozen or capped. NHS staff have not had a real-terms pay increase since 2006 with the exception of the 8 months when RPI was negative. In comparable sectors employees in private health care companies and pharmaceutical companies supplying the NHS have seen pay increases of between 2\%-4.75\% this year.\textsuperscript{20} Therefore the NHS runs the risk of losing a large section of this professionally qualified workforce if they do not keep pace with pay. A recent review of the future healthcare workforce highlighted emerging themes likely to affect the nursing workforce over the next 20 years. An aging population and the growing size in population is already increasing demands on services within the NHS. Combined with the NHS integration with community services and increased emphasis on caring in the community rather than in a conventional hospital setting, there is a fear that nurse numbers may decrease as they are less attracted into nursing as a profession.\textsuperscript{21} UNISON already has evidence of trusts in England looking towards Spain, Portugal and Ireland in order to fill their gaps in nursing vacancies and this has been backed up by the increase in NMC EU initial registrations over the last 3 years in those countries targeted for recruitment.

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<tr>
<th>Country</th>
<th>2010</th>
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<td>Romania</td>
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<tr>
<td>Greece</td>
<td>18</td>
<td>22</td>
<td>101</td>
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NMC, EU Initial Registration 2010-2012

\textsuperscript{18} IDS – Public Sector Pay Premium, February 2013
\textsuperscript{19} IDS Pay.co.uk
\textsuperscript{20} Xpert HR
\textsuperscript{21} Centre for Workforce Intelligence, The Future Healthcare Workforce, July 2013
2.5 Case Study for the Living Wage – Sussex Community NHS Trust

While we are keen for all NHS organisations to be Living Wage employers, UNISON supports the UK pay rates embedded in Agenda for Change as the best and most appropriate mechanism for bringing wages up to this level. However, some UNISON branches are finding success in reaching local agreement to apply Living Wage through non-use of pay point one (as per the policy in Scotland).

For example, Sussex Community NHS Trust has been the first NHS organisation in Sussex to become an accredited Living Wage employer. The Trust employs over 4,000 staff across Brighton and Hove and all trust employees who earned below £7.45 an hour have now received a rise up to the Living Wage, which has been back dated to the 1st June 2013\textsuperscript{22}.

The additional cost to Sussex Community NHS Trust’s current £133m wage bill was only £24,000. This highlights the relatively low cost incurred by trusts by implementing the Living Wage.

In the Trust’s press release they state that they recognise and value the hard work of all their staff and by becoming an accredited Living Wage employer it reinforces their commitment to increase the well-being of their staff and protect the lowest paid.

The agreement was drawn up in partnership with local trade unions and by paying the Living Wage the Trust has recognised the hard work done by the lowest paid staff at a time of economic hardship, supported future recruitment and retention of staff at the Trust and made the Trust a flagship NHS employer in the region.

Recommendations:

We ask the Pay Review Body to make a recommendation on pay that is UK wide and which:

- will support UK wide NHS pay determination, maintain the integrity of the existing pay system and reduce inconsistencies between the four countries
- acknowledges that a fair pay rise for NHS staff would protect the value of NHS pay against prevailing inflation rates and address the deterioration in NHS earnings which has now reached an average 10% cut to pay in real-terms
- removes or uprates pay point one to make the NHS a Living Wage employer across the whole UK
- We ask the Pay Review Body to recognise the need for published vacancy data for the NHS, consistent across the UK, for future planning of the NHS workforce

\textsuperscript{22} The Argus, Siobhan Ryan, Friday 6\textsuperscript{th} September 2013
3. Incremental Pay Progression

Key Points

- We support the position taken by the Review Body and stated in their 26th report that pay progression is no substitute for the annual pay rise.
- Incremental progression represents a staggering of payments to reach the correct rate for the job, not an annual award.
- Withholding progression would be seen as highly divisive and may have unintended consequences in relation to motivation and morale in the workforce.
- 42% of NHS staff in the UK are at the top of their pay band and dependent upon the annual pay uplift to meet growing costs.
- An IDS report for UNISON on pay progression in the public sector found that the cost of pay progression is cost neutral in the long term.

NHS Employers consistently have argued in their evidence to the NHS Pay Review Body that each year a high proportion of NHS staff receive basic pay increases averaging 3.4% through annual incremental pay progression, and therefore this has reduced the need for a pay award. An IDS report for UNISON on pay progression in the public sector found that the cost of pay progression is virtually cost neutral over the longer term as higher paid employees leave the organisation and new starters arrive at the bottom of their pay bands.

Recent revisions to the NHS Agenda for Change Handbook in England were consulted upon and agreed for implementation from 1 April 2013. These changes mean there are no longer automatic incremental pay increases in the NHS in England. The new Agenda for Change Annex W on pay progression sets out that incremental pay progression on all points (in the pay spine) will be conditional upon individuals demonstrating that they have the requisite knowledge and skills/competencies for the role, and that they have demonstrated the required level of performance and delivery.

Whilst the individual has to demonstrate the application of knowledge, skills and competence in their role, there is also a requirement that the employer will have a fair appraisal system in place to assess whether they are meeting the level appropriate to their role. Individual rights are outlined in the Agenda for Change agreement and NHS Constitution, as well as in local policies and procedures. These changes are not designed to be a tool for organisations to cut pay in response to financial pressures; instead they should be used to enhance performance of staff through properly structured appraisals leading to improved productivity of the workforce. NHS staff receive an incremental boost to their wage in recognition of their increased experience, expertise and contribution. The actual “rate for the job” is the top of the pay band and staff will usually start at the bottom of the band and then after gaining experience (and sometimes ongoing training) will, over time, go through the pay bands to the top. Many staff will then remain at the top of the band until they are promoted, change jobs or their job is re-graded. Staff can be at this level for many years where they are considered to be performing the full range of duties and have...

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23 IDS Pay Progression in the Public Sector – A Research Report for UNISON, August 2013
achieved the right level of competence. Although these changes are England only it is important to note however across all four countries the push by employers to erode terms and conditions of NHS staff has reduced the extent to which staff are prepared to compromise on pay and has placed added strain on industrial relations. We will discuss the potential impact this could have later in this evidence. In addition, the recent England-only changes to incremental pay progression need time to bed down if they are to deliver on the employers’ stated aims of increased service performance – any further changes to incremental pay at this point will be interpreted as cost-cutting. Prioritisation of changes to the agreement in England have prevented a focus thus far on those pay bands with large numbers of increments - UNISON remains keen to engage in discussion via the staff council on potential structural changes to Agenda for Change bands.

Last year the NHS Pay Review Body 27th Report highlighted that the percentage of NHS staff now at the top of their pay bands across the UK has grown by 5% in one year from 37% to 42% and those staff on Agenda for Change Band 1 are more likely to be at the top of pay band. The report also highlighted that NHS staff in Northern Ireland had a higher percentage of staff now at the top of their pay band.

![Percentage of staff by country at the top of their pay band](image)

NHS Pay Review Body 27th Report, Office of Manpower Economics
Already 84% of the lowest paid NHS staff on Band 1 from across all four countries are at the top of their pay band and therefore the only financial uplift these members of staff receive, in order to counteract the massive impact that inflation has had on their salary, is from the annual uplift. The NHS Pay Review body in their 26th Report also stated that incremental pay progression is a separate issue from basic pay and UNISON’s position is that this still remains the case.

The chart below shows the percentage of staff at the top of their pay band across all four countries. In the UK a majority of the pay bands with the exception of Band 2 and Band 5 now have over 40% of NHS staff at the top of their Band.
The Pay Review Body Report also highlighted that across the whole UK 39% of NHS staff were paid below spine point 15 (below £21,000).

### Percentage of staff paid below spine point 15

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<thead>
<tr>
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<td>Scotland</td>
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<tr>
<td>England</td>
<td>39%</td>
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NHS Pay Review Body 27th Report, Office of Manpower Economics

**Recommendation**

- In relation to incremental pay, we ask the Pay Review Body to note our views and confirm the position described in their 26th report that incremental pay progression is not a substitute for annual pay increases.
4. Funds Available to the Department of Health & the Public Spending Review 2013:

Key Points

- NHS staff are the biggest resource in the NHS
- Central Government policy on funding is placing downward pressure on NHS pay in all four countries
- The political decision to impose a 1% cap on NHS staff pay uplifts for the next two years is perceived by members to be unfair and anger at the low level of the uplift from NHS staff is beginning to put immense pressure on industrial relations within the sector.
- 89% of NHS staff viewed the 1% uplift as ‘unfair’ in the IDS 2012 NHS Staff Survey
- 80% of NHS staff who responded to the 2013 UNISON pay survey identified they are financial worse off than 12 months ago
- The NHS in England recorded a surplus of £1.6billion for the 2012/13 financial year showing a 6 year trend of under-spend
- NHS under-spend is being clawed back by the Treasury rather than being re-circulated into the NHS
- The NHS Transition in England cost the Department of Health £1.1billion

The funds available to the Health Departments are currently under acute pressure with pay being the biggest expenditure to the NHS; however it is important to recognise that the staff that work for the NHS are its greatest resource. This is backed up from the findings from UNISON’s & IDS pay surveys in 2011, 2012 and 2013 which have consistently shown that NHS staff are a hardworking, dedicated and committed workforce. The effects of a growing and aging population will mean pressures on the NHS are predicted to grow at around 4 per cent a year up to 2021/22\textsuperscript{24} and with funding experiencing a near real terms freeze over the Current Spending Review.\textsuperscript{25} This year NHS funding will be 0.1% above inflation during 2012/13 and in the June HM Treasury Comprehensive Spending Review (CSR) the NHS budget was only increased by 0.1% in real terms in 2015-16\textsuperscript{26}.

The Government used the latest CSR to announce a £3.8bn pooled budget for Health and Social Care services which will be shared between the NHS and Local Authorities. While UNISON welcomes the move towards more integrated health and social care it seems this pooled budget will come from existing NHS allocations. Greater integration may save the NHS money and resources in the long term but this is an immediate cut in budget and is likely to lead to serious issues in the short term at the very least and it is quite clear that the NHS budget is neither ring-fenced nor protected as the Government claim. This sharing of the NHS budget was also compounded by the Prime Minister’s announcement on 8\textsuperscript{th} August that £500m was to be made available for Accident and Emergency Departments; with no details of if this is new money in the system over and above the amount the Department of Health always used for winter peaks in demand.

\textsuperscript{24} The Nuffield Trust, A Decade of Austerity, December 2012
\textsuperscript{25} The NHS at 75 – Towards a Healthy State, Price Waterhouse Cooper, July 2013
\textsuperscript{26} Treasury Review, June 2013
The most recent accounts for the Department of Health from August 2013 showed that they recorded a surplus of almost £1.6 billion for 2012/13. In previous years evidence to the NHS Pay Review Body UNISON has highlighted a 5 year trend on under-spend within the NHS and this has continued into the sixth year. The graph below shows six years of NHS under-spend, however it does not show the under-spend recorded in Foundation Trust’s which was recorded at £510 million in 2012/13. The Programme for Government Audit published in January 2013, details the savings made within the NHS in 2011/12 as £1.5bn and this was as a result of ‘cutting bureaucracy’ which saved £1.1bn and reducing IT projects which saved £400m.\textsuperscript{27}

This has been confirmed by the National Audit Office, who have recently published a report identifying that the Department of Health, NHS Trusts, Foundation Trusts along with PCT’s who were still operating up until the 1\textsuperscript{st} April 2013 recorded a combined surplus of £2.1 billion in 2012-13.\textsuperscript{28}

The Department of Health accounts and the National Audit Office report identifies effectively that the NHS is managing its budget successfully, however year on year the NHS under-spend is not being re-directed back into the NHS to improve service quality, instead this money is going back to the Treasury.\textsuperscript{29} This comes in the year in which as a result of the Health and Social Care Act in England the NHS Transition reported costs were £1.1bn with over 10,000 NHS staff being made redundant with an average redundancy payment of £43,350.\textsuperscript{30}

\begin{figure}[h]
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\includegraphics[width=\textwidth]{nhs_finances.png}
\caption{NHS Finances}
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\textsuperscript{27} The Coalition: Together in the National Interest Mid-term Review, January 2013
\textsuperscript{28} National Audit Office, Update on indicators of financial stability in the NHS, July 2013
\textsuperscript{29} Channel 4 News – 21\textsuperscript{st} March 2013
\textsuperscript{30} National Audit Office – Managing the Transition to the Reformed Health System – July 2013
4.1 Employment Relations in the NHS

Concerns expressed by UNISON and BAOT members with the Review Body process are increasing as a result of Government pay policy. There is a growing perception that the independence of the Review Body is being consistently undermined by the continued restraints imposed within the remit from Government. UNISON has in the past expressed support for the Review Body process as a fair, transparent and independent means through which NHS pay can be determined.

Although there has been a very small increase in the value of the NHS budget between 2010-2015, the political decision to impose a 1% cap on NHS staff pay uplifts for the next two years is perceived by members to be unfair and anger at the low level of the uplift from NHS staff is beginning to put immense pressure on industrial relations within the sector. The proposed 1% pay cap follows a 1% uplift awarded in April this year, which has done very little to address the 10% devaluation of NHS pay due to inflationary pressures and has meant that NHS pay is still playing catch up after a 2 year pay freeze.

The UNISON Health Pay survey 2013 highlighted that NHS staff felt that they were financially worse off now than 12 months previously and that despite the 1% uplift this trend has been apparent in the previous two annual surveys. The 2011 UNISON pay survey recorded almost identical results to the same question and that was at a time when NHS staff were on an imposed 2 year pay freeze. The tensions building up over pay are also clear from the this year’s survey where only 16% of respondents said that pay had no affect on their motivation at work and the 2012 IDS survey where 89% of staff viewed the 1% pay award as “unfair”. The link between pay and motivation was also a theme that came out of the interviews we conducted with NHS Staff:

“Yes it does affect you, because when you don’t have enough money when you come to work you feel so exhausted with the work you are doing and you feel like I’m only getting this much and it isn’t worth it. So it does affect your motivation at work. I feel the stress from work at home and you do take it home”. Band 4 Therapy Assistant Practitioner

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

- I am better off
- I am worse off
- Neither better nor worse off

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<td>80%</td>
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This continued pattern of pay suppression is placing additional pressure on industrial relations in the NHS across all four countries. Although UNISON currently remains committed to the Pay Review Body process, the frustrations felt by staff faced by pay awards that go nowhere near addressing the erosion of the real-terms value of their pay has increased perceptions amongst the workforce that the independence of the Review Body is being undermined by restrictions of the remit.

Recommendations

We ask the Pay Review Body to:

- acknowledge the impact of continued pay restraint on the morale and motivation of the NHS workforce as well as the impact low morale is having on service quality within the NHS
- acknowledge the healthy financial surpluses recorded by the NHS over recent years and recommend that this money be re-circulated back into the NHS to improve service quality
- recognise the growing pressures that pay suppression is placing on industrial relations within the NHS and the perception among the workforce that the independence of the Review Body is being consistently undermined by the restricted remit
5. Service Quality

Key Points

- The Francis and Keogh Reports mark a watershed in the history of the NHS.
- Both reports focus on the devastating outcomes that arose at Mid Staffordshire NHS Foundation Trust and the results of putting trust finances above delivering quality care to patients.
- Over 50% of respondents to the UNISON 2013 Pay Survey indicated their workplace was ‘frequently’ short-staffed.
- Respondents to the UNISON 2013 Pay Survey identified that increases in their workloads was now impacting on the quality of care each patient received.
- Over 57.7% of respondents from across the UK indicated that their employer did nothing to alleviate staff shortages.
- Over 19.1% of survey respondents from across the UK highlighted recruitment and retention difficulties had been a ‘major’ problem in their workplace.
- The UNISON Survey identified the increase use of bank and agency staff to plug staffing gaps and an increase in the use of zero hours contracts in the NHS.

This year has been a reflective one for the NHS following the publication of the Francis Report and the Keogh Report. Both reports have highlighted a trust with an engrained culture of poor standards with poor governance, which put its priority of gaining Foundation Trust status above the quality of care patients received. A lack of focus on standards of care, compounded by the trust’s financial challenges evidently was what led to the trust to deprive the hospital of the proper level of nursing staff needed.

Worryingly this year’s UNISON survey continues to show that staff shortages in the NHS are becoming the norm with over 50% of those surveyed identifying that over the last 12 months their workplace or department ‘frequently’ was short of staff. The survey and the interviews UNISON conducted highlighted a lack of engagement by employers to alleviate staff shortages with a quarter of respondents indicating that their employer was doing nothing to tackle staff shortages and added to this respondents were already identifying ‘major problems’ with recruitment and retention of staff in their workplaces and the use of bank and agency staff to plug the gaps. The interviewees also highlighted the other negative impact of having staff shortages which was the effect it was having on morale in their workplaces. The impact of low morale in the workplace was identified in the Francis Report as not being conducive to the creation of a culture of providing good care to patients or providing a supportive working environment for staff. Added to this the King’s Fund quarterly monitoring report of 2013.

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31 The Francis Report, February 2013 – Executive Summary – Page 45
33 The Kings Fund – How is the Health and Social Care System Performing, Quarterly monitoring report – September 2013
finance directors of NHS trusts and 29 financial leads of Clinical Commissioning Groups, found that nearly a third of respondents to their survey said that patient care had got worse in their area over the past year compared to 14% of respondents who said service quality had improved. This view was despite 89% of respondents expecting their organisation to be in financial surplus this year and staff morale was noted as one of their main concerns. The report reinforces the link between the morale and motivation of the workforce with service quality and highlights NHS finances are not being re-circulated back into the NHS to address issues like staff shortages which are now seriously affecting morale in workplaces.

“It [morale] is really low, it has really gone down and recently we have seen more outside people come into work. Sometimes we see them flooding in like flies because the actual workers in the unit are not there. Sometimes the unit should be staffed by 5 or 6 permanent staff, now they are covered by bank staff. We are very short staffed – On Sunday night we only had one nurse and two HCAs. There should be two nurses to staff either side of the ward and they cover 32 patients. So there was only 1 nurse and 2 HCAs covering 32 patients”. Band 3 HCA

Side by side both the Francis Reports and the Keogh Report contain unequivocal evidence of the need for minimum staffing levels, including nursing. The role of staff and staffing numbers are key to delivering high quality care. UNISON’s 2013 survey into staff / patient ratios highlighted overwhelmingly that understaffing affects the ability of staff to do their job and that staff felt they did not have enough time with each patient. These were also findings from the UNISON pay survey where some 86% of staff indicated that their workload had increased over the last 12 months and 42% of respondents felt that the quality of care for each patient had decreased.

The UNISON pay survey also saw a decrease in morale and motivation with 36.5% of respondents to the survey identifying that morale in their workplace was ‘low’ and 25.9% of respondents identifying morale was ‘very low’ in their workplace. Eight in ten respondents identified that morale has ‘worsened’ over the last 12 months. The survey went on to explore why NHS staff were considering leaving the NHS. Increases in anxiety over job security and restructuring and reorganisations and staff shortages were all highlighted as reasons as well as being contributory factors to the decline in morale and motivation from last year’s IDS NHS staff survey.

34 UNISON, Patient and Nursing Care at Breaking Point, April 2013
UNISON Pay Survey 2013

To add to the decline in morale and motivation of the NHS workforce, the NHS workforce survey showed that in February 2013 the NHS lost 800 more nurses\textsuperscript{35}. This is a concerning statistic especially as Robert Francis QC, Sir Bruce Keogh and Professor Don Berwick have called for all NHS trusts to guarantee safe staffing levels.

The Centre for Workforce Intelligence also has signalled there is a fear that nurse numbers may fall as NHS budgets are constrained.\textsuperscript{36} The graph below shows the massive dip in headcount during February / March 2013 in the NHS in England.

\textsuperscript{35} Andy Burnham MP Statement – 21\textsuperscript{st} March 2013

\textsuperscript{36} The Centre for Workforce Intelligence – A strategic review of the future healthcare workforce – June 2013
The 2013 UNISON Pay Survey also saw an increase this year in the use of zero hours contracts in the NHS. Although we do not have actual figures for the NHS for those employed on zero hours contracts, a recent report by the ONS identified a rise in the number of people across the UK being employed on zero hours contracts and that women were more likely to end up on a zero hours contract. A distinction needs to be made between NHS staff who join a hospital’s ‘Bank’ for extra hours and situations where NHS staff are employed on a casual zero hours contract without payment and who are unable to turn down a shift that has been offered, however recent research by the Socialist Health Association\textsuperscript{37} highlights that out of 131 NHS trusts they contacted 99 NHS trusts confirmed that they are using zero hours contracts.

\textsuperscript{37} Socialist Health Association – Zero hours contracts in the NHS and Social Care, July 2013
The survey also highlighted a trend of NHS staff identifying an increase in the use of bank and agency staff to plug staff shortages within their workplaces, which is a theme that has been apparent and on the increase in the last two UNISON surveys conducted for the PRB.

Recommendations

We ask the Pay Review Body to:

- recognise the massive strain to the service caused by increasing demands and the pressure this is placing on the workforce and its implications on the standards of patient care
- note that morale and motivation of the NHS workforce has worsened significantly over the last 12 months and shows no signs of improving
- recognise and raise concern about the reported increase in the growing use of zero hours contracts in the NHS
- We ask the Pay Review Body to recognise the need for published vacancy data for the NHS, consistent across the UK, for future planning of the NHS workforce
6. UNISON Pay Survey 2013

Key Findings

- 54% of NHS staff identified they were working longer hours (working in excess of their contracted hours), an increase from UNISON’s 2011 Survey

- 86.4% of NHS staff who responded to the survey identified an increase in their individual workload over the past 12 months

- 79.4% of NHS staff who responded identified that they are financially ‘worse off’ than 12 months ago due to increase in the cost of living

- 65.3% of respondents identified that their wage represented the main wage in their household

- 62.7% of respondents said they were dependant on unsocial hour’s payments to sustain their standard of living

- 37.3% of respondents identified that they did paid over-time in addition to their normal contracted hours an increase from the 2011 UNISON survey

- The main motivational factors for NHS staff in their jobs were work/life balance and being able to make a difference to people, however these motivational factors were now being eroded by an increase in the amount of respondents identifying their working hours and workloads had increased and that these increases were now impacting on their home life.

- 74.9% of respondents identified that the morale of NHS staff in their workplace had ‘worsened’ over the last 12 months with respondents reporting a majority of workplaces now had ‘very low’ or ‘low’ levels of morale.

- 57.6% of NHS staff felt that their level of pay had either ‘a great effect’ or ‘a medium effect’ on their motivation at work.

- 51.7% of NHS staff who responded reported staff shortages in their workplaces ‘frequently’ occurred

- The survey highlighted staff perceptions that increases in workloads were having an impact on the quality of care patients received

- The survey identified signs of stress on service delivery with respondents identifying an increase in the amount of people now using NHS services and that this was putting pressure on working conditions in their workplaces

- 70% of respondents identified that there was not adequate staffing levels in their workplace

- Nearly a quarter of respondents identified recruitment and retention difficulties had been a ‘major problem’ in their workplace

- The survey highlighted an increase in the use of zero hours contracts in the NHS compared with UNISONs 2011 survey
The UNISON pay survey results are analysed in more detail further in this chapter and split into the following headings:

1. Respondent Characteristics
2. Hours of Work
3. Workload
4. Morale and Motivation
5. Pay and Grading
6. Recruitment and Retention
7. Workplace Restructuring and Workplace Issues
8. Training

It is the case that this year’s survey showed a deterioration in morale and motivation in the workplace which although not a matched sample of staff shows a 2 year trend from the 2012 NHS staff IDS survey submitted to the PRB as part of the staff-side evidence last year. The deterioration in morale was backed up by the interviews UNISON conducted. Below are some direct quotes taken from UNISON members that took part in the Pay Review Body interviews when asked about morale in the workplace:

“All that seems to happen is cuts, cuts, and more cuts and pay freezes. We are all expected to do more with less and make efficiency savings and still provide the same level of care and services, while the health service is being destroyed by people who do not understand or care. They have never been involved on the ground and see the consequences of their decisions. They are only interested in the financial figure and how much can be cut and saved”. Band 5 Nurse

“It’s stressed out; it’s low, because we haven’t got enough staff. People come and we haven’t got enough staff and within a few months they leave because they can’t cope. There just isn’t enough staff”. Band 2 Housekeeper

“The morale in my workplace, a lot of people are demotivated because of the staffing levels and the amount of work they have to cope with. My workload has gone up dramatically in the last year. We always used to say it will be better, but it never has got better. There is less staff doing more work”.

Band 4 Therapy Assistant Practitioner

Other major themes that the UNISON Pay Survey identified included the increase in workloads experienced by NHS staff. Eight in ten respondents identified their workloads had increased over the past 12 months and this was an increase from the 2011 UNISON survey and the 2012 IDS survey on NHS staff. The survey also highlighted staff shortages occurring in workplaces with 70% of respondents highlighting that they felt there were not adequate staffing levels in their workplace, as well as 51.7% of respondents indicating that staff shortages ‘frequently’ occurred in their workplace. This was another increase from the UNISON 2011 survey where 48.8% of respondents identified their workplace as being ‘frequently’ short staffed.
Respondents also indicated an over reliance on bank and agency staff to plug the gaps when staff shortages occurred and ‘major problems’ with recruitment and retention of staff.

The Staff Side evidence highlights the inflationary impact on NHS pay bands and this was backed up by the results from the UNISON survey. The survey results show how the cost of living was really affecting NHS staff and eight in ten respondents indicated that they were now financially ‘worse off’ than 12 months ago. 91% of respondents highlighted they were worse off than a year ago due to rises in fuel and energy and 89.8% of respondents indicated that the rise in the cost of food had financially hit them. It is the case that 37.3% of respondents indicated that they were working extra shifts just to pay the bills and this was an increase from the 2011 UNISON survey and the 2012 IDS survey:

“I have noticed fuel and energy costs have gone up. I drive a car so petrol is also going up. I drive to work every day, we get free parking at the hospital at the moment. My rent has gone up, I pay £525 a month and I get a discount from the council tax because I am a single person but I am still struggling... I have had to cut down on food, my fridge is empty because I would rather they [my children] eat then I”. Band 3 HCA

The findings of the survey went some way to highlight the extent of which the lowest paid were really suffering due to the rises in living costs. 91% of respondents identified the rise in fuel and energy, 89% of respondents identified the cost of food had increased and 80% of respondents highlighted the increase in transport costs. Added to the increase in living costs 83.4% of respondents identified that changes to the way the in-work tax credit system is calculated will have a negative impact on their household income.

“Yes, the lower paid should get more as they do the hardest jobs. They are the frontline people unlike the management roles, but I do believe the lower paid should get more of a pay award”. Band 1 Cleaner

Finally a majority of the members interviewed by UNISON said that they had hardly noticed the 1% pay uplift in April 2013, as it had been eaten up by the increase in costs of other things like food and transport. UNISON has evidence of some trusts increasing staff parking fees by 25-50% after the 1% uplift in April, therefore clawing back some of the pay award from NHS staff, with the lower paid staff suffering the worse. These findings support why a majority of UNISON members who responded to the pay survey were still feeling they were worse off financially from 12 months previously:

“We got the 1% in April but it doesn’t really show, I mean it goes up with your increments and it might look like you earn more on paper, in reality in your wage packet it doesn’t show because it just goes back into taxes and paying for other things that have gone up”. Band 5 Staff Nurse
UNISON Health Pay Survey 2013 Results

1. Respondent Characteristics

Over 16,000 UNISON and BAOT members working in the National Health Service responded to our on-line survey during June 2013. The survey was to find out the views of our members on their pay, terms and working conditions in the NHS over the previous 12 months.

The respondents were a cross-section of UNISON and BAOT members covering some 54 occupations, across all the non-medical occupational groups in the health service including occupations in the Nursing and Midwives Sector, Social Care, Allied Health Professionals and Technical staff, Ancillary and Maintenance, Occupational Therapists, Admin and Clerical, Senior Managers and Ambulance staff.

Occupation and Employer Type

- Overall the Nursing and Midwives occupational group had the highest response rate at 35.9%. Admin and Clerical staff had the second highest response rate to the survey at 32.8% (see Chart 1). The highest response rate by job role to the on-line survey was from Health Care Assistants and Support Workers – at 22% closely followed by staff nurses (see Chart 2).
- A majority of respondents 96.8% worked in the NHS.
- 96.4% of respondents indicated that they were on permanent contracts of employment. A small percentage 0.6% indicated that they were an NHS worker on a zero hour’s contract.

Chart 1: Response Rate by Occupational Group
Over 96.8% of respondents worked in the NHS, a small proportion of respondents indicated that they were working for voluntary organisations and private contractors; however they were on Agenda for Change terms and conditions.

Some 47% of the people who responded had worked in the Health Service for more than 15 years and some 35% of respondents identified that they have been in their present job within the health service for between 11-15 years. This is an indication that the workforce has
remained loyal and committed to the NHS and that the workforce has remained fairly stable. However this needs to be considered alongside the age demographic of the respondents. A majority of respondents (41.7%) were between 51-65 years old and over half respondents were aged between 31-50 years old. This is a clear indication of the NHS having an aging workforce and (See graph 3 & 4):

Table 3: How long have you been employed in the health service? How long have you been employed in your present job?

![How long have you been employed in....?]

Table 4: Age Demographic of Respondents

![What age range are you in?](chart)
Pay Band and Details

- Some 59% of respondents indicated that they had reached the top of their pay band (see table 6)
- 21.5% of respondents are employed on Band 5 and 16.7% are employed on Band 6
- Nearly half - 49.2% of respondents were on pay Bands 1-4 (see chart 7)
- 91.8% of those who responded indentified that they were on Agenda for Change Terms and conditions

Table 5: Are you are the top of your Agenda for Change Pay Band

<table>
<thead>
<tr>
<th>At the top of pay band / grade</th>
<th>Below the top of pay band / grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>40%</td>
</tr>
</tbody>
</table>

What is your current position on pay band / grade?
Over half of respondents (51.9%) were aged between 31-50 years old (see table 4).
Nearly three quarters of respondents are female (74.6%)
Over 71% work full time (see table 8)
93.6% of respondents identified their ethnic group as ‘White UK’
There was a four country response to the survey – 79.4% response rate from England, 11.8% response rate from Scotland, 4.4% from Wales and 4.4% from Northern Ireland. (see table 9)

Table 7: What Contract are you on?

<table>
<thead>
<tr>
<th>Contract</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time</td>
<td>80.0%</td>
</tr>
<tr>
<td>Part Time</td>
<td>20.0%</td>
</tr>
</tbody>
</table>
Table 8: What UNISON region do you belong to?
2. Hours of Work

This part of the survey looked to respondents to identify the following:

- If respondents were working extra hours each week and how many extra hours
- If the respondents were remunerated for the additional hours worked
- The extent to which their hours of work conflicted with their domestic duties
- If respondents were working extra hours, why were they?

Key Findings

- 54% of respondents indicated that they work over their normal contracted hours every week for which they were not remunerated. (see chart 9)
- 43.1% of respondents worked over their contracted hours by up to 5 hours unpaid each week.
- 33.3% of respondents identified that they did paid over-time in addition to their normal contracted hours. (see chart 10)
- 16.4% of respondents said that the contracted hours they work ‘frequently’ conflict with their domestic duties. 52.4% indicated that their contracted hours ‘sometimes’ conflict with their domestic duties. (see table 11)
- 21% of respondents felt that they would not be able to do their jobs unless they worked extra hours, with 18% stating that it was necessary to meet deadlines. (see chart 12)

Chart 9: How many hours in addition to your normal contracted hours do you work per week for which you are not paid and did not receive TOIL?
From those respondents who identified that they worked extra hours each week as paid overtime a majority (18.7%) worked up to 5 hours extra, while 8.3% worked 6-10 extra hours a week.

**Chart 10:** Highlights how many extra hours per week do you work as paid overtime?

When reviewing to what extent contracted hours conflicted with respondent’s domestic duties 16.4% of respondents highlighted that they ‘frequently’ conflicted and 52.4% said they ‘sometimes conflicted with their domestic duties’. In the IDS staff side survey 2012 17.5% highlighted that their contracted hours ‘frequently’ conflicted with their domestic duties, with 46.9% highlighting that they ‘sometimes’ conflict. This year there is a slight deterioration in working hours conflicting with domestic duties.

**Table 11:** Highlights to what extent respondent’s contracted hour’s conflict with domestic duties

*Note the 2011 UNISON survey had ‘occasionally’ as an optional answer to this question*
While exploring reasons why respondents worked more than their contracted hours, by far a majority of respondents (48.7%) felt that it would be impossible to do their job if they didn’t work extra hours and 42.8% of respondents felt that it was necessary to work extra hours in order to meet deadlines. However 39.7% of respondents highlighted that they worked extra hours in order to provide the best quality of care for patients and service users. This willingness to go the extra mile, to make sure patients receive a high quality of care is a key theme that also came out while interviewing NHS staff for the Pay Review Body Evidence.

Chart 12: Identifying why respondents worked more than their contracted hours

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Necessary to meet deadlines</td>
<td>48.7%</td>
</tr>
<tr>
<td>Necessary to get ahead in my career</td>
<td>42.8%</td>
</tr>
<tr>
<td>Also work bank shifts</td>
<td>39.7%</td>
</tr>
<tr>
<td>Expected by my immediate manager</td>
<td>38.2%</td>
</tr>
<tr>
<td>Expected by my colleagues</td>
<td>37.9%</td>
</tr>
<tr>
<td>Enjoy my job</td>
<td>35.2%</td>
</tr>
<tr>
<td>Impossible to do my job if I don’t</td>
<td>21.4%</td>
</tr>
<tr>
<td>Want to provide the best care I can</td>
<td>21.0%</td>
</tr>
<tr>
<td>Don’t want to let down the people I work with</td>
<td>18.9%</td>
</tr>
<tr>
<td>Basic salary insufficient</td>
<td>17.8%</td>
</tr>
<tr>
<td>Want to earn extra money</td>
<td>7.6%</td>
</tr>
</tbody>
</table>
3. Workload

This part of the survey looked at workloads and tried to identify the following:

- Extent to which workload has changed over the previous 12 months
- To look at if workload has increased or decreased over the previous 12 months
- The impact of an increased workload.

Key Findings

- 86.4% of NHS staff have experienced an increase in their individual workload in the last 12 months. (see table 13)
- 65.4% identified that the main reasons for their increase in workloads were staff being given additional duties and responsibilities. Over half highlighted an increase in patients using the service and 47.7% identified that the pressure to meet government targets and waiting list times were responsible for the increase in workload. (see table 14)
- NHS staff highlighted that the number of staff they worked with had decreased in the previous 12 months.
- Respondents identified an increased use of agency and bank staff from the previous 12 months.
- Respondents identified that the increase in workload was having a detrimental impact on their personal health and an increase in the stress levels they felt. (chart 16)
- The survey suggests that the increase in workload on staff has led to a decrease in the quality of care received by each patient.
- The survey also highlights that a majority of NHS staff did not feel that there was adequate staffing levels in their workplace. (table 15)
- 94.4% of respondents identified that they had suffered from work related stress

Over 84% of respondents identified that their workload had increased over the last 12 months. Although not a matched sample of respondents the survey indicates an increase in individual workload experienced by staff from last year’s IDS staff side survey where some 81.2% indicated their workloads had increased ‘a little’ or ‘a lot’.

85.5% of respondents indicated that they had felt an increase in the stress they experienced over the last 12 months; 65% of respondents identified that there had been a decrease in staff in their workplace over the last 12 months and 65% of respondents identified that there has been an increase in patients or clients using NHS services over the last 12 months.

However the survey did identify some worrying trends as 42.9% of respondents felt that the quality of care received by patients had decreased in the last 12 months and although not linked the use of temporary staff had increased.
Table 13: Table highlights changes in the following dimensions of working conditions over the last 12 months.

We also asked UNISON members to identify some of the reasons why their workload had increased. 65.4% identified workload had increased because they have been given additional duties and responsibilities. The survey suggests increased pressure on the Health Service with 53.4% of respondents identifying an increase in patients using the service, which in turn is creating a greater amount of work. 47.7% of respondents indicated that pressure to meet government targets had created an increase in work load. 45.6% of respondents felt that their workplaces had insufficient sickness, maternity and holiday cover and that this was creating an increase in their workload and 43.5% highlighted that vacancy freezes and redundancies had created greater workloads.

Following the publication of the Francis Report in February 2013 and the Keogh Report in July 2013, service quality in the NHS has been put to the forefront with a “zero tolerance” approach to poor care\(^{38}\). The survey results indicate that the NHS is under increased pressure with more patients than 12 months ago, and that staff have identified a decrease in the quality of care for each patient. The survey also indicated that 70.8% of staff felt there were not adequate staffing levels at their workplace.

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Finally the survey looked at what was the impact of the increase in workload for NHS staff. Nearly half (48.2%) of respondents identified that the increase in workload had had a detrimental effect on their personal health with 30.6% indicating that the increase in workload impacted on their family life. The survey results clearly indicated an increase in
stress felt by staff over the last 12 months and worryingly 94.4% of respondents indicated they have suffered from some form of work related stress and 38.3% have required time off work because of it. A very high percentage (91.8%) of NHS staff identified that they had suffered other work related injuries including moving and handling injuries, musculoskeletal and upper limb disorders which required time off work to recover, but a smaller percentage of respondents identified that they had suffered a needlestick or sharps injury at work.

Chart 16: Highlights the impact of an increased workload on NHS staff

Table 17: Highlights any work related injuries or illnesses suffered at work and if staff needed time of work as a result.
4. Morale and Motivation

This part of the UNISON Health Pay Survey examined the following:

- If there had been changes in morale and motivation in the last 12 months
- Reasons why morale and motivation may have changed in the last 12 months
- Whether NHS staff would recommend to others their occupation as a career in the NHS.

Key Findings

- Over half of respondents rated morale in their workplace as either ‘very low’ or ‘low’ (see chart 19)
- Over 74% of respondents felt morale had ‘worsened’ over the last 12 months (chart 18)
- Over a third of respondents would ‘probably not’ recommend their occupation or their employer to someone applying for a career in the NHS
- Over half of respondents rated their ‘motivation’ in their job on the lowest level scales (see chart 20)
- Over 60% of respondents have ‘very seriously’ or ‘fairly seriously’ considered leaving the Health Service in the last 12 months.
- The survey results indicated that cuts in NHS staff take-home pay did have an impact on their morale at work.

Over 74.9% of respondents indicated that morale had worsened in their workplace from 12 months ago. A very small percentage of respondents (2.7%) indicated some kind of improvement in morale. Although this survey was not a matched sample with the staff side IDS survey conducted last year, it does suggest that morale has continued to decline from last year. In 2012 the IDS survey identified that 67% of respondents felt that morale was ‘worse’ or ‘a lot worse’.

Chart 18: Highlighting the change in morale compared to 12 months ago
Respondents were asked to describe the level of morale in their workplace and over 60% of respondents felt that morale in their workplace was either ‘very low’ or ‘low’ with only 4.3% of respondents indicating that there were high levels of morale in their workplace.

Chart 19:  Highlights the level of morale in the workplace

The survey also asked respondents to rank how ‘motivated’ they were in their job role with 1 being extremely low and 10 being extremely high. 54.8% of NHS staff rated their motivation levels between 1-5 (the lowest) and only 9.4% of respondents ranked their motivation levels in the top two levels 9-10 (the highest).

Chart 20:  Shows Motivation Levels of Respondents in their Job Roles
This survey looked to identify why morale and motivation had decreased over the last 12 months. As mentioned in the previous sections on hours and workloads, undoubtedly the impact of an increase in workload, working extra hours and an increase in workplace stress are major contributory factors to a decline in morale within the workplace. Alongside these key factors 66.5% of respondents identified that they were either ‘very worried’ or ‘fairly worried’ about their job security. This is a recurrent theme as identified in last year’s IDS staff side survey where more than three quarters of respondents cited workplace stress and restructuring and reorganisation as key reasons for a decline in workplace morale.

As a result of the Health and Social Care Act the NHS Transition in England took place 1 April 2013. Subsequently the NHS has undergone one of the biggest top down reorganisations in its 65 year history, which has displaced staff, redeployed them into new national employers or arms length bodies and over 10,000 members of staff were made redundant during the process. We will discuss the impact of the transition later in our survey findings however the apprehensions NHS staff feel regarding their job security may be a contributory factor to why morale has declined in the last year.

Chart 21: Shows percentage of respondents worried about their job security

<table>
<thead>
<tr>
<th>How worried are you about your job security?</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all worried</td>
<td>4%</td>
</tr>
<tr>
<td>Very worried</td>
<td>18%</td>
</tr>
<tr>
<td>Fairly worried</td>
<td>48%</td>
</tr>
<tr>
<td>Not worried</td>
<td>30%</td>
</tr>
</tbody>
</table>

The survey also looked to identify what were the top factors that motivated NHS staff in their jobs. 60.4% of respondents rated their work/life balance as the main factor which motivated them at work. 50.3% of respondents said that being able to make a difference to people was one of the top factors which motivated them and job security ranked highly in relation to factors which motivated staff at work. The survey listed 21 factors which may motivate NHS staff in their jobs and asked respondents to rank their first, second and third choices; we then calculated their rating average and the table below shows how they were ranked.

It is important to note that although work/life balance was the top motivational factor for NHS staff in their workplaces, as shown in the previous sections the survey also identified an
increase in both hours and workloads and that these were now conflicting with domestic duties at home and impacting on family life. Therefore the main motivational factor for staff working in the NHS is now being eroded by working longer hours and having an ever increasing workload.

Table 22: Identified Top Three Factors Which Motivate Respondents in their Job Roles

From table 22 respondents ranked material reward above average and the survey results showed that 57.6% of NHS staff felt that their level of pay had either ‘a great effect’ or ‘a medium effect’ on their motivation at work.
The survey also suggested that as well as having an impact on motivation 73.1% of respondents indicated that cuts to their take home pay impacted on their morale and 68.7% indicated that cuts in pay had had an impact on their willingness to work extra or go the extra mile.

Chart 24: Identifies what factors cuts in take home pay have an impact on

The final part of this section of the survey looked at if NHS staff would recommend their occupation as a career in the Health Service. 36.1% of respondents indicated that they...
would ‘probably not’ recommend their occupation with only 7.7% of respondents identifying that they would ‘definitely’ recommend their occupation as a career in the NHS.

Chart 25: Highlights if respondents would recommend their occupation as a career in the NHS.

We then asked respondents if they would recommend their employer to someone applying for a career in the NHS. Again 33.5% of respondents indicated that they ‘probably would not’ recommend their employer with 21.5% of respondents indicating that they would ‘definitely not’ recommend their employer.
5. Pay and Grading

This part of the survey looked at the following:

- Pay Bands of respondents
- Extent to which they are relying on additional payments to sustain their standard of living
- How pay over the last 12 months has changed relative to the cost of living

Key Findings

- As highlighted in the section on respondent characteristics the UNISON pay survey received responses from UNISON and BAOT members on Agenda for Change Pay Bands 1-9.
- The highest response rate was 21.5% from Band 5 staff and 49.2% of respondents were Bands 1-4. 12.4% of respondents were Bands 7-8.
- 65.3% of respondents identified that their wage represented the main wage in their household.
- 62.7% of respondents said they were dependant on unsocial hour’s payments to sustain their standard of living.
- 79.4% of respondents identified that they were worse off financially than 12 months ago.
- Respondents identified that in the past 12 months their expenditure is now worse off on Fuel and Energy, Transport, Council Tax, Food and Water. Expenditure on mortgage and rent and childcare remained fairly stable over the year.
- 20.5% of respondents indicated that they do another paid job other than their main one in the Health Service – of those 10.4% identified their second job was working NHS Bank.
- 73.4% of respondents identified that they share domestic/personal caring responsibilities for pre-school and school age children.
- Only 2.6% of respondents surveyed received Recruitment and Retention Premia (RRP) and only 10.2% of those surveyed received a High Cost Area Supplement (HCAS) on top of their basic pay.
- 17% of respondents identified that recent changes to the benefit system and in-work tax credits will impact on them – of this section of respondents 91.7% reported that the changes would have a negative impact and their household income and 71.6% identified that changes to in-work tax credit rates will impact on their household the most.
- In relation to other out-goings, 89.8% of respondents pay into the NHS pension scheme with 1.4% identifying that they have now deferred.

The purpose of this section of the survey is to review to what extent NHS staff were relying on additional payments to sustain their standard of living. The survey showed that 62.7% of respondents relied on unsocial hours payments / special duty payments / shift premia in order to sustain their standard of living and 37.3% of respondents relied on overtime payments.
Table 26: Identifies the different types of payments respondents are dependent on to sustain their standard of living

The survey then explored if NHS staff had a second form of income from another job other than the one they have in the Health Service. 20.5% of respondents said they had another paid job and of these respondents 10.4% identified that their second paid job was NHS Bank work and 8.6% said they had a second paid job outside the NHS.

Chart 27: Shows respondents with a second paid job other than their job in the Health Service.
Table 28: Shows where respondents have identified their second job

The survey then went on to explore weekly / monthly expenditure and asked respondents which areas of expenditure had changed compared to 12 months ago. 91% of respondents said that their expenditure was worse off due to the rise in costs of fuel and energy, 89.8% of respondents identified their food expenditure had increased which had made them worse off financially, 80.1% identified that they were worse off in relation to a rise in transport costs, 64.1% of respondents said that they were worse off financially due to a rise in water costs and 54.8% said that they were worse off because council tax had gone up. Only 72.2% of respondents identified that their childcare bill had remained stable over the last 12 months and 51.9% identified that their rent/ mortgages had remained stable over the last 12 months with 44.5% indicating that they were now worse off due to an increase in cost of mortgages and rent.
Table 29: Shows how respondents feel their pay has changed compared to 12 months ago

Compared to 12 months ago over two thirds of respondents reported that they were worse off financially and only 1.4% felt they were better off.

Chart 30: Shows how respondents feel their pay has changed relative to the cost of living

It is also important to note that 65.3% of respondents to the survey highlighted that their wage represented the main wage in their household and 18.4% of the respondents that answered yes to this question indentified that they were on Band 5 of Agenda for Change.
A majority (73.4%) of respondents to the survey identified that they share domestic personal caring responsibilities for pre-school and school age children and 39% said they shared caring responsibilities for elderly relatives.

Table 32: Identifies where respondents have domestic and caring responsibilities
In this year’s survey we asked NHS staff if they received any payments on top of their basic salary. Only 2.6% of respondents indicated that they received Recruitment and Retention Premia (RRP) and only 10.2% of respondents received a High Cost Area Supplement (HCAS) on top of their basic pay.

We then asked the respondents who did not currently receive a HCAS if they thought their region should be considered for one. Only 34.7% of respondents thought that their region should be considered for a HCAS. The main regions where NHS staff highlighted that they should be considered for a HCAS, but currently do not receive one was the South West, South East (Oxford & Brighton), Eastern (Cambridge) and cities and rural parts of Scotland (Edinburgh) and Northern Ireland (Belfast).

Over a 1,000 respondents took the time to tell us some of the reasons why NHS staff felt their region should be considered for a HCAS and these reasons included staff unable to buy property where they work as the house prices in relation to wages have gone up dramatically, lots of staff identified that when they commute from rural areas the cost of fuel is more expensive than in the towns, the increase in public transport costs, some respondents indicated that trusts have increased their parking costs for staff in the past 12 months which has wiped out the 1% uplift staff received in April 2013, and generally it was noted by a majority of respondents that the cost of living has increased with food prices, commodity prices and utility bills.

Table 33: Identifies how many respondents receive recruitment and retention premia (RRP)
Table 34: Identifies how many respondents receive a high cost area supplement

Do you receive a High Cost Area Supplement (HCAS) on top of your basic pay?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>0.0%</td>
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<tr>
<td>10.0%</td>
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<td>90.0%</td>
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<td></td>
</tr>
<tr>
<td>100.0%</td>
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</tbody>
</table>

Table 35: Identifies how many respondents thought their region should be considered for a high cost area supplement (HCAS)

Do you think your region should be considered for a High Cost Area Supplement (HCAS)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0%</td>
<td></td>
<td></td>
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<tr>
<td>10.0%</td>
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<td></td>
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<tr>
<td>70.0%</td>
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</tbody>
</table>
Chart 36: Below is a pie chart showing a snap-shot of some of the reasons why NHS staff felt their region should be considered for a high cost area supplement and areas that were mentioned the most with regards to the high cost of living – The top reasons included cost of living, high cost of house prices and that NHS staff on low pay cannot afford the costs of living in a city.

The next section of the survey contained questions in order to identify the impact changes to the benefit system and in work tax credits will have on NHS staff. Overall only a small percentage, 17.1% of respondents received any type of benefit or in-work tax credit. However from this percentage of respondents 71.6% identified that changes to the in-work tax credit system would impact on their household as well as 33.8% of respondents indentifying that changes to council tax benefit rates would impact on them. Respondents reported that changes to the way in which disability living allowance (DLA) was calculated and its move to personal independence payment (PIP) would impact significantly on their household especially for those NHS staff that were principal carers for a family member.
A majority of other respondents indentified that where they had previously been entitled to in-work child tax credits; due to the changes in the way they are calculated it now means they are no longer eligible.

Table 37: Identifies what changes to the benefits / in-work tax credits will impact on respondents

Table 38: Identifies if respondents will suffer a financial detriment by changes to the benefit / in-work tax credit system
6. Recruitment and Retention

This part of the UNISON pay survey looked to identify:

- If staff shortages had occurred in the respondent’s workplace in the last 12 months
- If NHS staff have considered leaving their current job in the last 12 months
- Reasons why they may wish to leave
- Other occupations that NHS staff have considered either inside or outside the NHS

Key Findings

- 51.7% of survey respondents identified that staff shortages had ‘frequently’ occurred in their workplace over the last 12 months.
- 45.6% of respondents said in order to alleviate staff shortages in their workplace, employers employ bank and agency staff. Worryingly 25.9% of respondents indicated that their employer did nothing to alleviate staff shortages.
- 19.1% of survey respondents highlighted recruitment and retention difficulties had been a ‘major’ problem in their workplace.
- 34.7% of staff have ‘fairly seriously’ considered leaving their current position over the last 12 months, with 26.2% ‘very seriously’ considering leaving.
- The main reasons for respondents considering leaving their posts were changes within the NHS (restructures and reorganisations), feeling undervalued due to treatment of staff by managers, and feeling undervalued due to levels of pay.
- 35.7% of those respondents who indicated that they have considered leaving the NHS said it was to take up a position completely outside the Health Service and the most desirable occupation to leave the Health Service for was to take up an administration and secretarial job.
- 53.1% identified that the main reason they stayed in the health service was because they were still committed to the job.

This part of the survey goes some way to support the findings in the previous sections on hours and workloads. In the biennial UNISON and IDS surveys the themes of increase in workloads, working longer hours and staff shortages have consistently been identified by NHS staff. We asked respondents if (over the last year) staff shortages have occurred in their workplace. In UNISON’s 2011 Health Pay Survey 48.4% of respondents indicated that staff shortages were a ‘frequent’ occurrence. This year the number of people highlighting staff shortages increased. 51.7% of respondents identified that their workplace ‘frequently’ experienced staff shortages with some 23.9% highlighting that staff shortages ‘sometimes’ occurred.
Chart 39: Identifies how many respondents have had staff shortages occur in their workplace

The survey then went on to explore what measures employers were putting in place to alleviate staff shortages when they happen. The measures identified by respondents follow a trend from the 2011 UNISON survey and have similar results. 45.6% of respondents this year said their employer employed bank and agency staff to alleviate staff shortages but worryingly 25.9% identified that their employer did nothing to alleviate staff shortages. This year saw an increase in respondents identifying that services were being outsourced in order to alleviate staffing issues and 22.6% of respondents said that their employer had started recruiting permanent staff.
Table 40: Highlights what measures employers are putting in place to alleviate staff shortages

The following part of the survey explored if staff shortages had been brought on by on-going recruitment and retention issues. We asked survey respondents if their department or workplace had experienced recruitment and retention difficulties over the last year. Again the results in relation to the 2011 UNISON Health Pay Survey were very similar. 34.1% of respondents highlighted that recruitment and retention in their workplace had been ‘quite a problem’ over the last year, with 19.1% identifying that recruitment and retention was a ‘major problem’.

Chart 41: Shows to what extent department and workplaces have experiences recruitment and retention difficulties in the last year.
The following questions in the survey are back up some of the findings from our previous section on morale and motivation. We detailed previously how over 74% of survey respondents had identified that morale had worsened in the past 12 months. We asked respondents if they had considered leaving their current position in the health service over the last year. 34.7% of respondents said they had ‘fairly seriously’ considered leaving. 26.2% of respondents identifying that they had ‘very seriously’ considered leaving, this was an significant increase from the 2011 UNISON survey where only 22% of respondents were very seriously considering leaving the Health Service.

Chart 42: Highlights if respondents have considered leaving their post over the last 12 months

<table>
<thead>
<tr>
<th>How seriously have you considered leaving your current position in the health service over the last year?</th>
<th>I have not considered leaving 18%</th>
<th>Very seriously 26%</th>
<th>Fairly seriously 35%</th>
<th>Not very seriously 21%</th>
</tr>
</thead>
</table>

The survey went on to explore reasons why NHS staff were considering leaving their jobs. The table below shows the 2011 UNISON Pay Survey results alongside this year’s findings. In both surveys the main reason why respondents were considering leaving there job was because of the changing nature of the NHS (restructures and reorganisations). 51.1% of respondents felt undervalued due to manager’s treatment of staff and 41.8% of respondents said they had considered leaving as they felt undervalued due to levels of pay.

Continuing the themes discussed in previous sections regarding service quality, 45% highlighted staff shortages as a reason they considered leaving their position and 35.4% identified that they were having to compromise on standards of care.
Table 43: Identifies reasons why respondents have considered leaving the Health Service

We then asked survey respondents if they had considered leaving their job to take up another position inside or outside of the Health Service. 35.7% said they had considered leaving to take up a position completely outside of the Health Service and 20.7% of respondents said they had considered leaving in order to take up a post in another trust or organisation within the NHS.

Have you considered leaving for any of the following reasons?

<table>
<thead>
<tr>
<th>Reason</th>
<th>2013</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling undervalued due to levels of pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling undervalued due to unfair grading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling undervalued due to managers’ treatment of staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff shortages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having to compromise on standards of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with patterns of working hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The changing nature of the NHS (e.g. restructuring/…)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job too stressful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of career/promotion prospects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offered voluntary redundancy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We then asked survey respondents if they had considered leaving their job to take up another position inside or outside of the Health Service. 35.7% said they had considered leaving to take up a position completely outside of the Health Service and 20.7% of respondents said they had considered leaving in order to take up a post in another trust or organisation within the NHS.
Chart 44: Identifies if respondents have considered leaving their current position for other positions inside and outside of the Health Service

The finding of the survey showed that for those that had considered leaving the Health Service, 34.7% of respondents said they had considered administration and secretarial jobs, 25.4% had considered applying for private caring services and 20.8% had considered going into teaching. Other common occupations specified by survey respondents included becoming an alternative therapy therapist, voluntary work including overseas aid, becoming self employed and starting up own business, becoming an assessor and doing consultancy work.
Finally we asked respondents to identify why they remained in the Health Service. 53.1% of respondents said they were still committed to the job, which reaffirms some of our previous findings in this survey that 47% of the workforce had worked within the Health service for 15 years or over and some 41.2% of survey respondents said they stayed in the Health service because they enjoyed their job.

Table 46: Identifies why respondents have remained in the Health Service

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoy my job</td>
<td>53.1%</td>
</tr>
<tr>
<td>Unable to find other employment</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Improved pay and conditions</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Pension scheme</td>
<td>41.2%</td>
</tr>
<tr>
<td>Still committed to the job</td>
<td>47%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

If you have considered leaving the health care sector entirely, please indicate the type of occupations that you have considered taking up

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching</td>
<td>40.0%</td>
</tr>
<tr>
<td>Management</td>
<td>25.0%</td>
</tr>
<tr>
<td>Retail</td>
<td>20.0%</td>
</tr>
<tr>
<td>Admin or secretarial</td>
<td>35.0%</td>
</tr>
<tr>
<td>Caring services</td>
<td>20.0%</td>
</tr>
<tr>
<td>Leisure services</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

Table 45: Identifies occupations respondents have considered leaving the Health Service to take up
7. Workplace Restructuring and Workplace Issues

This part of the survey examines the impact of workplace restructuring in the NHS. This is of particular relevance this year due to the NHS Transition in England which took part on the 1st April 2013 and the impact the NHS Transition has had on the UNISON members involved.

The survey sought to identify:

- The way in which respondent’s workplaces are responding to financial challenges in the NHS
- Impact and concerns staff have after the NHS Transition in England
- With regards to workplace issues – if respondents have suffered any violence / abuse in their workplaces in the last 12 months.
- If employers have adequate policies in place to deal with workplace issues.

Key Findings

- 53.6% of respondents identified that their workplace was responding to the financial challenges ahead through restructuring their workplace / department and some 46.2% highlighted a reduction in posts.
- 15.9% of survey respondents identified that their organisation had transferred into a new receiver organisation or arms length body as part of the NHS Transition in England
- Nearly half of respondents involved in the NHS Transition were transferred into Clinical Commissioning Groups (CCGs)
- 71.3% of respondents involved in the NHS Transition said their main concern was job security and 70.3% said their main concern was their pay.
- 87.2% of respondents said they had witnessed a colleague be subject to violence in the workplace which required medical assistance in the last year.
- 84.1% of respondents had suffered some form of verbal abuse in the last year
- 77.8% of respondents said they had witnessed a colleague be subjected to racial harassment in the last year.

The survey findings identified some of the ways in which workplaces / departments are responding to the financial challenges ahead. In both years 2011 and 2013 the UNISON surveys identified that the impact restructuring has had on staff morale and how it has led to an increase in worry over job security. Over half of respondents identified that their workplace had responded by restructuring their department and 46.2% said their workplace had responded by reducing the amount of posts they had. Compared with the 2011 UNISON Pay Survey results the findings are very similar, however this year saw a growth in the amount of respondents identifying that their workplace had outsourced services.

The survey then went on to explore how many respondents were involved and impacted by the NHS Transition in England on the 1st April 2013. Over 2,000 UNISON members from this survey sample said that their organisation had been transferred into a new receiver organisation. From these members 42.6% identified that they had been transferred into a newly created Clinical Commissioning Group (CCG) and 20.1% said they had been transferred into NHS England.
Table 47: Identifies how workplaces / departments are responding to the financial challenge ahead.

Table 48: Identifies which new receiver organisation respondents have been transferred into.

The survey explored what were the main concerns of those respondents who had been part of the NHS Transition and whose old organisation had transferred across into a newly created national employer or arms length body. Echoing findings from previous sections of this survey 71.3% said that job security was their main concern post transition. 70.3% highlighted that pay was their main concern and 54.8% of respondents said organisational change was their main concern post transition.
In the final section of this survey we explored if over the past 12 months respondents or their colleagues had been subject to specific workplace issues relating to violence, harassment or abuse.

The findings we have from this year’s survey of incidents of violence, harassment or abuse which respondents or their colleagues have experienced still remain very high and are of almost identical levels of those highlighted in our 2011 survey.

In the past 12 months 87.2% of respondents said they had witnessed a colleague experience violence which required medical assistance / first aid and 77.8% said a colleague had been subject to racial harassment in the workplace, 84.1% of respondents had been subjected to some form of verbal abuse and 76.6% of respondents had witnessed a colleague be threatened with a weapon.

Furthermore, the survey went on to explore if employers had adequate policies in place in order to deal with workplace issues. The NHS staff surveyed identified that there were adequate policies in place to deal with flexible working and training and development, however the staff surveyed felt there needed to be more work on policies promoting a healthy workplace and support for carers and childcare. This is especially significant as our survey results identified over 73% of staff had caring responsibility for children and a high percentage had caring responsibility for an elderly relative.
Table 50: Identifies number of respondents who have experienced or witnessed violence or abuse at work

Over the past year, have you or a colleague been subject to any of the following at work...?

- Violence requiring medical assistance
- Violence NOT requiring medical assistance
- A threat with a weapon
- Threatening verbal abuse
- Verbal abuse
- Racial harassment
- Sexual harassment
- Homophobic harassment
- Bullying by a manager

Table 51: Highlights if NHS staff believe their employer has adequate policies in place to deal with workplace issues

Do you believe that your employer has adequate policies in place to deal with the following issues:

- Flexible working
- Healthy workplace
- Training and development
- Support for carers and childcare

- Yes
- No
- Don't know
8. Training

The final part of the UNISON Health Pay Survey looks at the availability of training opportunities for staff working in the NHS. The survey focused on:

- The amount of training individuals have received over the past year
- The proportion of NHS staff with a current personal training and development plan
- The proportion of NHS staff that have undergone a formal appraisal / development review with their line manager in the last 12 months

Key Findings

- Nearly half of NHS staff surveyed have not received any (non-mandatory) skills training in the past year.
- 55.8% of respondents received 1-3 days of mandatory workplace training in the last year.
- 54.5% of NHS staff surveyed identified that training provision had remained the same as last year
- 76.3% of respondents said they had an agreed Knowledge and Skills Framework (KSF) for their post
- Only 71% of respondents had received an appraisal / development review with their line manager.

This year’s survey shows that nearly half of NHS staff surveyed – 46.2% had not received any non-mandatory training or identified any academic study undertaken in the past 12 months. Only 33.7% of NHS staff indicated that they had received 1-3 days worth of non-mandatory training over the past year. The results shown for those receiving no non-mandatory training and 1-3 days worth of non-mandatory training are virtually identical to the survey results UNISON published in 2011.

The findings from those respondents who had received mandatory workplace training has also remained similar to the results from our 2011 survey, highlighting that training provision within the NHS has remained static over the last 2 years with a small decline in respondents identifying that they have received between 4-20 days worth of non-mandatory training.
Table 52: Identifies how much mandatory training NHS staffs have received over the last year

<table>
<thead>
<tr>
<th>Duration</th>
<th>2013</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>5.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>1-3 days</td>
<td>30.0%</td>
<td>35.0%</td>
</tr>
<tr>
<td>4-10 days</td>
<td>20.0%</td>
<td>25.0%</td>
</tr>
<tr>
<td>11-20 days</td>
<td>15.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>More than 20 days</td>
<td>45.0%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

How much mandatory workplace training or academic study have you undertaken over the last year? (count any day or part day as one day on which you have attended a training course, a class or other workplace or academic training).

Table 53: Identifies how much non-mandatory training NHS staffs have received in the last year

<table>
<thead>
<tr>
<th>Duration</th>
<th>2013</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>45.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>1-3 days</td>
<td>20.0%</td>
<td>15.0%</td>
</tr>
<tr>
<td>4-10 days</td>
<td>15.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>11-20 days</td>
<td>10.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>More than 20 days</td>
<td>5.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

How much non-mandatory workplace training or academic study have you undertaken in the last 12 months?
Table 54: Highlights the amount of training compared to 12 months ago

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

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved</td>
<td>0.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Worsened</td>
<td>20.0%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Remained the same</td>
<td>50.0%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Not sure/don’t know</td>
<td>30.0%</td>
<td>60.0%</td>
</tr>
</tbody>
</table>

Finally this section of the survey looked at if NHS staff had current personal training and development plans and also the proportion of staff that had had a formal appraisal / development review with their line manager in the last 12 months.

66.9% of respondents identified that they currently have a Personal Development Plan (PDP) which is a considerable increase from the 56.2% of respondents who indicated they had a PDP in place in the IDS survey last year and a 3% increase from the 2011 UNISON survey. 58.5% of survey respondents also said they had a PDP based on their Knowledge and Skills Framework post outline, which is a small decrease from the 2011 UNISON survey.

Furthermore, 71% of NHS staff surveyed have received a formal appraisal / development review with their line manager in the last 12 months, compared with 68.5% from the IDS survey in 2012 and 65.4% from the UNISON survey in 2011, showing a year on year increase in this area.
Chart 55: Identifies if NHS staff have a Personal Development Plan (PDP)

Do you have a Personal Development Plan (PDP)?

Yes 67%
No 33%

Chart 56: Identifies if NHS staff have a Personal Development Plan based on their Knowledge and Skills Framework post

Do you have a PDP based on your KSF post outline?

Yes 59%
No 42%
Table 57: Identifies NHS staff who have had an appraisal / development review with their line manager in the last 12 months

<table>
<thead>
<tr>
<th>Have you had an appraisal / development review with your line manager?</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>30.0%</td>
<td>40.0%</td>
<td>70.0%</td>
</tr>
<tr>
<td>No</td>
<td>60.0%</td>
<td>60.0%</td>
<td>30.0%</td>
</tr>
</tbody>
</table>