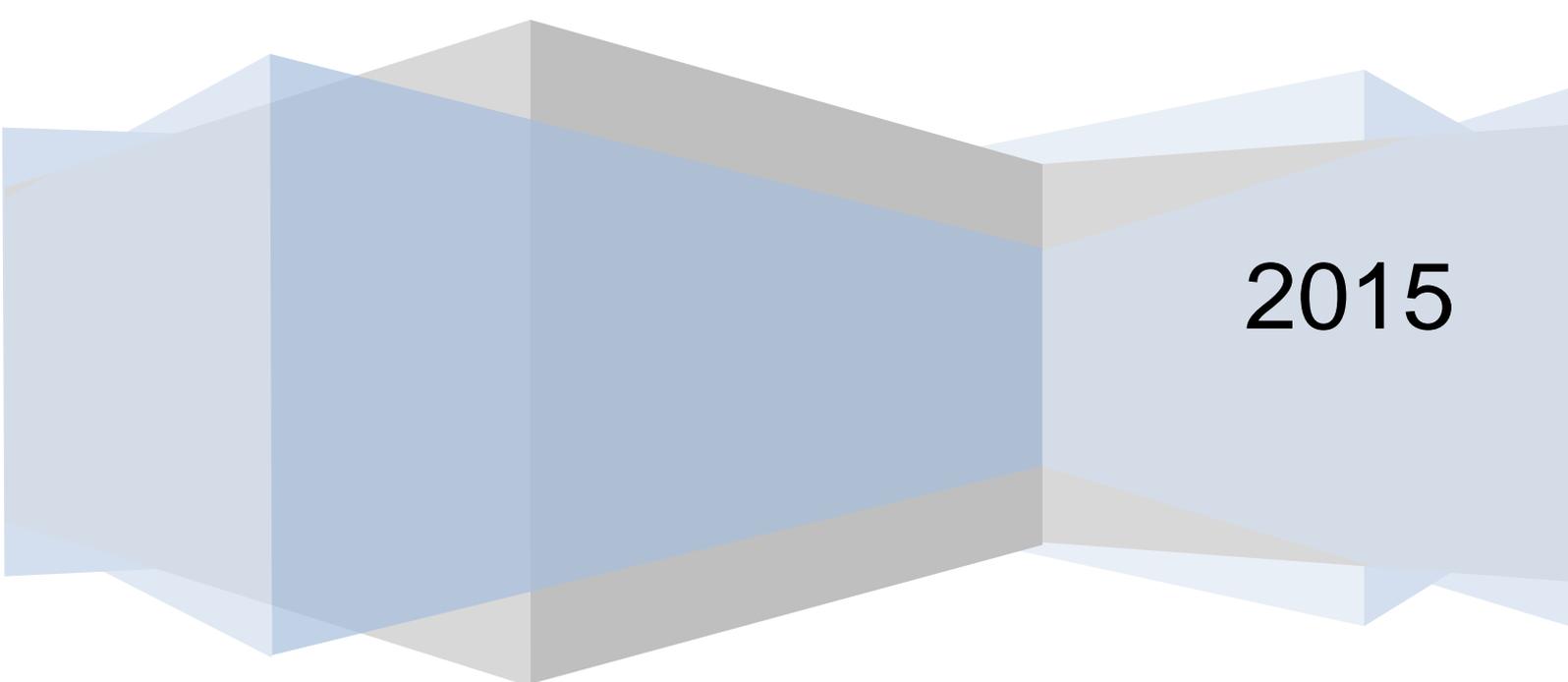




Undervalued, overwhelmed...

**UNISON HEALTH MEMBERS' SURVEY: PAY, STAFFING AND
MORALE**



2015

Undervalued, overwhelmed...

“This time next year I won’t be able to afford to stay in this job”

Secretary, Band 4 – North West

“Waiting for my green card, emigrating to USA soon”

[Occupation not stated], Band 5 – Greater London

“I care about the NHS, however it does not care about me”

Admin & clerical worker, Band 4 – Greater London

“Few opportunities for gaining knowledge and skills, pay going backwards”

[Occupation not stated], Band 5 – South East

Introduction

During May-July 2015, 10,589 staff throughout the UK responded to a survey designed to inform UNISON’s evidence to the NHS Pay Review Body. The survey explores the impact of members’ income levels and workplace pressures on the motivation, morale, recruitment and retention of NHS staff across the range of healthcare settings and occupations.

The findings reveal a workforce struggling to make ends meet financially, and battling to keep their heads above water in the face of chronic understaffing and mounting pressure. The survey also demonstrates the growing danger that continued pay restraint will exacerbate an already worsening recruitment and retention situation. This could severely damage the quality and reliability of patient care.

Income and living standards

The work of the Pay Review Body in setting pay is critical to the quality of life for thousands of NHS staff and this is demonstrated by the fact that 65% of our respondents are the main wage earner in their household. Nearly three-quarters of respondents have responsibility for pre-school or school-age children; 40% have responsibility for elderly relatives; and 17% care for long-term sick or disabled dependents.

Nearly two-thirds (63%) of respondents said their pay has worsened in relation to the cost of living over the last 12 months – with spending power in relation to food, fuel and transport the worst hit areas.

EXPENDITURE AREA	% FEELING THEIR PAY HAS WORSENERD IN RELATION TO THIS
Food	71%
Fuel and energy	68%
Transport	63%
Council tax	55%
Water	52%
Mortgage/rent	40%
Childcare	22%

“At the age of 40 I am living with [my] parents because I can’t afford private rent.”

Nurse, Band 6 – Greater London

The extent to which Agenda for Change pay scales have fallen behind living costs for NHS staff is illustrated by the fact that over half of respondents rely on additional payments to sustain their standard of living.

“Healthcare Professionals, like any other individual, have bills and responsibilities that they must meet. In order to receive an acceptable wage, I must always work on a weekend, and work 7 days per week.”

Social care worker, Band 2 – Northern Ireland

TYPE OF PAYMENT	% OF ALL RESPONDENTS SAYING THEY RELY ON THIS TO SUSTAIN LIVING STANDARDS
Unsocial hours/special duty/shift	35%
Overtime	3%
On-call	22%
Other	12%

One in five respondents said they have a second job with 51% of these staff doing bank work as well as their main job; 41% having a second job outside the NHS; and another 10% doing additional NHS work through an agency.

Furthermore 60% of respondents must rely solely on the annual pay settlement for any prospect of income improvement as they are at the top of their pay band.

“I love the job, and will always do my very best for the patient. My pay band is top of band 6 and unlikely to change to anything different...Even if I look for a

promotion, my pay will remain the same or even be reduced. Where's the incentive??"

Paramedic, Band 6 – South East

Real terms pay freezes have meant that any upward pressures on outgoings have a significant effect on household income.

"When the pension contributions went up I am now worse off by £80 per month due to [this] and no pay rise."

Admin and clerical manager, Band 5 – West Midlands

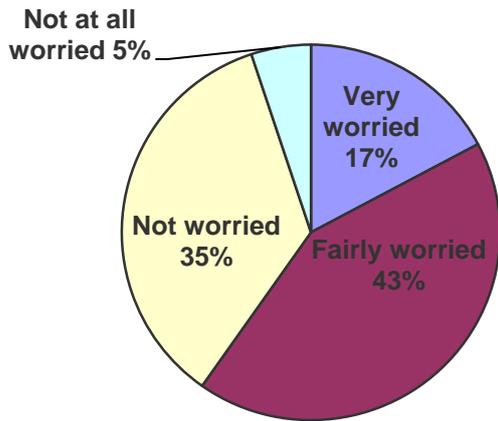
Many respondents described the complex interactions between their earnings and entitlements to in-work benefits and the stress this causes.

"As I work over 16 hours per week...I am entitled to only £4.35 per week in benefits! I am not entitled to housing benefit because I work 30 plus hours in any given week. Therefore, to keep my head above water, I have to work a lot of extra hours to ensure all my bills are met every week. I have spent the past two and a half years trying to get a better job at band 4 and 5...With no rise in pay and the cost of living rising every year, I am finding it difficult to keep up these long working hours to ensure I can pay my bills every week. Frankly, it's absolutely exhausting! And don't even get me started on how stressful it is to depend on extra hours coming from the bank list every week! When I don't get any extra hours, my stress changes to being fearful of direct debits bouncing, rent not getting paid, electric not getting paid..."

Social care support worker, Band 3 – Northern Ireland

To add to their day-to-day financial pressures, three-in-five respondents are worried about their job security.

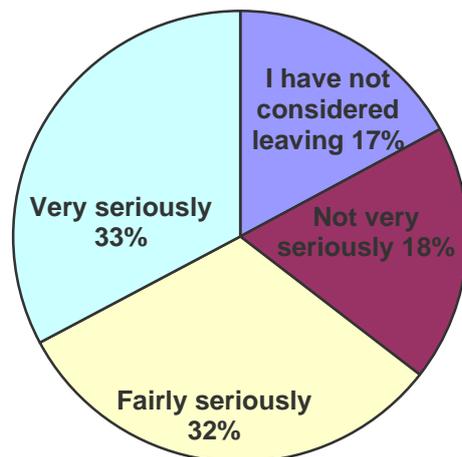
How worried are you about your job security?



Recruitment and retention

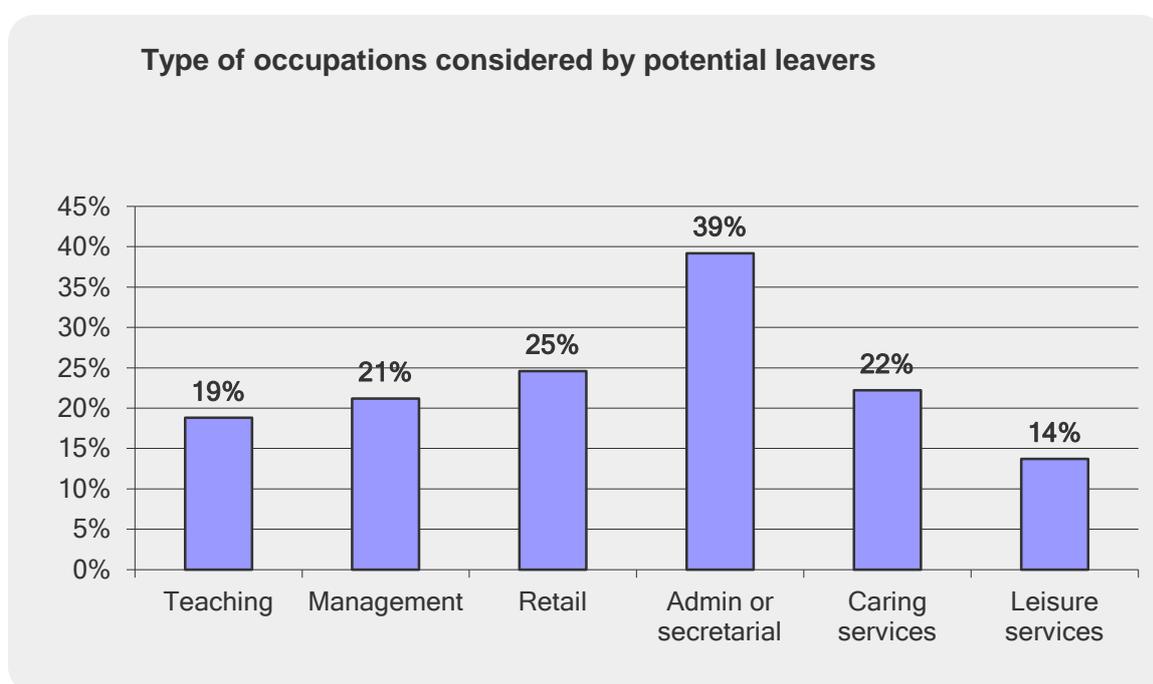
Over four out of five respondents have given leaving their job some consideration in the past year, and 65% have done so seriously. This is an alarming finding when we consider the acute staff shortages that already exist in the service, and the prospect that labour market recovery may unleash some of the turnover that has been repressed during the downturn.

How seriously have you considered leaving your current position in the health service over the last year?



These concerns are amplified by the fact that a large proportion of those considering leaving are looking to go outside healthcare altogether and into a range of other occupations.

CONSIDERED LEAVING CURRENT POST IN ORDER TO:	% OF RESPONDENTS WHO GAVE A REASON
Take up a position completely outside the health service or the healthcare sector	39%
Take up a post in another trust or organisation within the NHS	18%
Take up a post outside the NHS in the private or independent healthcare sector	15%
Other (to retire, look after children or relatives full time etc).	15%
Take up another position within trust/organisation	13%

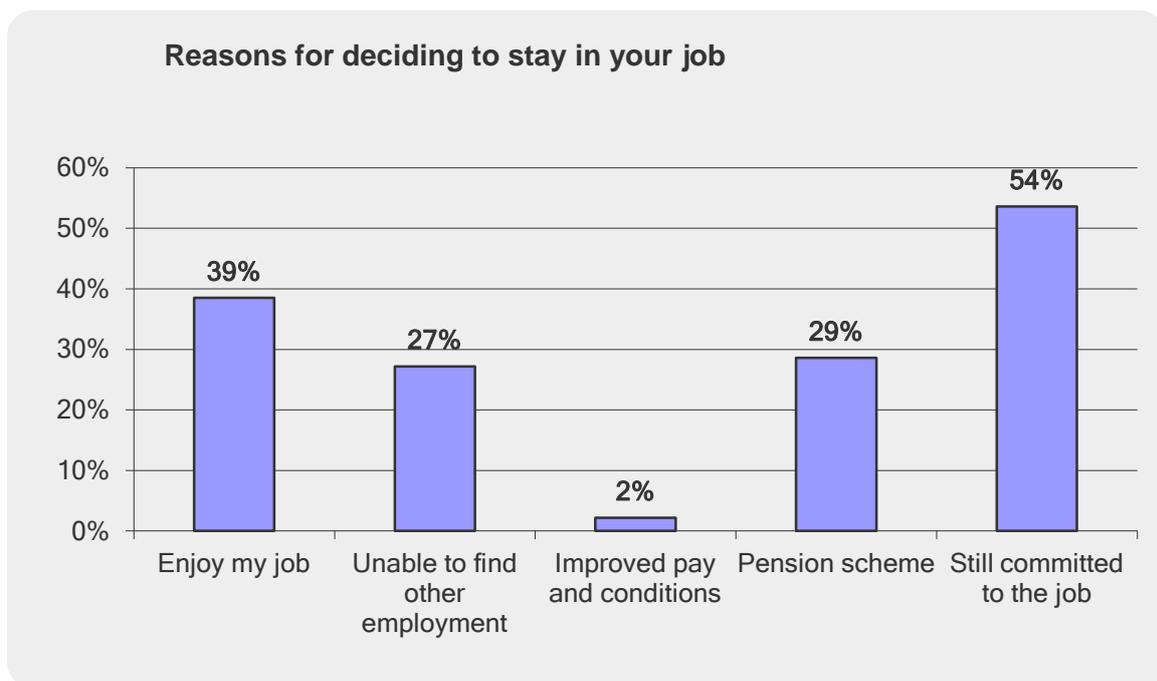


The top reasons for considering leaving are ‘feeling undervalued due to levels of pay,’ and ‘staff shortages’. In total, 91% of respondents cited a pay/grading-related reason as one of the drivers for considering leaving.

REASON FOR CONSIDERING LEAVING	% OF RESPONDENTS WHO GAVE A REASON
Feeling undervalued due to levels of pay	58%
Staff shortages	58%
The changing nature of the NHS (eg restructuring / reorganisation)	56%
Feeling undervalued due to managers’ treatment of staff	52%
Job too stressful	47%

Lack of career/promotion prospects	44%
Having to compromise on standards of care	36%
Feeling undervalued due to unfair grading	33%
Problems with patterns of working hours	23%
Offered voluntary redundancy	2%

An ongoing commitment to the job is by far the biggest reason given by those respondents who considered leaving but decided to stay – at least for now. Respondents’ comments reflected an enduring commitment to doing the best for patients and it is this that the health service has relied upon in recent years. However, the fact that over a quarter said they stayed because they could not find another job should serve as a wake-up call. It suggests that continuing labour market recovery will spark another surge of exits. Free-text comments also suggest a range of short-term persuasion tactics are used by local managers which may just be delaying the inevitable. These include lengthening notice periods for resignation or appealing to personal loyalties employees have towards their managers.



“After 15 years’ service, I’m reluctant to just pack it all in. I realise the Government know this, which is why they keep pushing so hard, but everyone has a limit.”

Clerical worker, Band 2 – North

“Just biding my time. I’ll be gone in 12 months!”

Ambulance technician, Band 4 – West Midlands

“Persuaded by management to stay.”

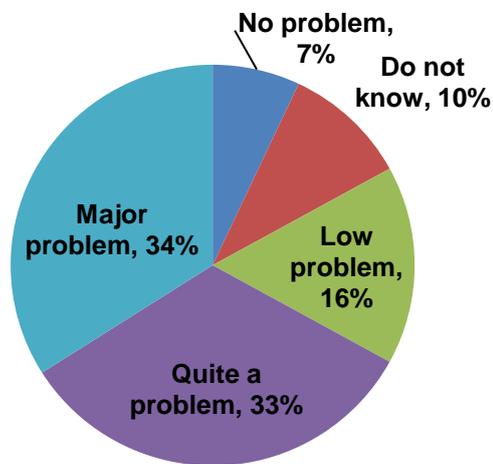
Secretarial worker, Band 3 – Yorkshire & Humberside

“The notice period that has increased to 8 weeks has prevented me from applying for jobs!”

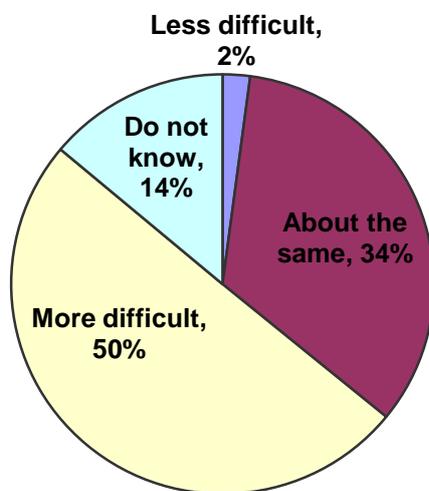
Secretary, Band 4 – South East

Two-thirds of respondents said recruitment and retention difficulties are a significant problem in their department or workplace, and half said the situation had become more difficult over the last 12 months.

Dept/workplace recruitment and retention problems over last year



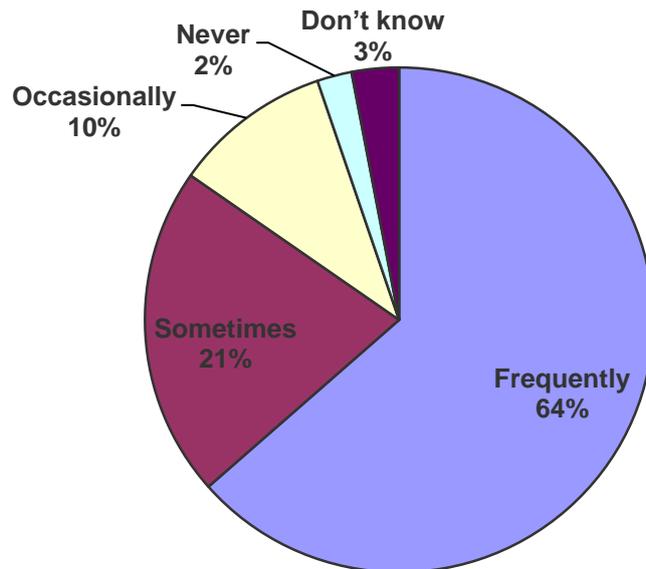
Change in recruitment and retention difficulties over last year



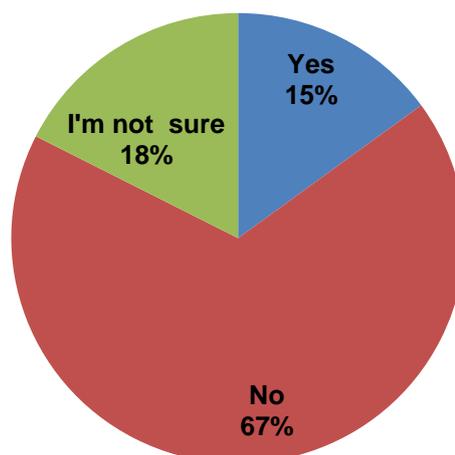
Staffing levels and workload

Some 64% of respondents said that there had been frequent staff shortages in their workplace during the last year, and another 21% said there had sometimes been shortages. Over two-thirds of respondents said there are not enough staff in their unit to cover the work required.

Occurrence of staff shortages in workplace over last year



Are there enough staff in your unit to do the work required?



Hiring of bank/agency or NHS professionals staff is the foremost means employers are using to address staffing shortages. However, worryingly, a fifth said their employer is doing nothing at all.

MEASURES TAKEN BY EMPLOYER TO ALLEVIATE STAFF SHORTAGES IN WORKPLACE	% OF RESPONDENTS
Employ bank and agency/NHS Professionals staff	49%
Recruit permanent staff (from within the UK)	34%
Restructuring or reorganising service delivery	23%
Nothing	21%
Recruit staff on fixed term contracts (from within the UK)	15%
Recruit staff from overseas	13%
Outsourcing services	9%
Department closures	5%
Introduce family friendly policies or Improving Working Lives initiatives and other such measures to improve retention of existing staff	4%

Staff find themselves at the centre of a perfect storm with key indicators flashing red. Workload, stress and patient numbers are all on the rise, while staffing numbers are falling. As a result, 36% of respondents believe the quality of care for their patients has decreased in the last 12 months.

INDICATOR	INCREASED	DECREASED	REMAINED THE SAME	DON'T KNOW
Workload	82%	2%	15%	1%
Stress	79%	2%	18%	1%
Number of staff	9%	63%	26%	3%
Number of patients/clients	62%	3%	21%	14%
Quality of care for each patient	8%	36%	38%	18%

Among the four in five respondents who said their workload has increased over the last year, the top drivers for this are additional duties and responsibilities, and greater volume of patients/clients.

One thread runs through the comments: the sense that responsibility levels have increased while pay has been suppressed – either as a result of downbanding or a failure to re-evaluate changing roles.

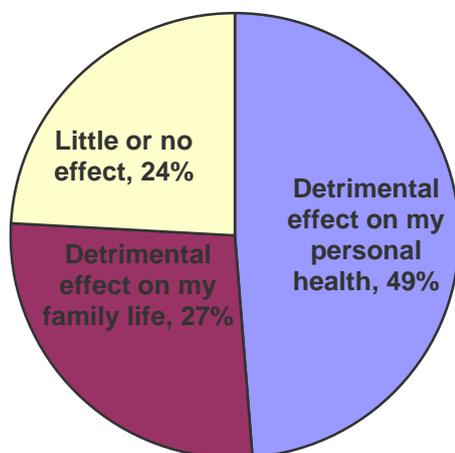
“HCA work is seen as unskilled and only about bedpans and sheets, we are graded at band 2 but most are doing band 3 and 4 duties. We should be...paid at a grade that recognises the role and duties we perform!!”

Healthcare assistant, Band 2 – West Midlands

CAUSE OF WORKLOAD INCREASE	% OF RESPONDENTS WHO GAVE A REASON
Given additional duties and responsibilities	57%
More patients /clients using the service	51%
Pressure to meet government targets (eg waiting times)	42%
Insufficient sickness, maternity and holiday cover	40%
Recruitment problems/unable to attract staff	38%
Vacancy freezes and redundancies	23%
Bed shortages	15%

This situation is taking its toll on staff with half of those who said workload had increased reporting a detrimental effect on their health. And a quarter of respondents said it is having a detrimental effect on their family life. By failing to protect its staff from overwork, the NHS is actually increasing the sum total of ill-health it has to deal with in the population.

Personal effects of increased workload



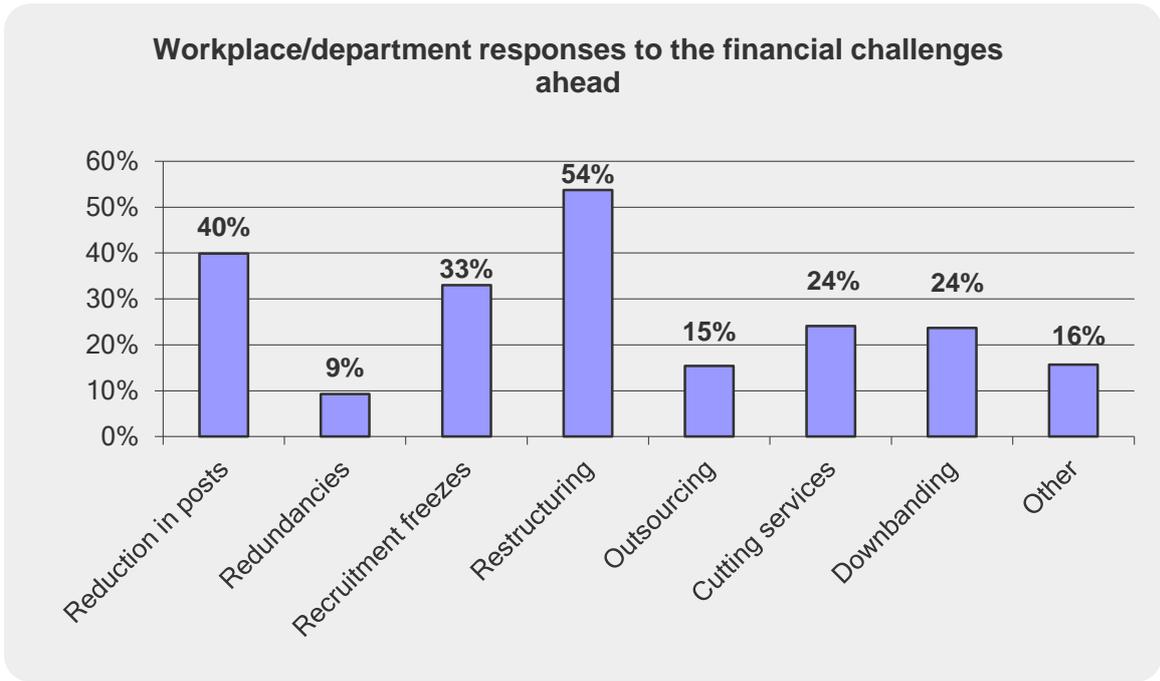
A particularly worrying effect of understaffing is the squeeze on time available for staff training. Some 41% of respondents said they have undertaken no non-mandatory workplace training or academic study in the last year. A further 38% have only undertaken between one and three days.

Motivation and morale

Intrinsic rewards such as ‘enjoyment of work’ and ‘making a positive difference’ have always been very important to our respondents. However, job security and a fair reward package are now at the same level of importance in terms of motivation.

SOURCE OF MOTIVATION	% RANKING IT 'VERY IMPORTANT'
Enjoying my work	80%
Knowing my job makes a positive difference to people	78%
Having job security	78%
Fair reward package (pay, pension, etc)	76%
Having hours that fit with my needs	65%
Having opportunities for gaining knowledge and skills	57%
Working with people I like	52%
Being able to make suggestions for improvements to the service	49%
Having work that is varied	44%
Having opportunities for promotion	36%

The prospects for maintaining motivation and morale in the NHS are bleak in light of the survey finding that over half of respondents expect their employer to respond to financial pressures by restructuring. And 40% said they expect posts to be reduced. Vacancy freezes, service cuts and downbanding are also expected to feature for significant numbers of respondents.



Real terms cuts to take-home pay have already had a major impact on staff morale and willingness to go the extra mile as the table below illustrates. This inevitably feeds through to patient care.

AREA AFFECTED BY CUTS TO TAKE-HOME PAY	% OF RESPONDENTS
Morale at work	77%
Willingness to work extra / go the extra mile	70%
Motivation at work	58%
Dedication to your employer	50%
Well-being at work	49%
Team working	23%
Concentration at work	17%
Quality of your work	16%

As excessive pressures and deteriorating service quality erode intrinsic job satisfaction, it becomes all the more critical for the government and employers to maintain and improve real terms pay levels and job security.

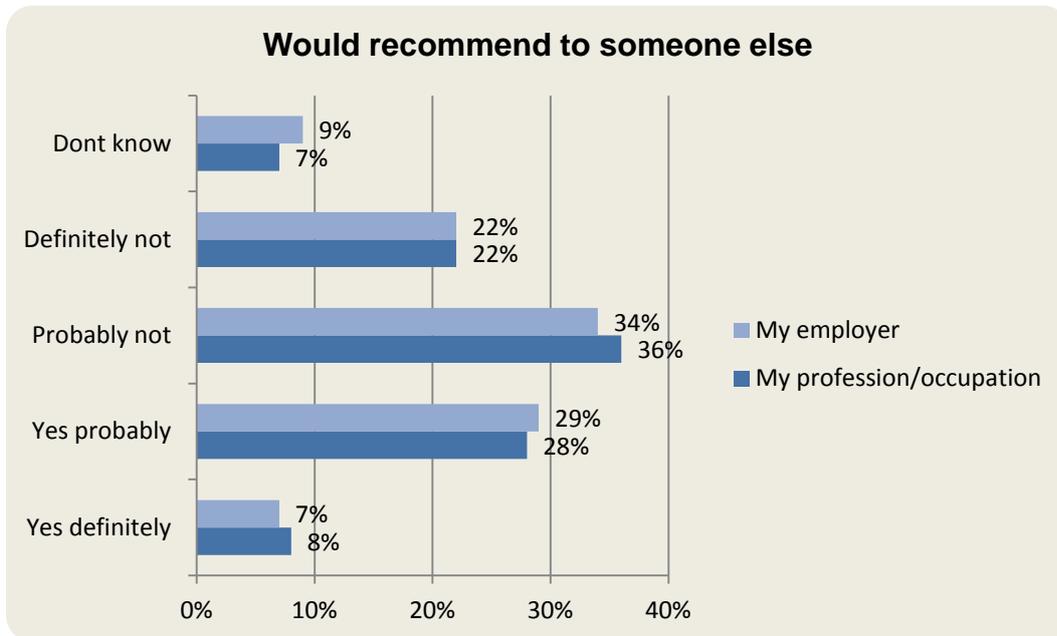
“I’m at the top of my payscale which is fine but we should get a decent cost of living increase...what we do get is like a kick in the teeth. Especially as they keep asking for more and more with less and less.”

Occupational therapist, Band 7 – Scotland

Overall, a worrying 58% of respondents said that morale in their workplace is low – with a quarter saying it is very low. Only 7% reported high morale. Looking back over

the last 12 months, two-thirds of respondents (67%) said that morale has worsened, while only 4% said it has improved.

Another stark indicator is that one and half times as many respondents would definitely or probably *not* recommend their profession/occupation or employer, as those who *would* recommend it to someone seeking to work in the NHS.



Public perception

The survey suggests that public perception plays a significant role in how respondents feel about their work. Some 68% said that the public do not understand their role in patient care. Many respondents mentioned the impact on morale of constant negative media portrayals and political interventions. Others pointed to the fact that their role was behind the scenes and therefore not visible to the public. There is a widespread view that the public are not aware of the intense pressures that staff are working under, and the extent to which their pay has been cut.

“I think the workload and pressure are under-estimated. I don't think people realise that our wages are going down, while many of us have to work free hours just to keep on top of things.”

Ward sister/Charge nurse, Band 6 – North West

“The amount of work we do which goes on behind the scenes is huge. We go above and beyond for all the patients on the ward. Clothing them by collecting old clothes from friends and relatives, bringing in toiletries as some patients have nothing. The time and effort we take with care plans, discharge planning, managing risk. People think it all happens by magic! The amount of training we do to keep up to date. The abuse we put up with from patients; verbal and physical. The abuse from family when they can't have what they want

immediately and they forget we are juggling 12 patients, also with families. Trying to communicate with all of them is hard work!”

Mental health nurse, Band 5 – South West

“The role of a support worker/nursing assistant is vague and confusing to the public. We are not appreciated by colleagues or the public. There is a lot of snobbery regarding our role and yet eight times out of ten, we are the main workers, points of contact and direct carers to patients in their environment.”

Support worker, Band 3 – Scotland

“Most people do not even know that the sterile services dept exists or what we do. Pay band 2 is far too low for the knowledge required for the job as it is a technical job.”

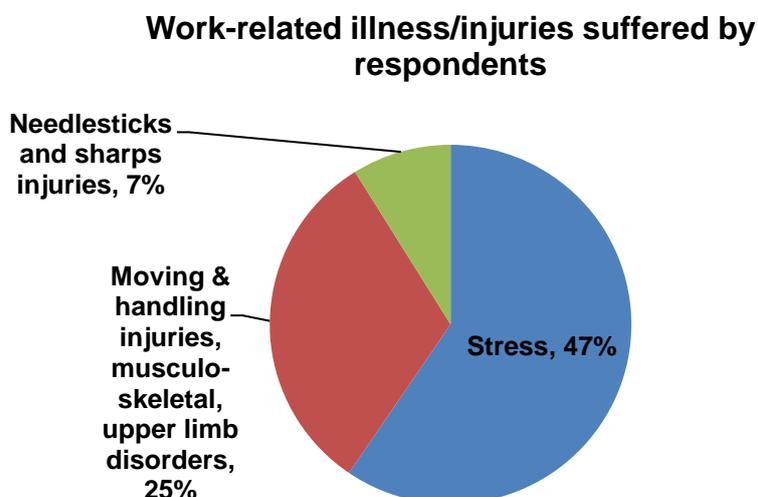
Sterile services support worker, Band 2 – South East

“The constant negative media portrayal of nursing staff and the NHS in general completely overshadows the challenging and complex work carried out each day... Too much focus placed on the failures rather than all the successes.”

Nurse, Band 5 – Wales

Health, safety and well-being

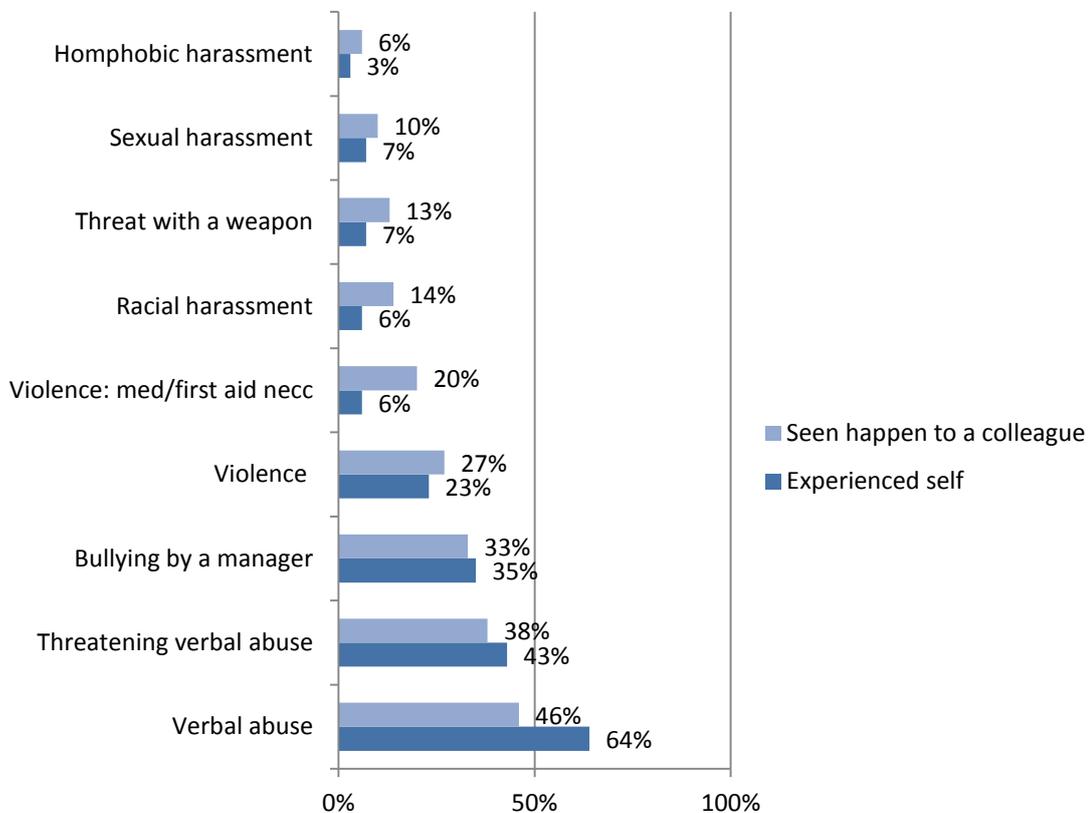
The survey suggests that the NHS is far from being a healthy place to work. Nearly half of respondents have suffered from work-related stress, and a quarter from work-related moving and handling, musculoskeletal or upper limb disorders.



Despite 'zero tolerance' policies adopted by many NHS employers, the survey reveals a disturbing level of abuse, threats and harassment in the workplace. Some 58% of respondents had personally experienced some form of violence, harassment or bullying in the last year at work, or witnessed it happening to a colleague.

Some 13% of those who had personally suffered needed to take time off work as a result. A worrying one in five of all respondents said they personally had been bullied by a manager in the past year, and a total of 17% of all respondents had personally been subject to violence.

Type of adverse experience (Base = 6,109 respondents who suffered or witnessed an incident)



Workplace policies

Employers have a number of workplace policies that can affect health and well-being but worryingly no more than half of all respondents believe they are adequate. Policies for a healthy workplace are considered adequate by only a third.

WORKPLACE POLICY	% OF RESPONDENTS SAYING IT IS ADEQUATE
Training and development	49%
Flexible working	43%
Healthy workplace	35%
Support for carers and childcare	26%

Working time

Having a good work-life balance is vital for well-being, but this is proving increasingly difficult for staff. Some 42% of respondents said their hours of work sometimes or frequently conflict with domestic commitments, and for another 31% of respondents this is an occasional problem.

Just over a third – 37% – of respondents typically work *paid* overtime. Over half – 55% – typically work *unpaid* overtime (with no time-off-in-lieu either).

TYPICAL AMOUNT OF UNPAID OVERTIME PER WEEK	% OF RESPONDENTS WHO WORKED UNPAID OVERTIME
Up to 5 hours	76%
6-10 hours	16%
11-15 hours	5%
16-20 hours	2%
More than 20 hours	1%

It is clear that pressures in the services are the main cause of additional hours working. Many respondents reported that they feel under moral pressure to do so from a patient care point of view, and for the sake of their colleagues.

REASON FOR WORKING ABOVE CONTRACTED HOURS	% OF RESPONDENTS WHO GAVE A REASON
Impossible to do my job if I don't	50%
Necessary to meet deadlines	45%
Want to provide the best care I can for patients/service users	41%
Don't want to let down the people I work with	40%
Want to earn extra money	17%
Basic salary insufficient	14%
Expected by my immediate manager	13%
Enjoy my job	11%
Also work bank shifts	10%
Expected by my colleagues	9%
Necessary to get ahead in my career	4%

PROFILE OF SURVEY RESPONDENTS

There were 10,589 respondents

73% are female, 27% are male

67% are contracted to work 35 hours or more a week

They are distributed across AfC bandings as follows:

<i>Band 1</i>	<i>Band 2</i>	<i>Band 3</i>	<i>Band 4</i>	<i>Band 5</i>
2%	17%	18%	13%	20%
<i>Band 6</i>	<i>Band 7</i>	<i>Band 8</i>	<i>Band 9</i>	
15%	8%	5%	1%	

They are distributed across age groups as follows:

<i>16-20 yrs</i>	<i>21-30 yrs</i>	<i>31-40 yrs</i>
1%	7%	16%
<i>41-50yrs</i>	<i>51-65yrs</i>	<i>66yrs+</i>
32%	44%	1%

95% have permanent contracts of employment

93% describe their ethnic group as 'White'; 2% 'Mixed'; 2% 'Asian'; 2% 'Black'; 1% 'Chinese'.