



RCN Submission to the Pay Review Body 2022-23

The RCN is calling for a substantial, restorative, pay rise above inflation to address the nursing workforce crisis and the long-term reduction in the value of nursing pay.

Based on our evidence, we urge the PRB to recommend a restorative pay increase of 5% above RPI (Retail Price Index). A pay award at this level is an essential down-payment to restore lost earnings caused by successive years of below inflation pay awards.

Our evidence overwhelmingly demonstrates that the nursing workforce is in crisis.

The PRB must make recommendations that will support the recruitment and retention of nursing staff.

In addition to an initial restorative pay award, we call on the PRB to recommend immediate measures to implement national Retention Premia Payments and Recruitment Premia Payments for the nursing workforce as a matter of urgency to address the ever-worsening workforce crisis.

1. Introduction

1.1 RCN members were bitterly disappointed with the pay award for 2021-22 and felt that the 3% fell far short of what is needed to address the fundamental problems facing the nursing workforce.

1.2 Last year, we described a workforce suffering from staff shortages, low morale and operating in an environment deprived of investment and resources, as well as a decade-long real terms pay decrease. We set out how the pandemic had exposed weaknesses in the health and social care system and had restricted its ability to respond to the crisis.

1.3 At this point, the situation is even more critical. At the time of writing, the NHS is under intense pressure with a growing number of organisations having declared 'critical incidents' meaning they are unable to provide a range of critical services, as they struggle to cope with the impact of soaring staff absences caused by Covid-19 both within the NHS and the wider health and social care system.

1.4 These pressures have an intense impact on the nursing workforce who have been at the fore of the response to the pandemic. Many nurses and nursing support workers are now experiencing the toll of years of unrelenting pressure through physical and mental ill health and burnout while having to work in environments which are short of staff across all occupations. Working environments with workforce shortages and exhausted staff threaten patient care and compromise safety.

1.5 Dealing with these immediate pressures requires attention to services and staff, ensuring support for staff wellbeing in the workplace. The nursing workforce also requires planning and investment to develop sustainable supply to meet the needs of the population now and in the longer term, and to ensure staffing for safe and effective care in all health and care settings. Nursing is the largest safety critical profession in health care and must be prioritised to improve recruitment and retention. We cannot afford to lose any more nursing staff from the NHS.

1.6 RCN members were angered by the positions taken by the UK and devolved governments towards the 2021-22 pay award which failed to recognise the huge contribution made by nursing staff, particularly during the Covid-19 pandemic. While the pandemic has shone a light on the value of nursing to society and the workforce's knowledge, skills and capabilities, both the substance of the government's pay proposals and the delay in making their proposals undermined any faith staff have that they are valued, or respected, as a profession.

1.7 Nursing staff are dealing with unprecedented demand in health and care services across all settings as well as facing a massive backlog for care which has accumulated since the pandemic. Their commitment to safe and effective care will only be further undermined by the lack of recognition for their work. This will in turn impact on the NHS in the long term.

1.8 Once again, the RCN calls on the NHS Pay Review Body (PRB) to resist government attempts to restrict its remit and we urge the Review Body to assert its independence to make wide ranging and meaningful recommendations. We also press the PRB to conclude the process as quickly as possible to avoid another demoralising delay for staff.

1.9 The NHS is already experiencing a severe staffing crisis which risks getting worse as nursing staff lose faith that things will improve. Investment is needed to support short-term and longer-term workforce planning to improve recruitment and retention and to ensure safe staffing. At the heart of this is a significant pay rise that reflects staff commitment and contribution and addresses years of underfunding. This pay rise must be fully funded and must not force a trade-off between staff numbers and a meaningful pay uplift.

- 1.10 We call on the PRB to recommend a substantial pay award that will:
- ensure that nursing and other NHS staff can cope with rising and rapidly fluctuating costs which may change significantly over the pay year
 - begin restoration of 'lost ground' against inflation as part of an overall commitment to pay restoration with a clear timetable/timescale and with 2022-2023 being a significant 'down-payment'
 - eliminate the impact of increases to pension contributions
 - eliminate the increase in National Insurance contributions
 - benchmark the bottom of the structure against the Real Living Wage.

1.11 We also expect the PRB to emphasise the necessity of full and effective implementation and maximisation of the NHS Agenda for Change (AfC) terms and conditions, by employers, to retain existing staff.

1.12 Without all these measures, more nursing staff will be lost, patient safety will be further compromised, and the NHS will simply be unable to recover.

2. The nursing workforce crisis

Nursing staff shortages were already severe, sustained and unresolved prior to the pandemic, but the scale of the issue has only worsened over the last two years. There are currently around 46,000 NHS nursing workforce vacancies across the UK¹, and high numbers of nursing staff absent from work due to Covid-19 and sickness, including work-related stress.

The nursing workforce crisis is the biggest risk to patient care, and issues with nurse retention, absences and their ability to carry out safe and effective care will not be addressed without a significant pay award that sufficiently remunerates and recognises the nursing workforce for their skills, commitment and hard work – particularly over the course of the pandemic.

2.1 The NHS is under extreme pressure, with the number of people waiting for routine hospital treatment soaring, A&E waiting times at a record high and ambulance response times increasing every day. The pandemic has also created additional health care needs, particularly for mental health support while capacity and workforce issues in social care are impacting on NHS services.

2.2 The NHS entered the pandemic with growing waiting lists, missed performance targets and workforce shortages. The response to the pandemic has meant attention has been diverted elsewhere and exacerbated all these problems. Both the NHS and social care workforces are under resourced, overstretched and exhausted.

2.3 Nursing and other NHS staff are buckling under extreme pressure and accumulated fatigue, experiencing burnout and related psychological trauma. The mental and physical health impacts of Covid-19 are translating into serious retention pressures, the full impact of which is yet to be fully realised.

¹ [Northern Ireland health and social care \(HSC\) workforce vacancies September 2021](#); [NHS Scotland Workforce](#); [RCN Wales: Nursing in numbers](#); [NHS Vacancy Statistics - England](#)

2.4 The RCN is concerned about the impact of increased demand on the ability to provide safe nursing care; we have had an increasing and concerning number of reports from our members of working in environments with unsafe nursing staff to patient ratios. We have also communicated our concerns about insufficient provision for breaks and respite for nursing staff working under extreme pressure.

2.5 The RCN biannual report on UK staffing for safe and effective care, which incorporates the RCN Labour Market Review analysis of the nursing workforce, pays particular attention to the NHS. This report shows that while there has been an increase in workforce numbers between 2016 and 2021, this not only follows years of very slow growth (particularly between 2010 and 2014) but also increase in demand. Moreover, the nursing support workforce grew at a faster rate than the registered nursing workforce across all four countries. This is an indication of the increase in substitution of the registered nurse role with support roles, which has serious implications for patient care and safety.

- In England, the FTE (Full-Time Equivalent) registered nursing workforce has grown by 9.4% between 2016 and 2021. In comparison the nursing support workforce has grown by 17.1% while the whole NHS workforce has grown by 16.8%².
- In Wales, the registered nurse workforce has grown by 9.8% while the nursing support workforce has grown by 16.6%³.
- In Scotland the number of registered nurses grew by 6.9% between 2016 and 2021 and the number of nursing support staff grew by 13.2%.⁴
- In Northern Ireland, the number of registered nurses has grown by 9.7% and the number of nursing support staff has grown by 15.7%.⁵

2.6 There are other common trends across the four countries, including a worrying decrease in the number of nursing staff in certain work areas, most notably learning disabilities. In England, there has also been a marked drop in the number of health visitors (33% fewer since 2016).

2.7 The number of nurses leaving the NMC register in the UK has significantly risen over 2020-21, with a total of 2,372 leavers – an increase of 11.3% from 2020 figures⁶. The percentages of nurses leaving the register were most concerning for Northern Ireland, with a 20.5% increase in leavers over 2020-21, and England, with a 12% increase in leavers over the same period.⁷

2.8 There are also high vacancy rates across the NHS. Latest figures show that the registered nursing vacancy rate was estimated to be 10.5% in the second quarter of 2021 in England⁸ and 11.4% in Northern Ireland in June 2021⁹. The nursing workforce vacancy

² [NHS Workforce Statistics - August 2021 \(Including selected provisional statistics for September 2021\) - NHS Digital](#)

³ [NHS staff \(gov.wales\)](#)

⁴ [NHS Scotland Workforce Data](#)

⁵ [Northern Ireland health and social care \(HSC\) workforce census March 2021 | Department of Health \(health-ni.gov.uk\)](#)

⁶ [Nursing and Midwifery Council registration statistics 2021](#)

⁷ Ibid

⁸ [NHS Vacancy Statistics \(and previous NHS Vacancies Survey\) - NHS Digital](#)

⁹ [Northern Ireland health and social care \(HSC\) workforce vacancies September 2021 | Department of Health \(health-ni.gov.uk\)](#)

rate was estimated to be 8.2% in Scotland as at September 2021¹⁰. Rising vacancy rates have a profound impact on the NHS and its ability to deliver safe and effective care. Staffing shortages are to some extent covered by agency and bank staff and while temporary arrangements provide a short-term fix, the result is unstable staffing, as well as significant growth in costs associated with bank or agency spend.

Recruitment and Retention

“Pay is not worth the stress of working in ITU let alone during a pandemic. I quit my permanent post and am now on the bank. I no longer have to pay childcare costs and only work when I want to. My work life balance is much better. I can get paid £10 more per hour to deliver flu vaccines, far less complicated than keeping someone alive on a ventilator while wearing full PPE, the current level of pay is no incentive for people to work for the NHS.”

Band 5 staff nurse, acute/urgent setting, England

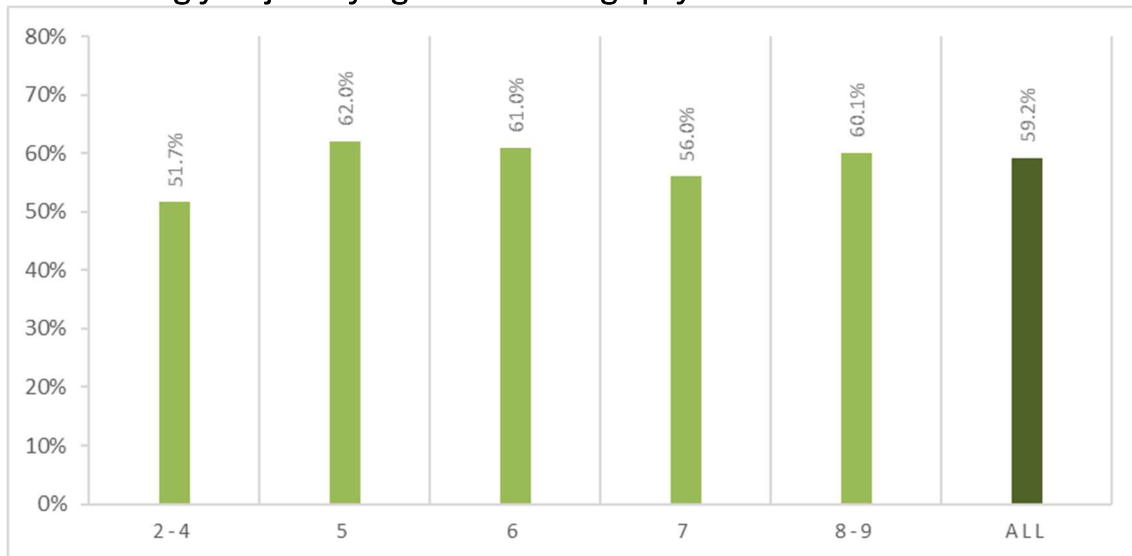
2.9 Among all respondents to the RCN Employment Survey working in the NHS, 19% reported they were actively planning to leave their job and a further 40% said they were thinking of leaving their job. Figure 1 shows that staff employed in Band 5 are most likely to state they were planning to leave their job or thinking of leaving their job.

2.10 Only 18% were exclusively considering the NHS for their next job, with a further six per cent stating they were considering a nursing or health care related role outside the NHS. Another third (36%) stated they would consider a nursing or health care related role either in the NHS or outside the NHS. Staff turnover is a normal feature of any organisation, yet these are worrying findings for the NHS which will increasingly rely on retention of staff.

2.11 Moreover, considering the age profile of the nursing workforce, it is concerning that a high number are planning to retire from the NHS. The RCN Employment Survey found that 21% of respondents aged 55-64 are planning to retire, meaning the loss of skill and experience to the NHS.

¹⁰ [NHS Scotland Workforce Data](#)

Figure 1: RCN Employment Survey. Are you actively planning to leave your job/thinking about leaving your job? By Agenda for Change pay band



Source: NHS respondents to the RCN Employment Survey

2.12 The main reason respondents pointed to them considering a new job was feeling undervalued, indicating many are feeling underappreciated and underpaid.

- Feeling undervalued: 71.5%
- Too much pressure : 63.2%
- Staffing levels are too low: 62.3%
- Feeling exhausted: 61.3%
- Levels of pay are too low: 56.3%
- Not enough managerial support: 46.3%
- My own stress levels: 43.0%
- Looking for a new challenge: 19.7%
- Retirement: 17.7%
- Seeking promotion: 15.2%

2.13 Data for the England NHS workforce shows that the top categorised reasons (after 'unknown' reasons are removed) given by registered nurses and health visitors for leaving their role are: retirement at pension age; flexible, early or ill health retirement; voluntary resignation for relocation reasons; and voluntary resignation because of work-life balance.¹¹ These figures point to the need to support retention through attention being paid to adapting working conditions to suit nursing staff at different life stages.

¹¹ <https://digital.nhs.uk/supplementary-information/2021/hchs-staff-leavers-by-staff-group-and-reason-for-leaving-mar20-to-mar21>

Table 1. NHS England. Reasons for leaving, 2020-21

	Registered Nurses	Health Visitors
Retirement Age	25.2%	32.7%
Voluntary Resignation – Relocation	15.8%	6.7%
Voluntary Resignation – Work Life Balance	14.6%	17.2%
Early/flexible/ill health retirement	5.2%	7.3%

Source: NHS Digital

Government and Employer Strategies on Recruitment and Retention

2.14 In their 2019 General Election Manifesto, the Conservative Party made a commitment to securing 50,000 more nurses in England by 2024/25¹². This commitment is not based on transparent forecasting or modelling; there is no detail on where there are particular shortfalls. Moreover, it is not sufficient to address either the increased demand, on the nursing workforce, nor the proportion of that workforce nearing retirement age.

2.15 The RCN has made clear that overarching legal duties and accountability for all those who contribute to workforce supply and planning must be created through primary legislation. This includes accountability for workforce planning to be held by the Secretary of State for Health and Social Care. The RCN has made an urgent request for this through an amendment to the Health and Care Bill, which asks that the Secretary of State publishes a report on workforce planning and safe staffing, at least every five years. The RCN recommend that the workforce plan must include:

- a. actions to ensure the health and care workforce meets the numbers and skill-mix required to meet workforce requirements
- b. equality impact assessments for planned action for both workforce and population
- c. application of lessons learnt from formal reviews and commissions concerning safety incidents
- d. measures to promote retention, recruitment, remuneration and supply of the workforce
- e. due regard for and the promotion of workplace health and safety, including provision of safety equipment and clear mechanisms for staff to raise concerns.

2.16 The International Council of Nurses has highlighted how the pandemic has exacerbated the crisis in the global nursing workforce¹³. Their 2021 report *Sustain and Retain in 2022 and Beyond* highlights the impact of the pandemic on burnout and retention, with estimates of a global shortage of 13 million nurses over the next decade, if more action is not taken. It states that without nurses, "it is clear our health systems would collapse." It calls on all health systems, including the UK, to deliver ten-year plans that would guarantee investments to stabilize and build the nursing workforce, including interventions to improve retention, focused on ensuring adequate staffing levels, providing attractive working conditions, pay and career opportunities.

¹² [Conservative Manifesto 2019](#).

¹³ www.icn.ch/news/new-report-calls-global-action-plan-address-nursing-workforce-crisis-and-prevent-avoidable

2.17 The RCN is clear that the changes required to improve nursing retention and deliver safe and effective care will only be made possible through a coordinated, legally accountable plan held by Government.

2.18 We have also called for nurses to remain on the Shortage of Occupation List to ensure that international nurses continue to have a route to employment within the UK as well as fair and equitable migration policies, and improved working conditions. However, we are clear that it is not sustainable to rely solely on international recruitment to plug workforce gaps. International recruitment must be part of a transparent Government strategy to grow and develop a sustainable healthcare workforce.

3. The economic context

3.1 In the decade after the global financial crisis, inflation rarely exceeded the Bank of England target and wage growth was weak, with the spending power of average hourly pay about the same at the start of 2020 as it had been in the mid-2000s.

3.2 Inflation is now at the highest level seen since 2008 and the causes of higher prices are clear – higher demand for goods has met bottlenecks in supply chains, while the biggest contributor is higher fuel costs. Supply side constraints and energy shortages are therefore driving price increases, indicating ‘cost-push’ rather than ‘demand-pull’ inflation.

3.3 The 2021-22 pay award of 3% failed to compensate for a decade-long period of pay stagnation and has been outstripped by rising costs. The annual inflation rate (RPI) for 2021 reached 4.1% meaning, the 2021-22 pay award represents a real terms cut in wages for nursing and other NHS staff. By December the 2020-21 pay award had resulted in a real terms loss of £232 in annual salary for an NHS worker employed at the top of Band 3, and a real terms loss of £336 for someone employed at the top of Band 5. Inflation is forecast to continue to grow over the next few months meaning the continued shrinking of nursing staff’s pay packets. The 2022-23 award must consider current and projected inflation, higher energy costs, and higher pension and National Insurance contributions.

3.4 Any concerns about pay awards in the NHS initiating or adding to a wage-inflation spiral are unfounded since wage increases are being eaten up by the soaring cost of essential goods. Latest average weekly earnings (AWE) data shows that pay movements are actually on a downward trend, despite moves by employers in some sectors dealing with acute recruitment and retention problems by raising starting salaries or paying bonuses. In September to November 2021, annual growth in average total pay (including bonuses) was 4.2% and regular pay (excluding bonuses) was 3.8%.¹⁴ The Consumer Prices Index (CPIH) rose by 4.8% in the 12 months to December 2021 and the Retail Prices Index (RPI) rose by 7.5%, meaning earnings did not rise in real terms over this period.

3.5 The RCN repeats its assertion made to the Pay Review Body in the last pay round, that a ‘substantial pay rise for NHS staff will not only help to redress the chronic underinvestment in the workforce but will provide a virtuous circle effect within a wider economic stimulus programme, serving to boost the whole economy’. As shown in the modelling undertaken by London Economics, a significant pay rise would result in an

¹⁴ [Labour market overview, UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/labour-market)

increase in income tax and National Insurance contributions, as well as multiplier effects from extra spending of disposable income to the wider economy. This creates both further indirect and induced employment gains in other sectors. NHS organisations are major employers in many towns and cities, and directly and indirectly support skilled jobs in health and social care and through supply chains. Investment in our social infrastructure therefore produces gains through a short-term economic boost as well as contributing to longer-term goals.

3.6 In the short term, NHS staff are facing significant financial pressures with the most significant recent and forecast rise in household costs coming from increases in gas and electricity prices. The cap on tariffs which is set by Ofgem rose in October 2021 to a record high and is set to rise again in April 2022 meaning a further hike in bills. The Bank of England expects the caps to increase from their current level by 20% for electricity and 35% for gas, leading to year-on-year energy inflation rates of 31% and 58% respectively in April.

3.7 Changes to National Insurance contributions and proposed pension contributions will also hit pay packets in 2022. We have set out our opposition to both changes as, combined with rising inflation, there is now a triple threat to take home pay and standard of living.

3.8 Table 2 uses current Agenda for Change salary points to illustrate first the impact of the National Insurance increase alone, then combined with the pension contribution increase.

3.9 These figures, which do not factor in any pay uplift for 2022-23 show that the take-home pay for a full-time nurse employed at the top of Band 5 will be £275 lower than in 2021 due to the National Insurance contribution increase. To compensate for this drop in earnings, the Band 5 salary point will have to rise by 1.5% to £32,000 just for take home pay to stay still before any impact of inflation is considered.

3.10 The combined impact of the National Insurance increase and the pension contribution increase is a £401 drop in take-home pay. To compensate for this drop in earnings, the Band 5 salary point will have to rise by 2.1% to £32,210 just for take-home pay to stay still, again before any impact of inflation is considered.

Table 2: Impact of National Insurance and pension contribution increases on Band 5 salary (top point)

	2021-22	2022-23 National Insurance increase	2022-23 National Insurance and pension contribution increase
Salary	£31,534	£31,534	£31,534
Pension contribution	£2,933	£2,933	£3,090
National Insurance	£2,636	£2,910	£2,910
Net pay	£22,759	£22,485	£22,358
Difference in net pay		-£275	-£401

3.11 When factoring in the National Insurance and pension changes, along with the recent and forecast rises in cost of living, the potential impact on nursing pay is stark. Nursing staff are acutely aware of these and other rising costs and are expectant that the 2022-23 pay award will take into account the financial pressures they face.

3.12 Nursing staff are also aware of pay rises awarded in other sectors dealing with staffing shortages and see an economy beset with structural problems which fails to fully value caring and nursing roles.

“Nurses have never been recognised for their importance in society. Lorry drivers even get paid more than us... I feel devalued, taken for granted, demoralised... if I didn’t have a mortgage I would leave.”

Band 5 community nurse, England

“We are short of 40,000 nurses and by Boris Johnson’s thinking, should be commanding a large salary to attract in a vast number of recruits.”

Band 5 staff nurse, acute/urgent setting, England

3.13 The 2021-22 pay award has routinely been described by RCN members as an insult to nursing staff during the pandemic and meant they did not feel valued by the government.

“Many years of pay freezes has been a large pay cut in real terms. 3% is a real insult given what my team and I have had to do since the start of the pandemic.”

Band 7 sister/charge nurse, acute/urgent setting, England

“Pay has not kept level with inflation, and the 3% we have now been given does not reflect the skill, commitment and caseload pressure we are experiencing. The government does not value our service at all.”

Band 7 Clinical nurse specialist, community setting, England

3.14 Analysis of Agenda for Change salary levels shows that the top point of pay bands have declined in real terms by between 8.8% and 13.7% between 2011 and 2021 showing the loss in value experienced by the nursing profession.

Table 3: Real terms decline in value of Agenda for Change pay points 2011-21

Top point of Agenda for Change band	2011-21 real terms gap (RPI)
Band 2	-8.8%
Band 3	-10.0%
Band 4	-11.1%
Band 5	-11.1%
Band 6	-11.1%
Band 7	-11.1%
Band 8a	-11.1%
Band 8b	-11.1%
Band 8c	-12.0%
Band 8d	-12.9%
Band 9	-13.7%

3.15 Further analysis shows that average earnings (which include overtime, shift work payments and geographical allowances) have failed to keep up with the cost of living over the last decade. The cumulative effect of this weak growth is that nurses and health visitors have seen an average 8% real terms gap, while nursing support workers have lost 4.3% on total earnings.

Table 4: Real terms growth in average total earnings: NHS England

	Average real terms gap 2011-21
Nursing workforce groups	
Nurses and health visitors	-8.0%
Nursing support workers	-4.3%

Source: NHS Digital; Office for National Statistics RPI All Items Index

3.16 Analysis by London Economics shows that against the background of wage stagnation across the UK economy over recent years, nursing has fared worse than a range of other professions, as a result of the erosion of pay levels against inflation. The London Economics' analysis of nurses' earning levels, using the UK Labour Force Survey highlights two main effects that have led to the erosion of living standards.

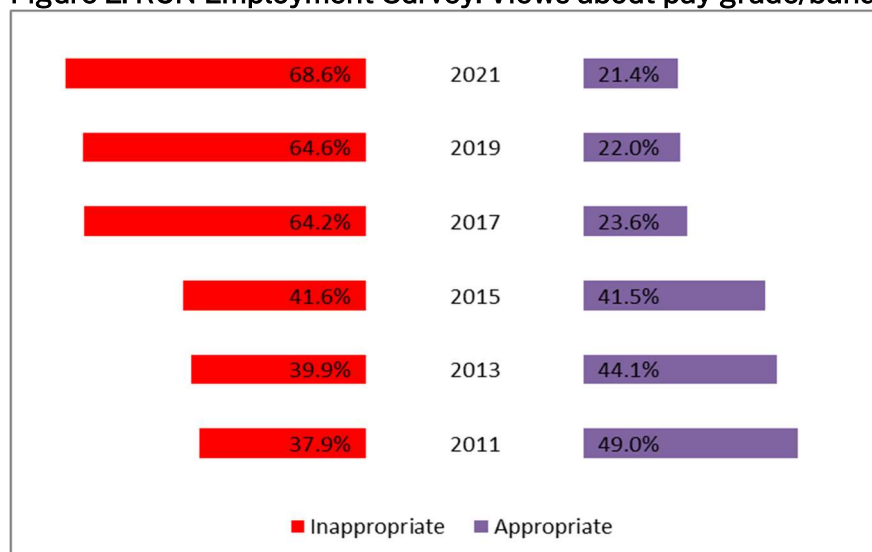
3.17 Firstly, low pay increases have seen nurses real pay decrease to a greater extent than many other occupations, and slipped down the income distribution from the 63rd to the 58th percentile between 2015 and 2019. Over this time, as average earnings across the whole economy experienced very low growth, nurses faced both an erosion in the value of earnings but also a substantial erosion of relative income against other workers. Secondly, this slippage in income distribution has meant that they have experienced a higher-than-average level of inflation compared to other workers, so typical nurses' purchases are now relatively more expensive on top of their income being lower.

Dissatisfaction with pay among nursing staff

3.18 Figure 2 demonstrates that dissatisfaction in relation to pay bands has been gradually building since 2011, with over two thirds (69%) of members working in the NHS stating their pay is inappropriate, compared to 38% in 2011. Less than a quarter (21%) view their pay as appropriate compared to half (49%) in 2011.

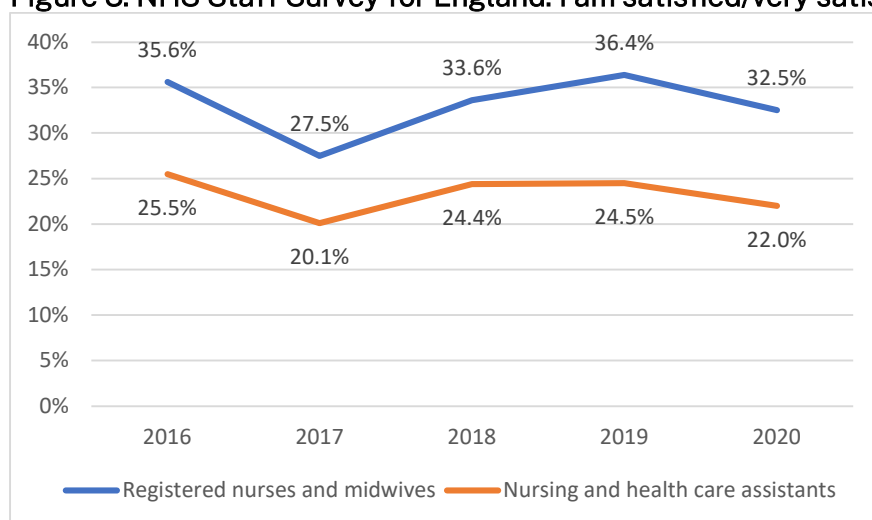
3.19 Findings from the NHS Staff Survey show a similar downward trend in already low levels of satisfaction with pay levels, falling from 36% in 2019 to 33% in 2020 among registered nurses and midwives and from 25% to 22% among nursing and health care assistants.

Figure 2. RCN Employment Survey: Views about pay grade/band, 2011-2021



Source: NHS respondents to the RCN Employment Survey

Figure 3: NHS Staff Survey for England: I am satisfied/very satisfied with my level of pay



NHS Staff Survey 2020

The need for investment in nursing pay

3.20 The cumulative impact of decade-long wage stagnation, combined with soaring cost of living pressures points to the need for a significant above inflation pay uplift at the core of a package of measures to address the workforce crisis.

3.21 In addition to an above inflation pay increase, we also call for the establishment of a national recruitment and/or retention premia for the entire nursing workforce. We have demonstrated above the level of staffing crisis that exists within the NHS at this time and the economic need for a national recruitment and/or retention premia for the nursing has never been more necessary.

3.22 The national terms and conditions of service provide employers with the ability to utilise recruitment and retention premia locally where market pressures arise. This is rarely utilised. However, the PRB can recommend national recruitment and/or retention

premia payments for groups of staff where there are national recruitment or retention pressures. We assert this is amply demonstrated by our evidence in respect of the nursing workforce.

3.23 We consider this an important and immediate action to improve stability for the nursing profession. Without a pay premia of this nature, the nursing workforce will continue to haemorrhage staff which will in turn compromise patient safety and the quality of care.

We call on the PRB to recommend a substantial pay award that will:

- ensure that nursing and other NHS staff can cope with rising and rapidly fluctuating costs which may change significantly over the pay year
- begin restoration of 'lost ground' against inflation as part of an overall commitment to pay restoration with a clear timetable/timescale and with 2022-2023 being a significant 'down-payment'
- eliminate the impact of increases to pension contributions
- eliminate the increase in National Insurance contributions
- benchmark the bottom of the structure against the Real Living Wage.

4. Terms and Conditions (Agenda for Change)

4.1 We note the Pay Review Body's observations in the 34th report, setting out concerns about nursing pay.

4.2 As a pay structure, Agenda for Change ensures equal pay for work of equal value as it is underpinned by an analytical job evaluation scheme. Job evaluation is a key component of AfC and it is important that job profiles are kept up to date to reflect the complexity of modern nursing. As highlighted in the RCN's report Gender and Nursing as a Profession: Valuing nurses and paying them their worth, there are problems with AfC job evaluation structures which fail to accurately and fully measure the technical, productive, cognitive and emotional aspects of the nursing role¹⁵ On this basis, the RCN has requested that the NHS Staff Council undertake a review of national nursing profiles as a matter of urgency. The Job Evaluation (JE) Group is due to commence work on this review in 2022 and we will report back to the PRB on progress. However, the JE Group has indicated this project could take up to three years to complete and we trust the PRB will agree that nurses cannot wait that long given the crisis we find ourselves in.

4.3 It is also vital that employers take responsibility in using job descriptions that capture the safety critical work undertaken by nursing staff and that they accurately match levels of risk, responsibility, complexity and technical input. It is also our position that employers must ensure that they are operating the Job Evaluation System (JES) as intended, in partnership, and that all staff groups have equal access to participate in it and have their roles reviewed by it.

4.4 There are other issues which impact on pay and career progression more substantively than the AfC pay structure, particularly related to workforce planning, how nurses are deployed and whether there are adequate opportunities to progress. This is demonstrated in the findings below taken from the 2021 RCN Employment

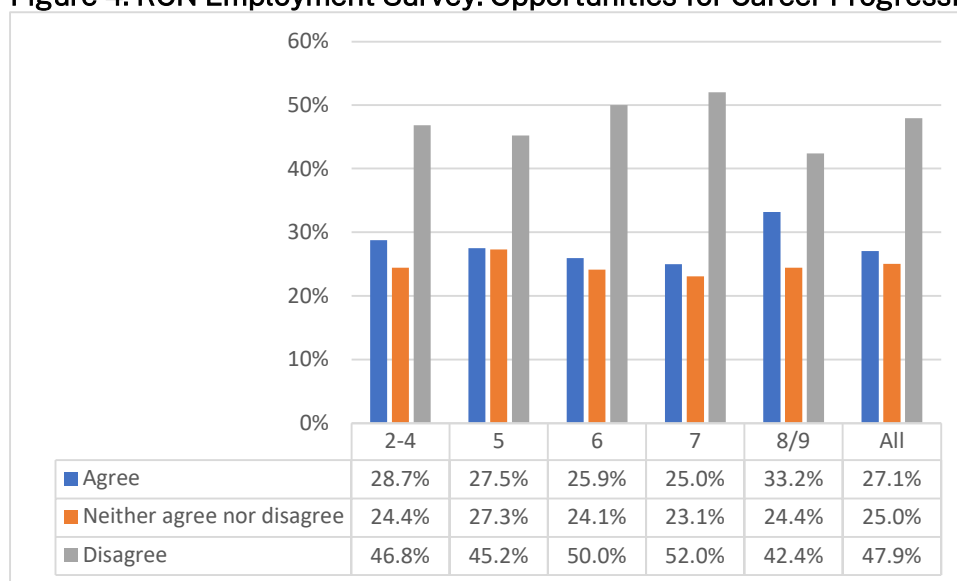
¹⁵ www.rcn.org.uk/professional-development/publications/pub-007954

Survey, which highlight that the scope for career progression is largely limited by workforce planning and the restricted number of posts available to nursing staff. This results in a concentration of registered nurses employed in Band 5 positions. If nurses are not deployed to fully utilise their potential, this cannot be recognised by the pay structure. Job evaluation is a tool to facilitate career progression. In particular, it is important that employers recognise enhanced practice in skill mix and workforce planning.

Career Progression

4.5 Findings from the 2021 RCN Employment Survey show that only 27% of respondents working in the NHS agree or strongly agree that there are opportunities to progress in their current roles. Just under half (47%) disagreed or strongly disagreed with the statement, with those employed in Bands 6 and 7 most likely to disagree.

Figure 4: RCN Employment Survey. Opportunities for Career Progression



Source: NHS respondents to the RCN Employment Survey

4.6 Among respondents who feel there are insufficient opportunities to progress, the most common reason is the number of positions they can access through promotion is limited. Respondents employed at Band 5 are most likely to cite this as the main reason for feeling dissatisfied with career progression, indicating their concern that there are insufficient opportunities to apply for, or progress into, Band 6 posts.

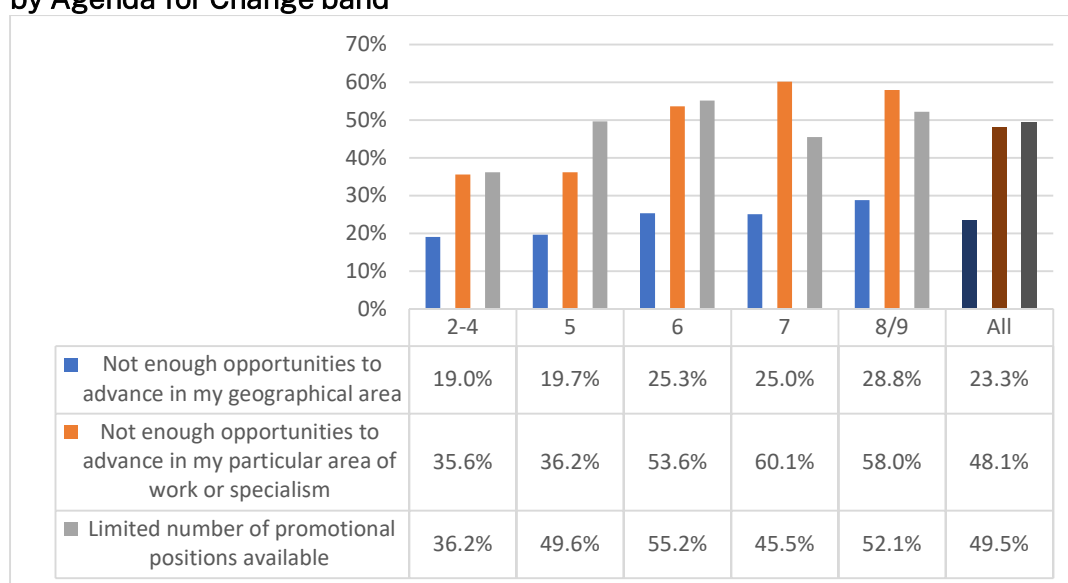
4.7 For respondents employed at Band 6 and 7, they are most likely to state that there are insufficient opportunities to progress within their specialism.

Table 6: RCN Employment Survey. Reasons for limited opportunities for Career Progression

Limited number of promotional positions available	49.5%
Too few opportunities to access training and development	30.4%
I am unable to take time off for training and development	22.2%
Not enough opportunities to advance in my geographical area	23.3%
I don't feel supported by my manager	23.2%
My responsibilities outside of work	9.6%
I don't feel confident enough right now	9.1%
No other career opportunities within nursing interest me	7.9%
Loss of earnings (e.g. shift penalties)	9.3%

Source: NHS respondents to the RCN Employment Survey

Figure 5: RCN Employment Survey. Reasons for limited career progression opportunities, by Agenda for Change band



Source: NHS respondents to the RCN Employment Survey

4.8 Respondents to the 2021 RCN Employment Survey gave more details about the lack of opportunities for career progression in the NHS, with three main themes standing out; frustration over a 'fixed' number of posts available for promotion; issues with organisational culture and lack of transparency over the recruitment process; and reluctance to aspire for promotion if that means giving up clinical for management responsibilities.

"At band 7 I can move around different roles but finding a band 8a role is very difficult."

Band 7 Mental health nurse, Wales

"Closed culture. Person is already known who will get the post despite interviews being undertaken."

Band 8a Senior nurse/matron, acute/urgent setting, Wales

"I want to remain clinical and think that this is not usually rewarded financially and I do not want to move into management."

Band 7 Mental health nurse, England

“Feel as if I’ve been used as a work horse. There are few openings for band 6 clinical nurses...a role that should be encouraged. It has the opportunity to influence and encourage best practice among the junior staff. Trusts would also have slowed the current exodus of staff with a bit more recognition of senior hands on staff who had no desire to specialise.

Band 5 Staff nurse , acute/urgent setting, Northern Ireland

4.9 Many respondents also expressed frustration that they are working at a higher level than they are paid and their banding does not reflect their level of skill and responsibility.

“There is training but no career progression or pay. I’ve seen B5 nurses undertake courses such as the Prescribers course - only to do the work and take on the responsibility and yet still kept at and paid as a B5. “

Band 5 staff nurse, acute and urgent setting, England

“I strongly believe that ward nursing is undervalued. I work on a specialist unit we have one band 7, three band 6s and approximately 30 band 5s; at least half of the band 5s work at a band 6 level.”

Band 6 staff nurse, acute and urgent setting, Wales

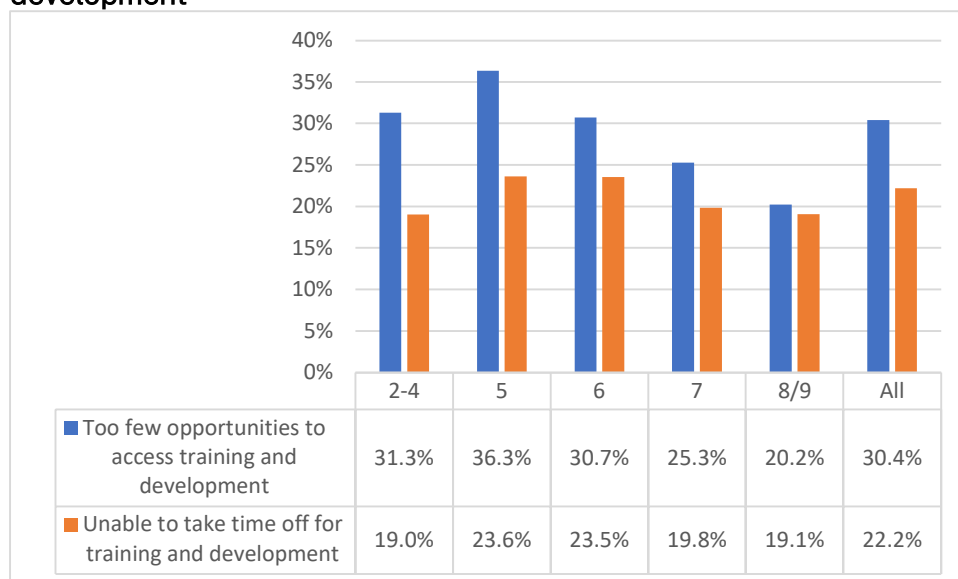
“Many of the specialist posts are not being replaced or are replaced at a lower band, jobs that were classified as specialist and paid at band 7 are now paid at band 6 and the trust plans to replace band 6 posts with band 5”

Band 6 mental health nurse, Northern Ireland

4.10 Figure 6 shows that 30% of all respondents who are dissatisfied with career progression opportunities state this is due to lack of access to training and development, while 22% state it is because they are unable to take time off for training and development. For both findings, nursing staff employed at Band 5 are most likely to express dissatisfaction with training and development opportunities.

4.11 The quotes below illustrate typical responses describing frustrations with lack of management support or funding for training and development staffing pressures meaning they are unable to take time off for study.

Figure 6: RCN Employment Survey. Limited career opportunities linked to training and development



Source: NHS respondents to the RCN Employment Survey

“Once you’re a 4 they say you can’t progress as there’s no money to help you become a 5.”

Band 4 Assistant practitioner, England

“You have to use your own time despite been told you are allowed study time all that means is you then have to try and catch up with your daily role. Life over.”

Band 7 sister/charge nurse, older people care, England

“Management insist on prescribing for Band 7 role, however it takes so long to get on the course and study time is virtually non existent. Only 1 band 7 post in our area, which is already filled.”

Band 6 clinical nurse specialist, acute/urgent setting, Wales

“There is very little time available to attend courses, the ones that I have done have been done in my own time and at my own cost. My manager has, where able given me the time back (reduced my make up shift requirement), but due to staffing I have been unable to attend anything outside of my days off.”

Band 5 staff nurse, surgical setting, England

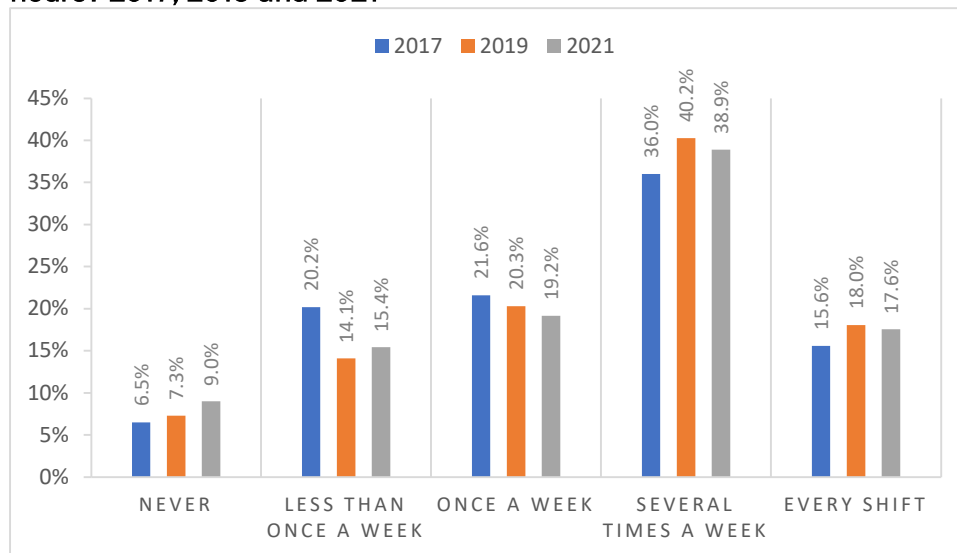
5. Terms and Conditions - Work Intensification

5.1 Our evidence points to unsustainable levels of working beyond contracted hours among the nursing workforce. This is causing stress and burnout among many sections of the workforce. In addition, reliance on bank and agency staff undermines continuity and certainty in patient care. A more regularised approach to rewarding all additional hours worked, using the Agenda for Change framework, would not solve staffing shortages but would ensure staff are fully rewarded for the work they undertake and promote improved continuity and teamwork in the workplace.

5.2 Controlling workload and preventing burnout is crucial for staff retention and to ensure nursing staff are practicing safely. However, findings from surveys and member

feedback show the continued workload pressure on nursing staff, with many working additional hours and unable to take breaks. Figure 7 shows the extent of extra working beyond contracted hours among nursing staff in the NHS using findings from the RCN Employment Survey. Over three-quarters (78.5%) work excess hours at least once a week and around six in ten (58.2%) do so several times a week or every shift/working day, compared to around half (51.6%) in 2017, demonstrating the NHS's reliance on nursing staff working beyond their contracted hours.

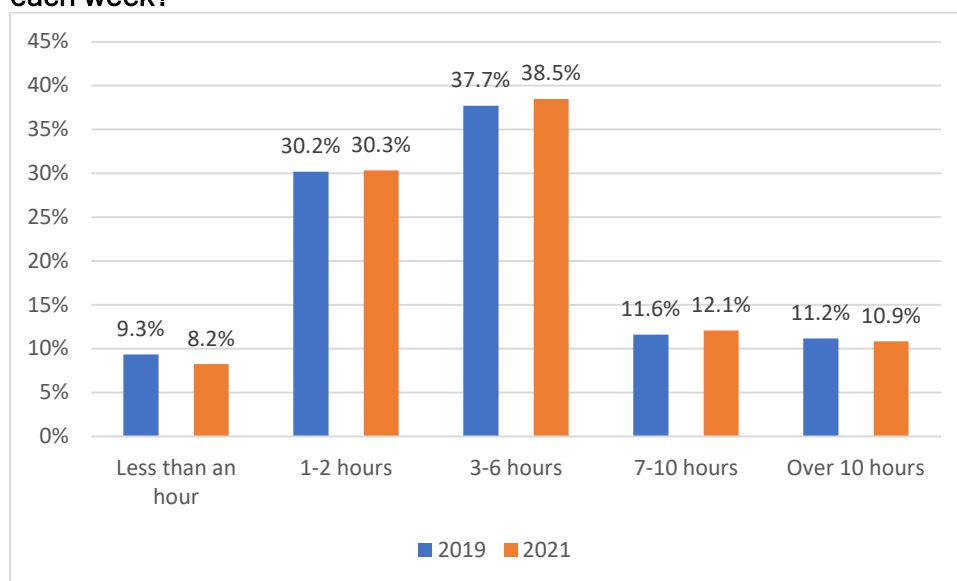
Figure 7: RCN Employment Survey. How often do you work in excess of your contracted hours? 2017, 2019 and 2021



Source: NHS respondents to the RCN Employment Survey 2021

5.3 Figure 8 goes on to show that among those who work additional hours, six in ten (61%) do so over three hours a week. Moreover, the pandemic was not the beginning of pressure and overworking, this high level of work intensity has barely changed since the last survey undertaken in 2019.

Figure 8: RCN Employment Survey. How many additional hours do you work on average each week?



Source: NHS respondents to the RCN Employment Survey 2019 and 2021

5.4 Many respondents reported that they rely on overtime and additional bank or agency working to manage financially, and they would be unable to cope on their salary alone.

“I have to do bank shifts on top of my 37.5 hour just to keep up with food cost and heating bills, water, electricity, council tax.”

Band 4 assistant practitioner, acute/urgent setting, England

“Nursing is a profession and is not recognised financially as a profession. The amount of work and hours we work we are underpaid and undervalued and we have to work overtime or bank shifts to make ends meet.”

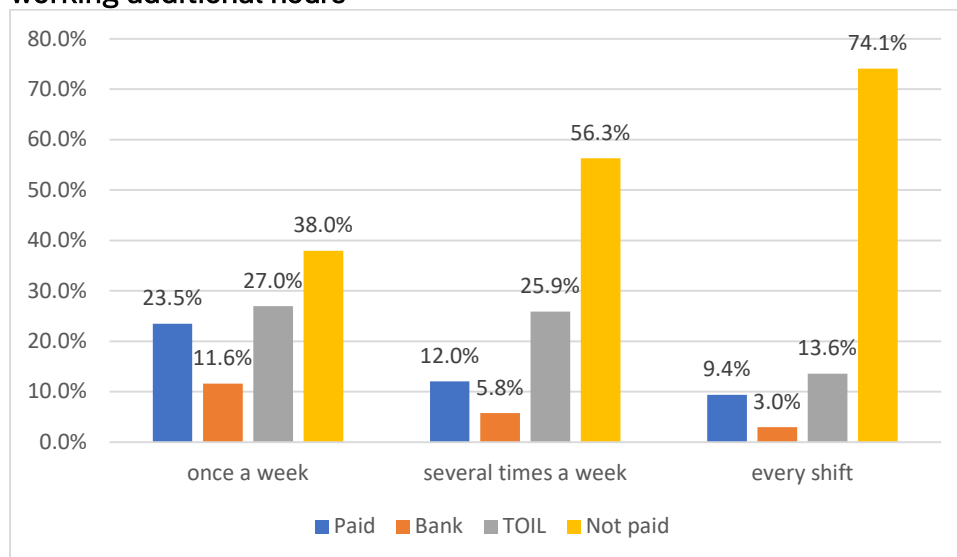
Band 6 sister/charge, urgent/acute setting, Northern Ireland

5.5 While working additional hours through overtime or bank/agency working is a financial imperative for many nursing staff, for just over half (52%) of all respondents who work additional hours it is usually unpaid.

5.6 Figure 9 goes on to show that the more intensive the excess hours are, then the more likely it is that respondents are unpaid. Among respondents who state they work excess hours every shift or working day, 74% say these hours are not paid, and that over half (56%) who work excess hours several times a week do so unpaid, demonstrating the continuing reliance on the goodwill of nursing staff to cover for staff shortages and workloads.

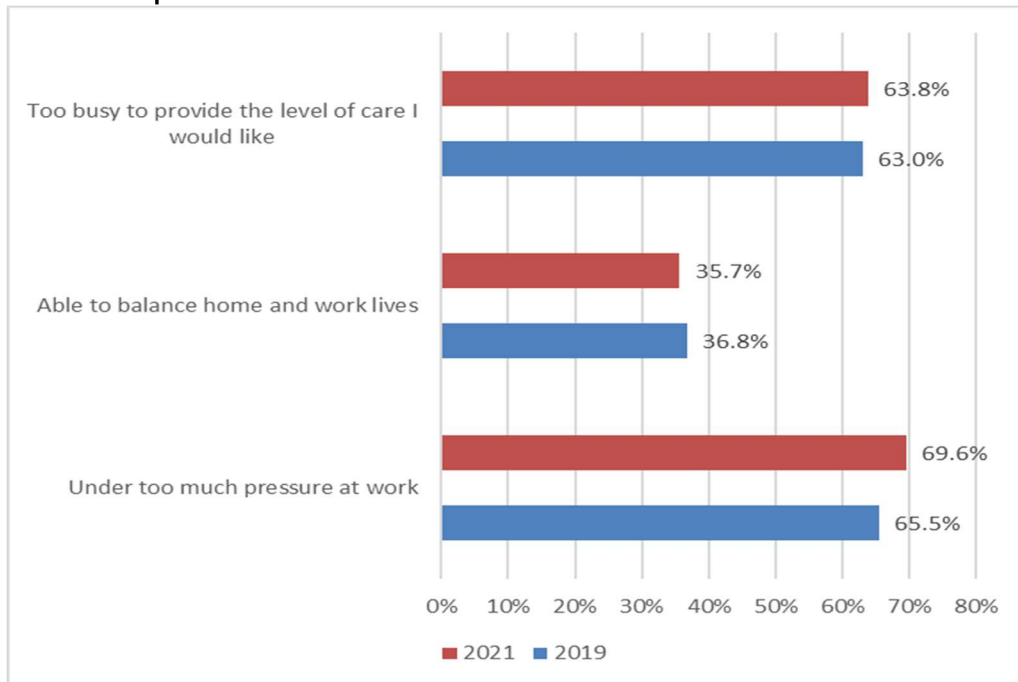
5.7 In Figure 10, the impact of increased work intensification is clear to see, with over six in ten respondents stating they feel under too much pressure and that this is damaging the level of care they are able to provide. Moreover, only a third stated they are able to achieve a work-life balance .

Figure 9: RCN Employment Survey. How additional hours are paid by frequency of working additional hours



Source: NHS respondents to the RCN Employment Survey 2021

Figure 10: Respondents stating they agree/strongly agree with statements relating to workforce pressures



Source: NHS respondents to the RCN Employment Survey 2021

We expect the PRB to emphasise the necessity of full and effective implementation and maximisation of the NHS Agenda for Change (AfC) terms and conditions, by employers, to retain existing staff. The PRB must stress to employers that they must give priority to measures that will:

1. ensure Job Evaluation (JE) banding outcomes reflect job content
2. support progression and career development
3. encourage employers to use local recruitment & retention premia (RRP) to retain staff where shortages are a risk to staff wellbeing and quality of care (this is in addition to the use of national recruitment and retention premia payments)
4. reward additional hours fairly (e.g. overtime)
5. prevent burnout by limiting excess hours.

Without a requirement to these measures, more staff will be lost, patient safety will be compromised, and the NHS will simply be unable to recover.

6. Conclusion

For all the reasons and evidence referenced above, the RCN is calling for a substantial, restorative, pay rise above inflation to address the nursing workforce crisis and the long-term reduction in the value of nursing pay.

We urge the PRB to recommend a restorative pay increase of 5% above RPI (Retail Price Index). Only a pay award at this level, forming an essential down-payment, will begin to restore lost earnings caused by successive years of below inflation pay uplifts.

Our evidence overwhelmingly demonstrates that the nursing workforce is in crisis.

The PRB can stop this crisis by making recommendations that will support recruitment and retention of nursing staff.

In addition to an initial restorative pay award, we call on the PRB to recommend immediate measures to implement national Retention Premia Payments and Recruitment Premia Payments for the nursing workforce as a matter of urgency and priority.

Without a substantial restorative pay rise and a significant recruitment and retention package nursing confidence in the Agenda for Change structure will be impossible to maintain and the nursing workforce, who are the backbone of the NHS, will be decimated.