

# Royal College of Nursing Evidence to the NHS Pay Review Body 2018-19

EVIDENCE SUBMISSION





Royal College  
of Nursing

This publication is due for review in March 2020. To provide feedback on its contents or on your experience of using the publication, please email [publications.feedback@rcn.org.uk](mailto:publications.feedback@rcn.org.uk)

---

#### **RCN Legal Disclaimer**

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

© 2018 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

# Contents

<b>1. Introduction</b>	<b>4</b>
<b>2. The nursing workforce crisis</b>	<b>5</b>
<b>3. Pay and earnings</b>	<b>6</b>
<b>4. Morale and motivation</b>	<b>14</b>
<b>5. Recruitment and retention</b>	<b>16</b>
<b>6. Productivity and nursing</b>	<b>23</b>
<b>7. Northern Ireland</b>	<b>24</b>
<b>8. Conclusions</b>	<b>32</b>

# 1. Introduction

## 1.1

The Royal College of Nursing is pleased to submit evidence to the NHS Pay Review Body for the 2018-19 pay round. This submission, which is accompanied by the 2017 RCN Labour Market Review of the nursing workforce and the 2017 RCN Employment Survey, is made alongside and supports the Staff Side submission which calls on the PRB to accept our proposals to recommend:

- a pay rise in line with RPI inflation
- £800 consolidated increase for all Agenda for Change staff to make up for lost earnings over the last seven years
- investment in the improvement of the AfC pay structure to support workforce productivity improvements.

## 1.2

These proposals are loaded with the weight of expectation from our membership. RCN members have been leading the RCN *Scrap the Cap* campaign since RCN Congress in May when it was decided that the RCN would take action in response to the public sector pay cap. This followed an indicative poll which showed that 91% of members in the NHS who took part would take industrial action short of strike, with 78% saying they were prepared to strike.

## 1.3

The Scrap the Cap campaign has built momentum during the summer and autumn as members have highlighted the real impact of pay restraint on nursing staff, their families and NHS patients. The campaign has gained a huge amount of public and political support, culminating in an announcement from the Secretary of State for Health in October that the pay cap has been lifted.<sup>1</sup> As momentum has built, so has the weight of expectation and anticipation for the UK governments to listen and not to limit the level of any recommendation on pay put forward by the Pay Review Body. This must mean an above inflation pay rise for 2018-19.

## 1.4

It is regrettable that the Secretary of Health's welcome words about the pay cap made in October were not followed by a clear indication that NHS staff could expect that the end of the pay cap would mean a restoration of loss of earnings endured over the last seven years. Instead, they heard equivocal messages and suggestions about linking a future pay rise to productivity. At a time when staff are under more and more pressure, working high levels of unpaid overtime in their main jobs due to staff shortages as well as extra hours in order to get by financially, this has generated anger and confusion across the nursing workforce. Nursing staff are highly 'productive' by any reasonable interpretation of that word.

## 1.5

Our members are angry and looking for a sign they will receive a meaningful pay rise. The RCN has been clear to our membership that we must follow the normal organisational processes and wait for the PRB recommendations. This has been a difficult message to convey, such is the level of exasperation among the membership. However, as the RCN is committed to the independent pay review body process we look to the NHS PRB to make a recommendation which both acknowledges the sacrifices made by NHS staff and the economic necessity of a meaningful pay uplift.

## 2. The nursing workforce crisis

### 2.1

This year we have seen signs from governments and policy makers of a long overdue recognition of the crisis facing the nursing workforce. This recognition comes after repeated warnings made by the RCN of a ‘perfect storm’ being caused by a combination of pay restraint, increasing work intensity and poor workforce planning which both failed to recognise the need to match the demand for with the supply of nursing staff and the inevitable impact of entirely predictable staff shortages.<sup>2</sup>

### 2.2

However, the solutions being offered are focused almost entirely on supply, such as the creation of a degree-level apprenticeship route into nursing and new roles such as nursing associates in England. These will not fill the gaps of over 40,000 registered nurse vacancies. For the first time, the Nursing and Midwifery Council has warned that more people are leaving than joining the register and the shortfall is now the focus of an inquiry by the health select committee.<sup>3</sup> There are not enough nursing staff to provide care and patient safety is at risk.

### 2.3

This crisis has been created by a failure to invest in the nursing profession by providing sufficient funding for pay, conditions, career pathways and training. This failure to invest has resulted in a depleted nursing workforce facing shrinking wages, while workload pressures continue to rise.

### 2.4

This is a workforce which is predominantly female, and one in which around half are the main or primary breadwinner in their household, indicating both the dependence on their wages and high level of vulnerability among many UK households to depreciating pay. Most nursing staff are in a fragile financial position when it comes to their employment.

### 2.5

This year’s submission draws on key results from membership surveys undertaken by the RCN which explore the impact of understaffing in the NHS on nursing staff and their jobs. Our reports demonstrate the damaging impact that policy decisions affecting workforce planning and pay are having on patients and nursing staff. We hear that poor staffing levels are preventing nursing staff from doing their work – delivering the care which they see that their patients need. We also hear repeatedly from our members that their pay is unfair and they have not been treated with respect. This is resulting in severe retention and shortage problems across the UK.

# 3. Pay and earnings

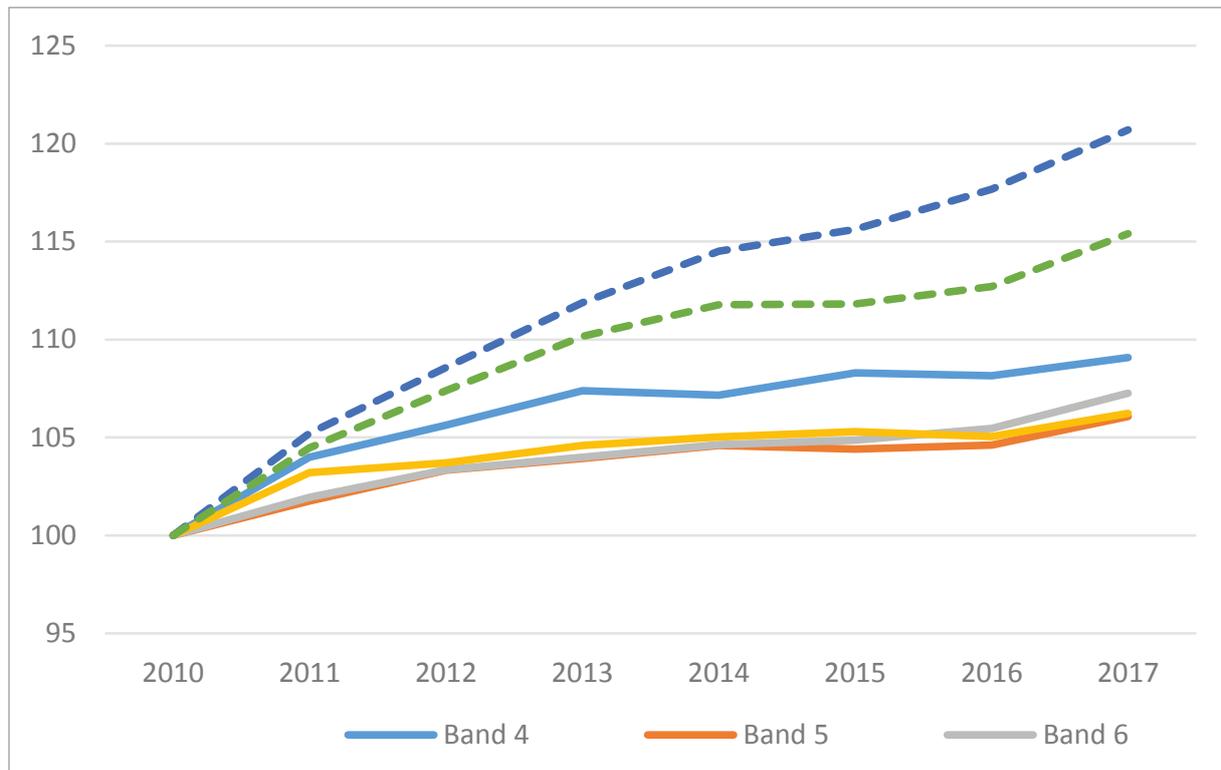
## 3.1

Seven years of pay restraint have eroded the real terms value of pay for all nursing staff in the NHS. Chart 1 indicates how far annual earnings (which includes basic pay, overtime, shift pay, geographical allowances such as London weighting and redundancy pay) have fallen behind the cost of living since 2010.

While RPI has grown by 20% and CPI has risen by 14%, nominal earnings for the following groups of nursing staff have grown as follows:

- Band 4: 9.1%
- Band 5: 6.1%
- Band 6: 7.3%
- Band 7: 6.2%

**Chart 1: Annual earnings Bands 4-7, England. Retail Prices Index and Consumer Prices Index 2010-2017. Index 2010=100**



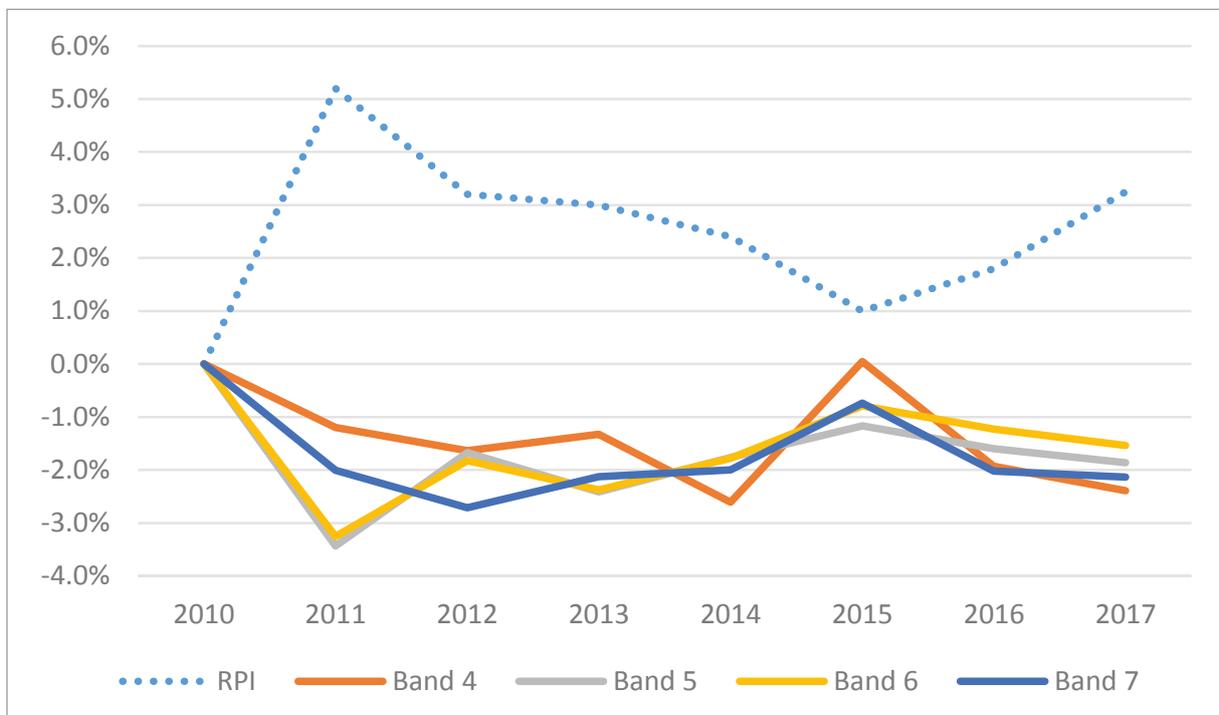
Sources: NHS Digital, annual earnings April to March. Annual RPI and CPI 2010-2016, first two quarters 2017

### 3.2

Chart 2 shows the real terms annual change in earnings for Bands 4 to 7. Adjusting annual earnings for RPI inflation shows the following cumulative losses for the following pay bands since 2010:

- Band 4: 11.0%
- Band 5: 13.9%
- Band 6: 12.8%
- Band 7: 13.7%

**Chart 2: Real terms change in annual earnings against RPI, England. Bands 4 to 7**



Sources: NHS Digital, annual earnings April to March. Annual RPI and CPI 2010-2016, first two quarters 2017

## Views on pay

*“We feel insulted by the 1% pay rise. If we weren’t so close knit – morale would be much lower. No wonder we can’t recruit people into nursing, the government doesn’t respect the role or us.”*

Band 6 Charge Nurse, Scotland

*“I’m at the top of Band 7 but I still have to do overtime to pay for school uniforms for the next school year – I wouldn’t expect to have to do that now after 17 years as a nurse. That’s not fair when we work so hard.”*

Band 7 Ward Sister, South West England

*“Everybody has tightened belts, but bills are starting to go up. We’re all fed up with austerity. It’s come to a critical point where austerity comes crashing down on us and the nursing shortage is having an impact on patient care. I feel sorry for the younger nurses especially those facing debt from student loans.”*

Band 7 Senior Nurse, Northern Ireland

*“The government are happy to ride roughshod over people’s concerns over the NHS and pay. People are getting tired and fed up with being taken for granted and starting to vote with their feet and leaving. People are withdrawing their goodwill and enthusiasm.”*

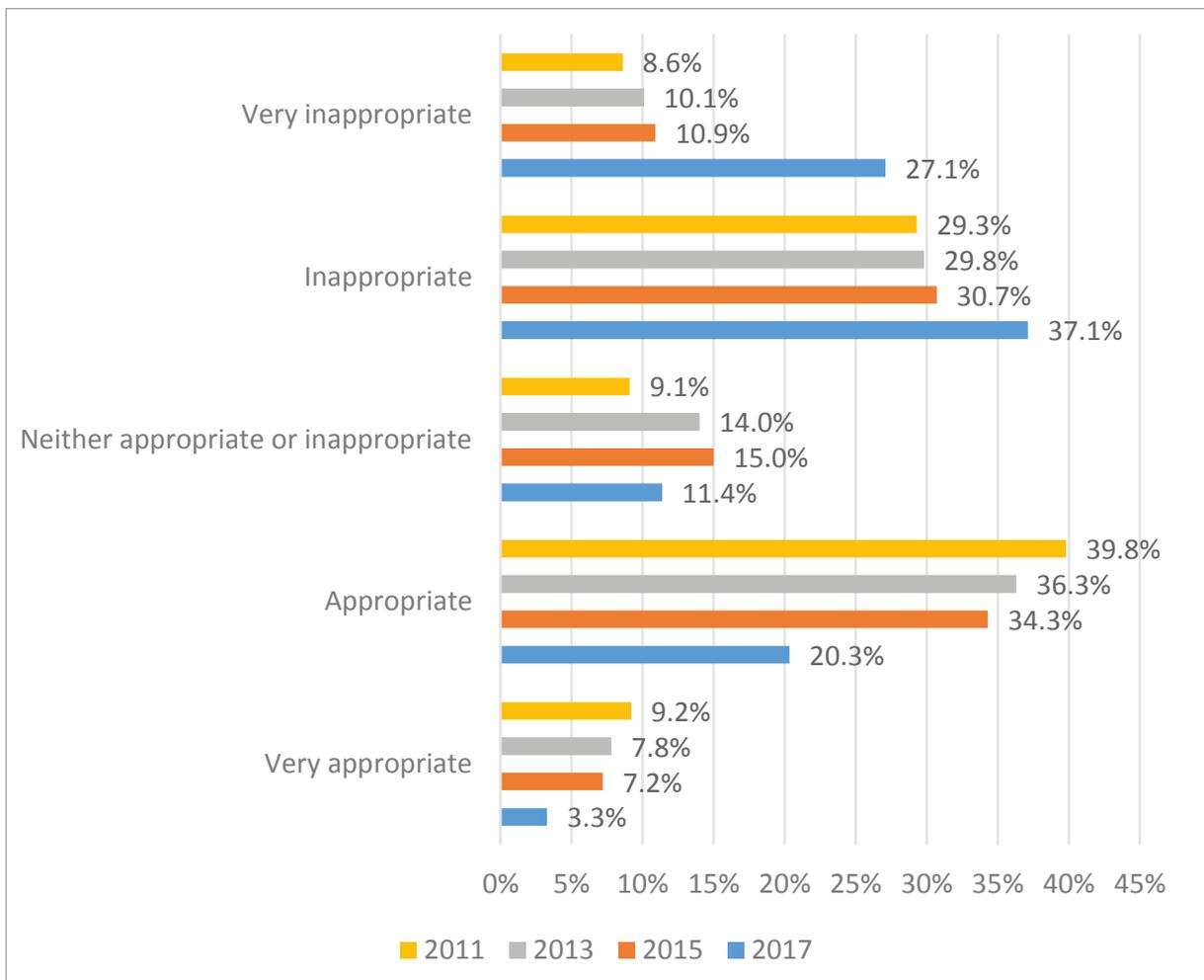
Band 7 Clinical Nurse Specialist, South East England

### 3.3

Chart 3 shows a dramatic increase in the proportion of respondents stating that their pay band is inappropriate, given their role and responsibilities. Almost two-thirds (64%) described their pay band as inappropriate,

compared with 42% in 2015, 40% in 2013 and 38% in 2011. This year, just under a quarter (24%) described their pay band as appropriate.

**Chart 3: Given your role and responsibilities, how appropriate would you say your current pay band/rate is?**

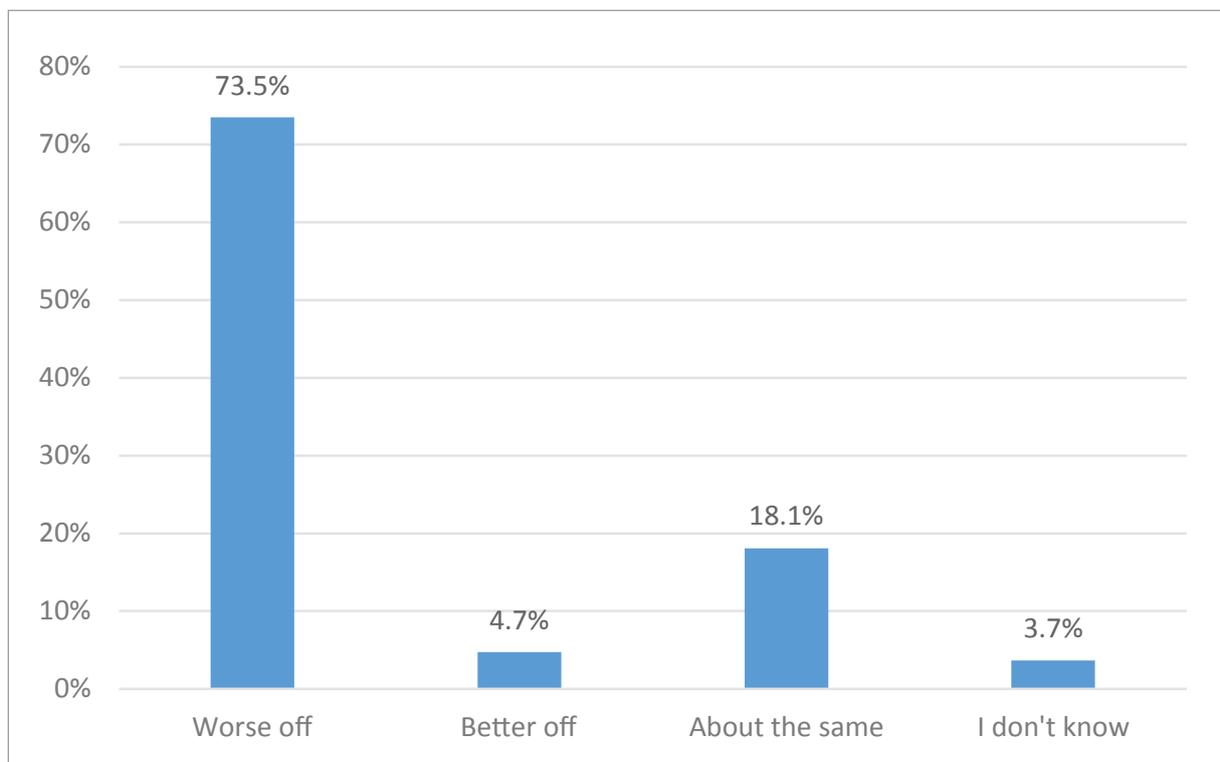


Source: NHS respondents to 2017 RCN Employment Survey

### 3.4

Chart 4 shows that three-quarters of respondents (73.5%) said they were worse off financially than they were five years ago, with just under 5% stating they were better off and 18% saying they are about the same.

**Chart 4: Compared to five years ago, how do you feel financially?**



*Source: NHS respondents to 2017 RCN Employment Survey*

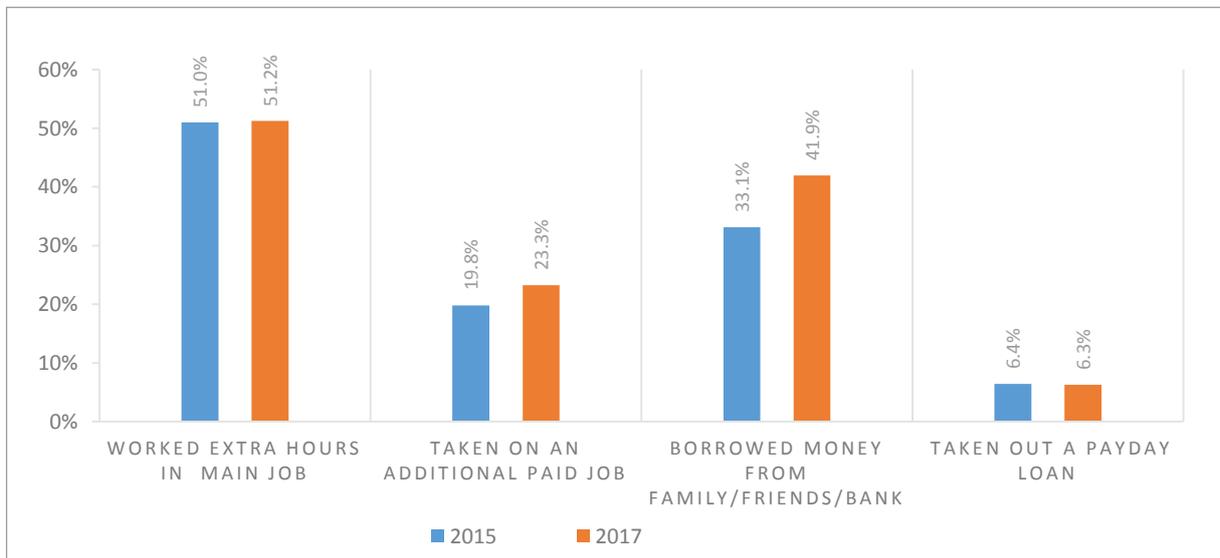
### 3.5

Chart 5 shows that the main way of coping with everyday expenses is to take on extra work, either in additional hours to the main job (51%) or a second job (23%). Two-fifths (52%) also stated they had borrowed money which is higher than the proportion doing so in 2015 (33%). A small number (6%) have taken out payday loans. Just a quarter

(23%) said they had not done any of the listed items in order to meet bills and expenses.

The results clearly show that it is students and health care assistants who are struggling the most. 56% of HCAs and 69% of students have borrowed money while 15% of HCAs and 12% of students have taken out a payday loan.

**Chart 5: To meet your daily bills and everyday living expenses (rather than other costs), have you done any of the following over the last year?\***



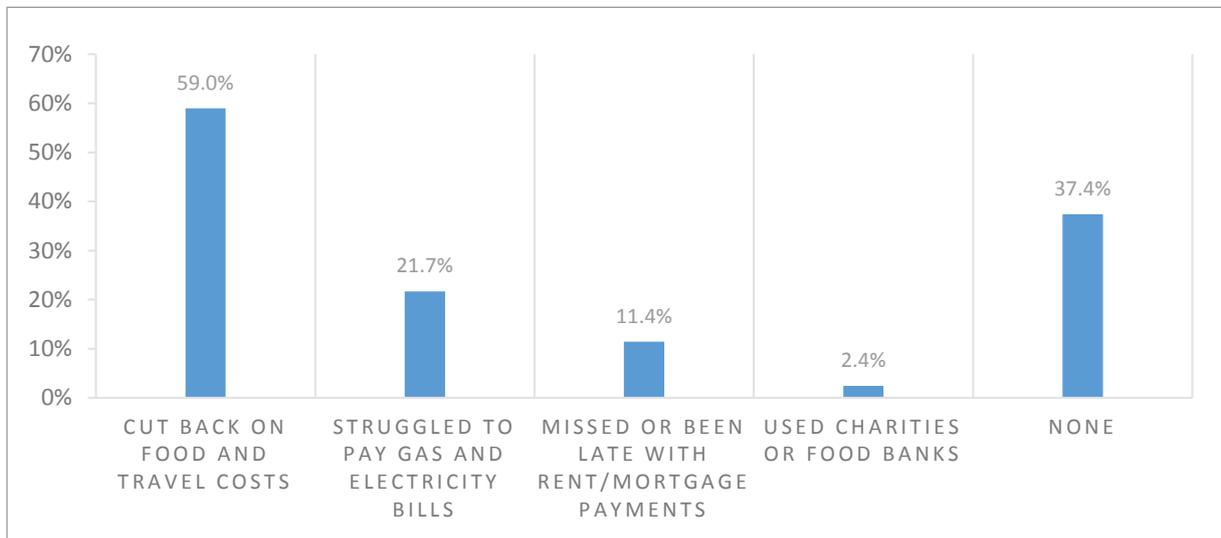
Source: NHS respondents to 2017 RCN Employment Survey  
 \*respondents allowed to give multiple responses

### 3.6

The impact of financial struggles is more than apparent in Chart 6, with 63% stating they had had to make adjustments or get financial help. Six out of ten (59%) nursing staff stated they have cut back on food and travel costs, 22% have struggled to pay utility bills and 11% have been late with rent or mortgage payments.

A small but worrying number (2.4%) have used charities or food banks in the last year. It is most likely to be students who report using charities or food banks – with 10% saying they had used them in the previous 12 months.

**Chart 6: Have you experienced any of the following over the last year?**



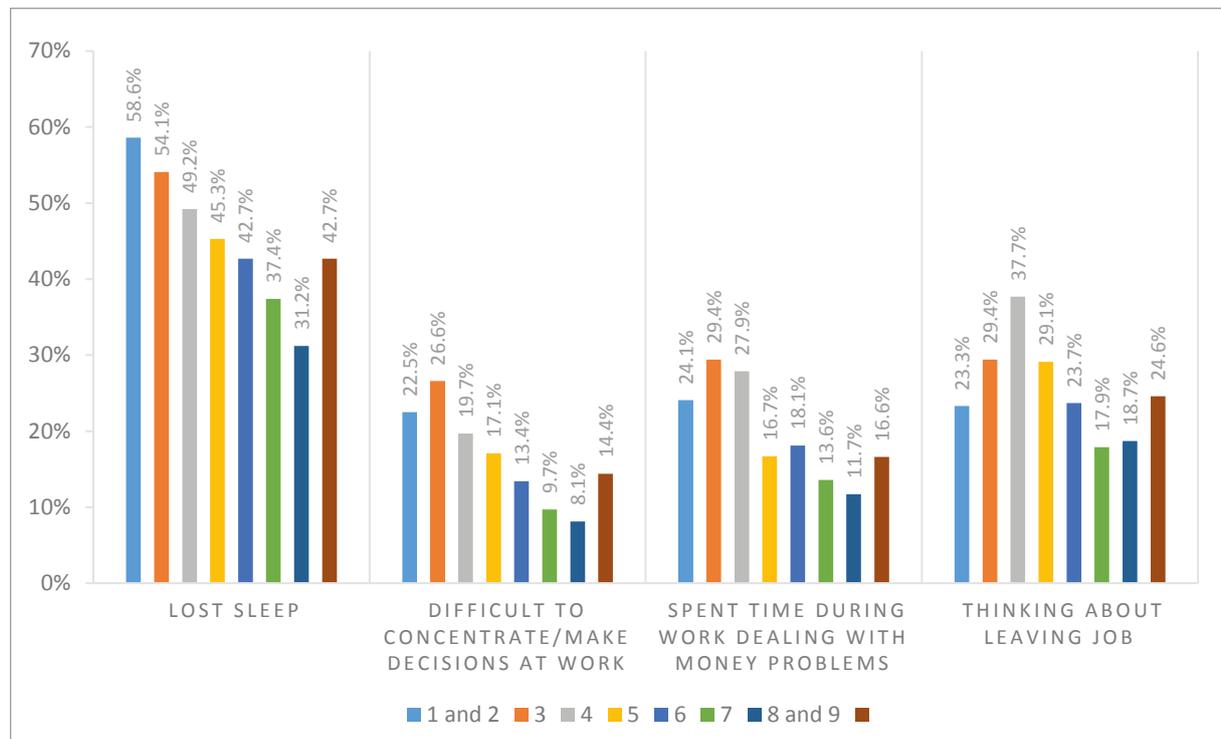
*Source: NHS respondents to 2017 RCN Employment Survey  
\*respondents allowed to give multiple responses*

### 3.7

Chart 7 shows the impact of financial worries on health and wellbeing among nursing staff:

- Four out of ten (43%) state that they have lost sleep – rising to 59% of all staff on bands 1 and 2 and half of staff on Bands 3 (54%) and 4 (49%).
- 14% say it is difficult to concentrate or make decisions at work – rising to 22% of staff employed on Band 1 and 27% on Band 2.
- 17% have spent time at working dealing with money issues – particularly affected are band 3 staff (29%) and Band 4 (28%).
- A quarter (25%) of all respondents, 38% of Band 4 staff and 29% of Band 5 are thinking about leaving job because of their financial situation.

Chart 7: Have money worries affected you at all recently? *By AfC pay band*



Source: NHS respondents to 2017 RCN Employment Survey  
 \*respondents allowed to give multiple responses

## 4. Morale and motivation

### 4.1

While survey evidence (including the latest NHS staff Survey for England) shows that intrinsic job satisfaction remains high for nursing staff, views show how nursing has suffered a continued erosion of esteem over recent years. Chart 8 shows that while the majority of nursing staff continue to derive satisfaction from their own job, a decreasing proportion believe that the profession will offer them a secure one in the future or would recommend nursing as a career. The lowest number since 2011 stated they would not want to work outside nursing. This suggests a growing proportion of nursing staff would consider a working life outside the profession. Indeed, Chart 9 shows that over a third of all NHS nursing staff stated that they were currently seeking a new job. This rises to 44% of all Band 5 nurse respondents and 38% of all Band 1-4 respondents in health care assistant positions.

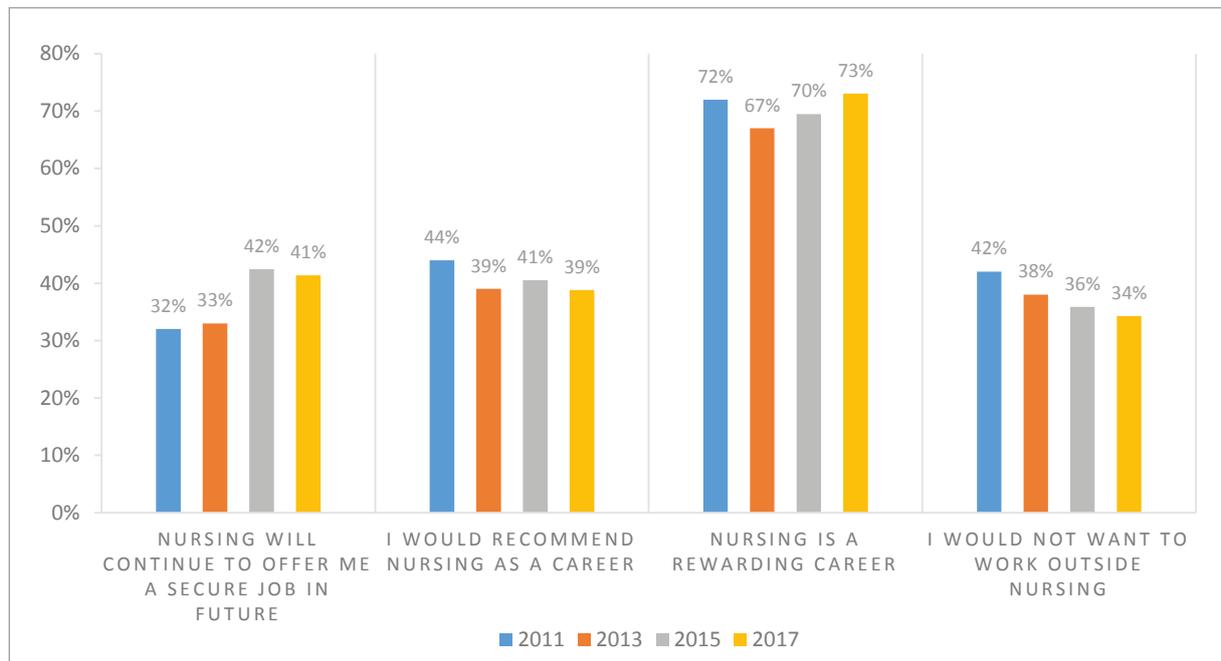
### 4.2

Chart 10 shows that while the majority of those respondents seeking a new role would stay in the NHS either in a similar or different role to their present one, a large number are also considering moving outside the NHS or leaving the UK to work abroad.

### 4.3

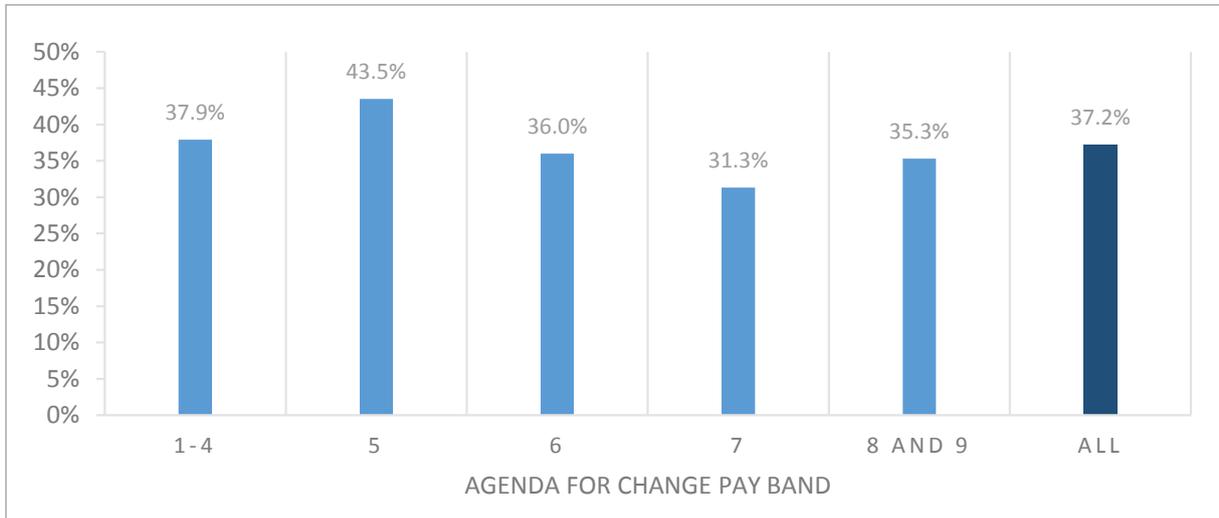
Further breakdown of the results shows that just under half (46%) are looking for a role only in the NHS while a third (32%) are looking for a new job only outside the NHS. A small but notable number (4%) are considering working abroad only and not thinking about a different role in the UK.

**Chart 8: Views about nursing as a career**



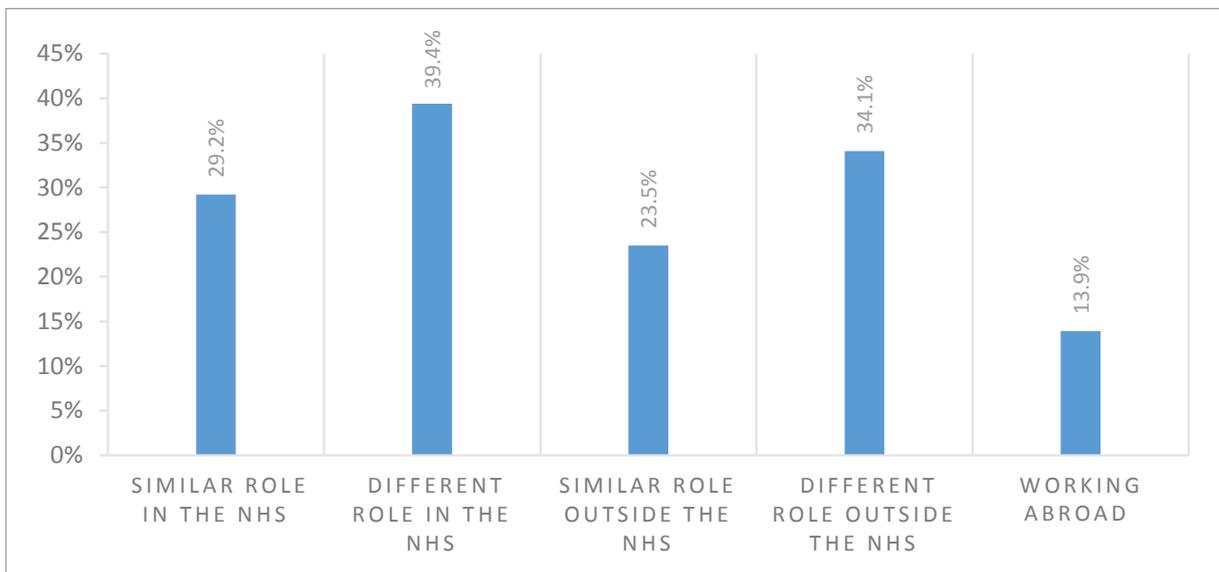
Source: NHS respondents to 2017 RCN Employment Survey

**Chart 9: Are you currently seeking a new job? By Agenda for Change pay band**



Source: NHS respondents to 2017 RCN Employment Survey

**Chart 10: Which roles are you considering?**



Source: NHS respondents to 2017 RCN Employment Survey

\*respondents allowed to give multiple responses

## 5. Recruitment and retention

### 5.1

In Scotland, there were 2,247 vacancies for registered nurses as at March 2017, with a vacancy rate of 4.9%. The number of vacant posts has risen by 40% since March 2015. The vacancy rate has risen by 1.3 percentage points over this period.

### 5.2

Up-to-date vacancy data is not available for Northern Ireland, Wales or England. The RCN has had to resort to Freedom of Information requests to establish vacancy levels in England due to the lack of central collection of this data.

### 5.3

The RCN report *Safe and Effective Staffing: the Real Picture* published earlier this year shows the level of vacancies in the NHS in England with around 40,000 nursing posts vacant, only outside the NHS. A small but notable number (4%) are considering working abroad only and not thinking about a different role in the UK.

The RCN report shows that as of December 2016:

- there were approximately 40,000 registered nurse vacancies in England
- the vacancy rate for registered nurses in England has nearly doubled in the last three years from 20,000 to 40,000 nursing posts; a rise from 6% in 2013 to 11.1% in December 2016
- there were approximately 12,000 vacancies in the health care support worker workforce
- nearly a quarter of NHS Trusts reported a registered nurse vacancy rate of over 15%, with the highest vacancy rate at 37%
- there were approximately 28,000 vacancies of Band 5 nurses, with an average vacancy rate of 16%
- over a third of trusts reported a Band 5 vacancy rate of over 20%, the highest being 39%
- seven out of the top 10 highest reported vacancy rates for registered nurses were in Mental Health Trusts.
- 65% of Trusts who responded employed a higher proportion of health care support

workers than registered nurses in their 2016 funded establishment compared to 2015, showing a growing use of substitution between registered and non-registered staff

- 16% of the Trusts who responded decreased their registered nursing establishment while also increasing their unregistered nursing support workforce.

The report also includes interviews with Directors of Nursing across the UK which show that:

- three-quarters (76%) of nurse leaders say they are concerned about ensuring safe staffing levels
- 90% are concerned about recruiting new staff and 84% are concerned about retaining current staff.
- four in five (82%) say that their organisations rely on the goodwill of their staff to keep services running.

### 5.4

The report also shows that there has been a 2% overall growth in the UK NHS nursing workforce since 2010 but when this is set against the increasing vacancy rates across the UK it is clear that the number of nursing staff is insufficient to meet demand. In order to fill gaps with existing registered nurses the NHS is attempting to access nursing staff from a diminishing supply and the costs of failing to fill these is expressed in both in high use of bank and agency staff and overtime as well as the risk of a reduced quality of service.

### 5.5

Our report appears to align with figures announced during the health select committee oral evidence session, where the Minister of State for Health described data collected by NHS Improvement based on NHS Providers information. He stated that “there are about 36,000 clinical posts that had not been filled by a substantive member of staff, and, of those, some 33,000, both nursing and midwifery vacancies, are covered by bank and agency staff. The figure that has been used of around 40,000 does not take into account the shifts that are filled by a large number of both bank and agency staff, so the actual number of vacant posts on shift is much reduced.”

## Impact on workload

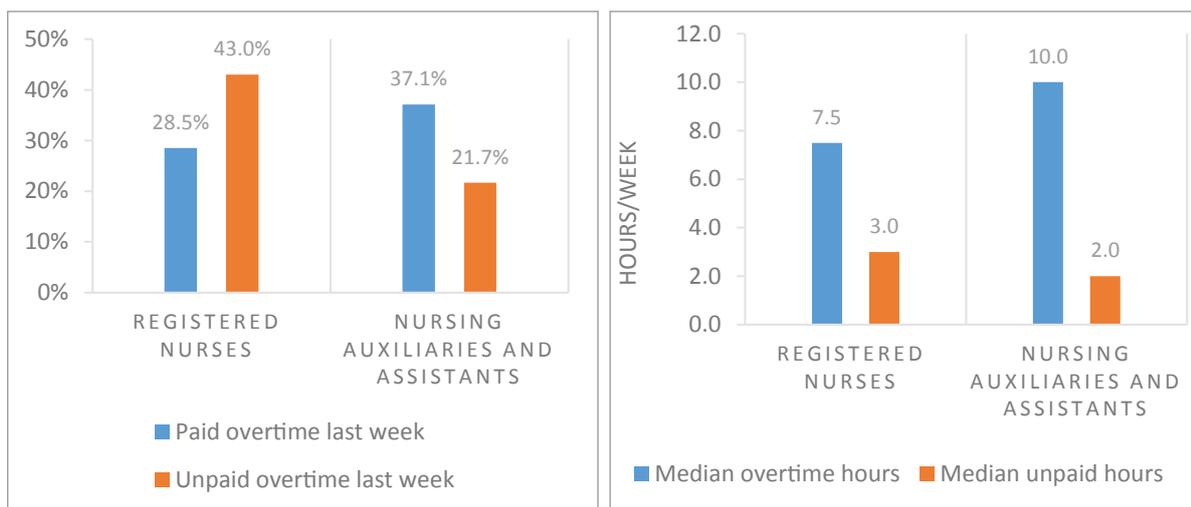
### 5.6

Figures from the 2017 Labour Force Survey clearly demonstrate the impact of low staffing levels in the NHS, with a high incidence of paid and unpaid overtime working. The analysis shows that 29% of registered nurses working in the NHS worked paid overtime and 43% worked unpaid overtime in the week of the survey reference period. For those who worked paid overtime, the median time worked per week was 7.5 hours. For those who worked unpaid overtime, the median time was 3 hours per week.

### 5.7

Looking at nursing auxiliaries and assistants, just over a third (37%) worked paid overtime and among these, the median time spent working was 10 hours per week. Almost a quarter (22%) worked unpaid overtime and among these respondents, the average time spent working was 2 hours per week.

**Chart 11: Paid and unpaid overtime working, registered nurses and nursing auxiliaries and assistants**

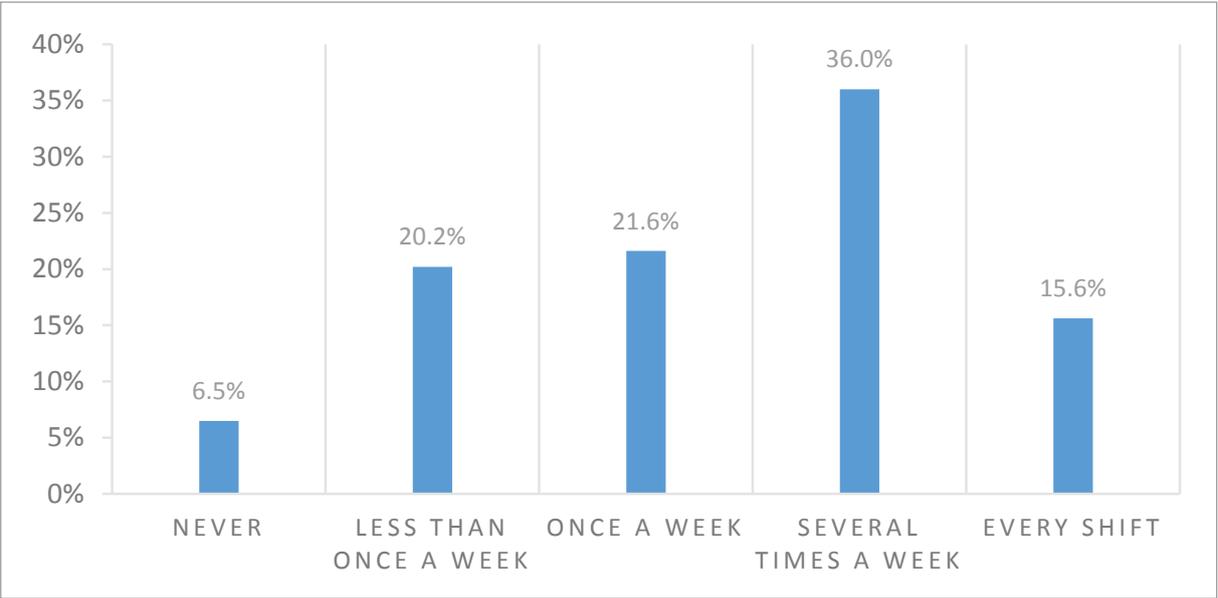


*Source: Analysis of Labour Force Survey April-June 2017*

### 5.8

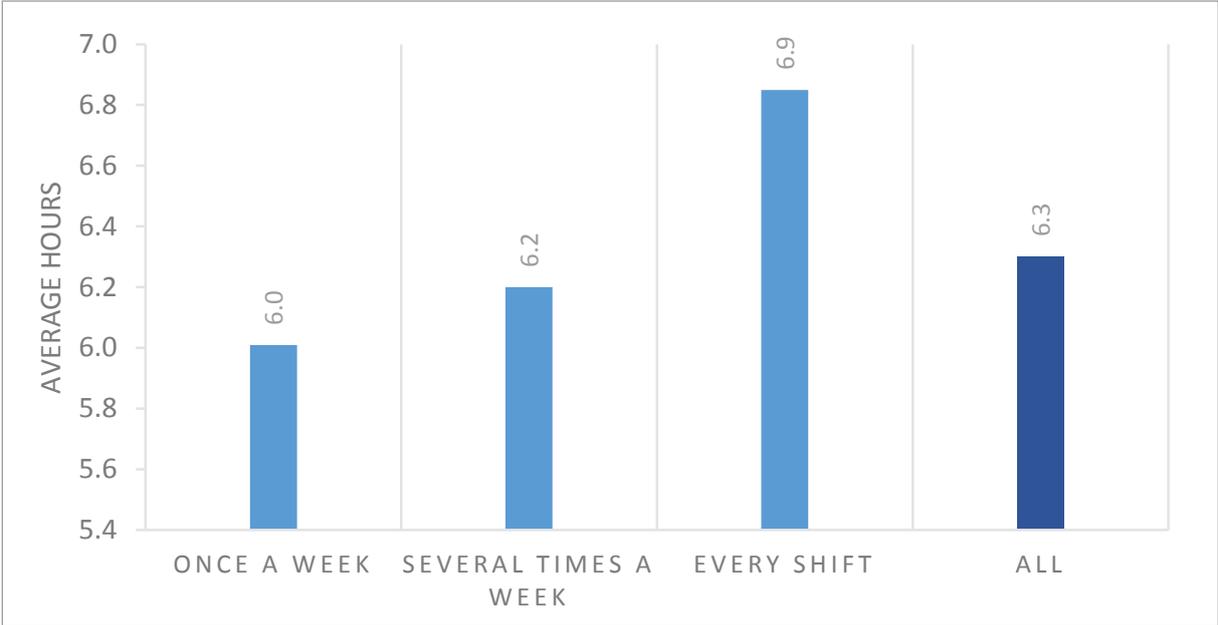
These findings are backed up by the RCN's own Employment Survey, with Chart 12 demonstrating that nursing staff are regularly working excess hours. Indeed, almost three quarters (73%) of respondents report working extra hours at least once a week. Chart 13 goes on to show that among those who work at least once a week, the average time spent is 6.3 hours per week. Of those working excess hours on every shift, the average time spent is 6.9 hours per week.

**Chart 12: Working excess hours**



Source: NHS respondents to 2017 RCN Employment Survey

**Chart 13: Average excess hours per week**



Source: NHS respondents to 2017 RCN Employment Survey

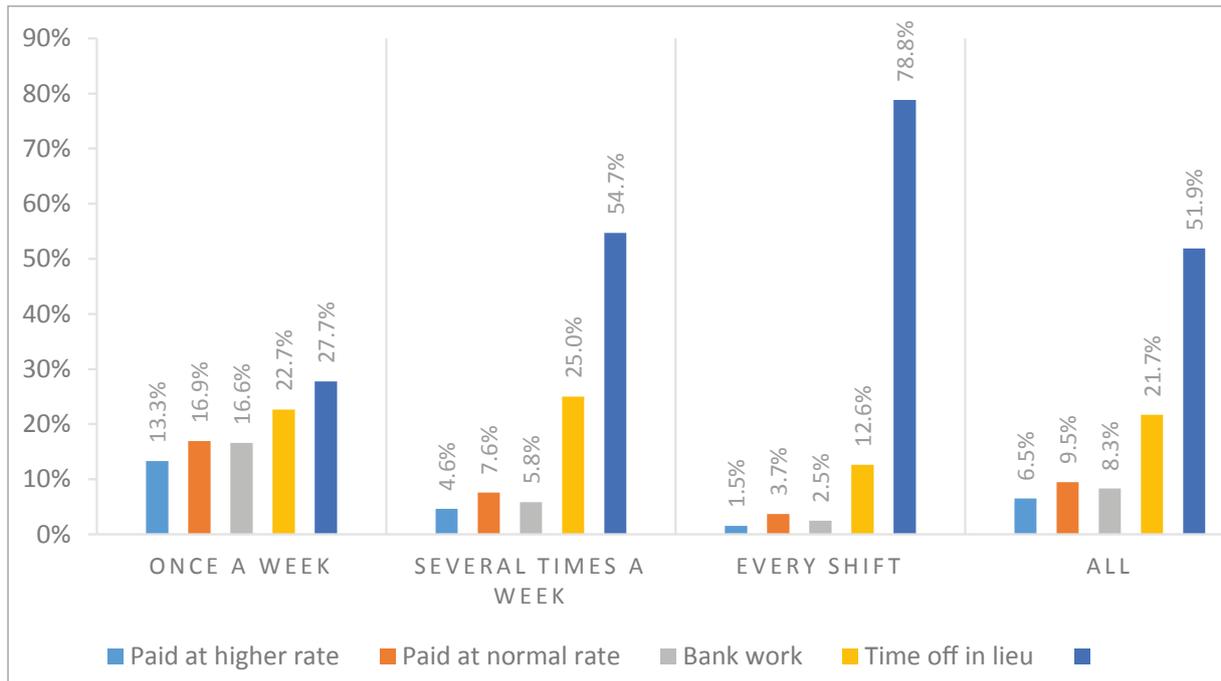
### 5.9

Chart 14 shows that among all those who said they worked excess hours, just over half (52%) said these hours are usually unpaid and 22% said that they receive time off in lieu.

79% of those working extra on every shift stating these hours are unpaid, compared to just 28% of those working once a week. This demonstrates the continued huge reliance on unpaid overtime in the NHS.

Those who most regularly work excess hours are mostly likely not to be paid for this extra work, with

**Chart 14: Method of payment for excess hours**



Source: NHS respondents to 2017 RCN Employment Survey

### Impact of staffing levels

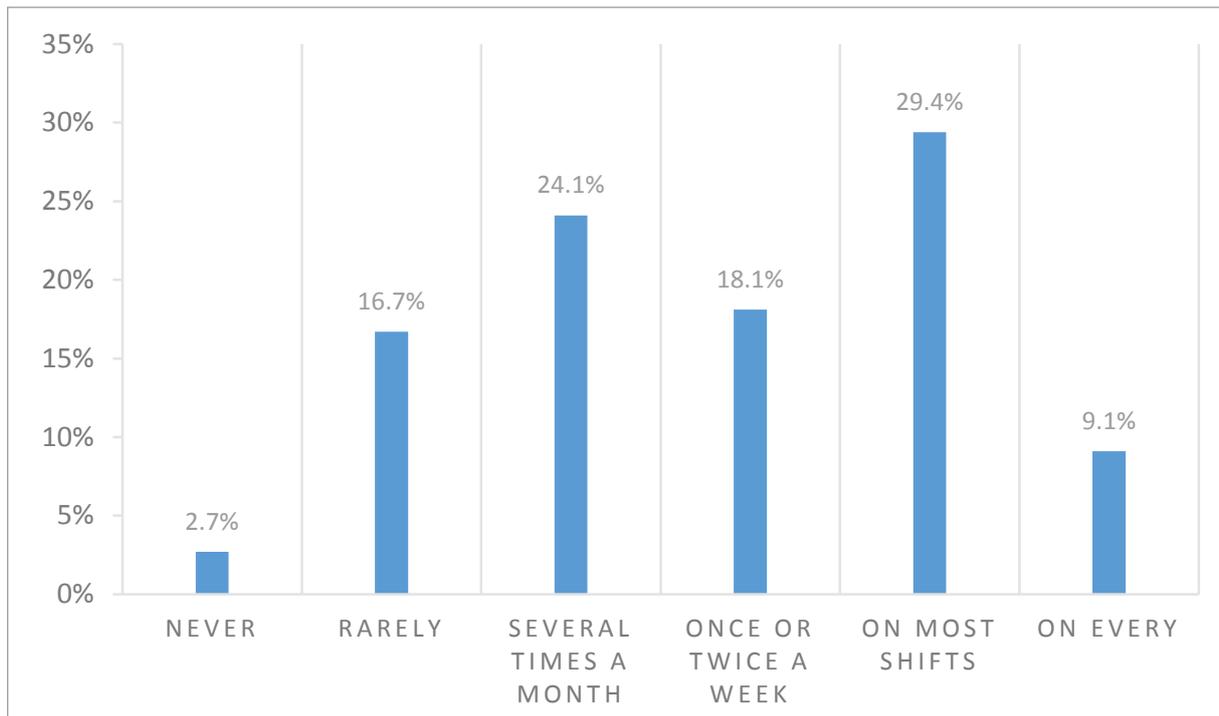
*“Most people are worried about their PIN [NMC registration] all the time working under so much pressure without the right numbers of staff.”*  
 Band 7 Ward Sister, South West England

## 5.10

The 2017 Employment Survey found that only 14% of all nursing staff said that there were sufficient staffing levels in their workplace to meet patient/client needs. As a consequence, almost four out of

ten (39%) nursing staff believe that patient care is compromised by short staffing on most or every shift (as shown in Chart 15). Only 19% believe that patient care is never or rarely compromised.

Chart 15: How often do you think patient care is compromised by short staffing where you work?



Source: NHS respondents to 2017 RCN Employment Survey

## 5.11

The RCN report *Safe and Effective Staffing: Nursing Against the Odds* received responses from over 30,000 RCN members across all health care settings and asked them about the last shift they had worked.<sup>4</sup>

The survey shows that safe and effective staffing is the exception, not the rule and that lack of staffing prevents staff doing their work to the standard they would like. Nursing staff are regularly working additional, unplanned time and this is usually unpaid. Existing staff are plugging the gap between missing staff and the demand for care, because of factors beyond their control.

The main findings:

- 55% of respondents reported a shortfall in planned staffing of one or more registered

nurses on their last shift (58% among NHS providers)

- 41% of all shifts were short of one or more health care support workers
- 20% of the registered nurses were temporary staff; 28% of health care support workers were temporary staff
- 36% of all respondents said that due to a lack of time they had to leave necessary patient care undone
- over half (53%) said care was compromised on their last shift
- 44% said no action was taken when they raised concerns about staffing levels.

## 5.12

Data from NHS Digital for the England workforce and from ISD Scotland show that turnover rates have been increasing in recent months. Chart 16 shows joining and leaving rates for Band 5 nursing staff in England as an indication of turnover among the largest nursing group. By August 2016, the leaving rate had reached

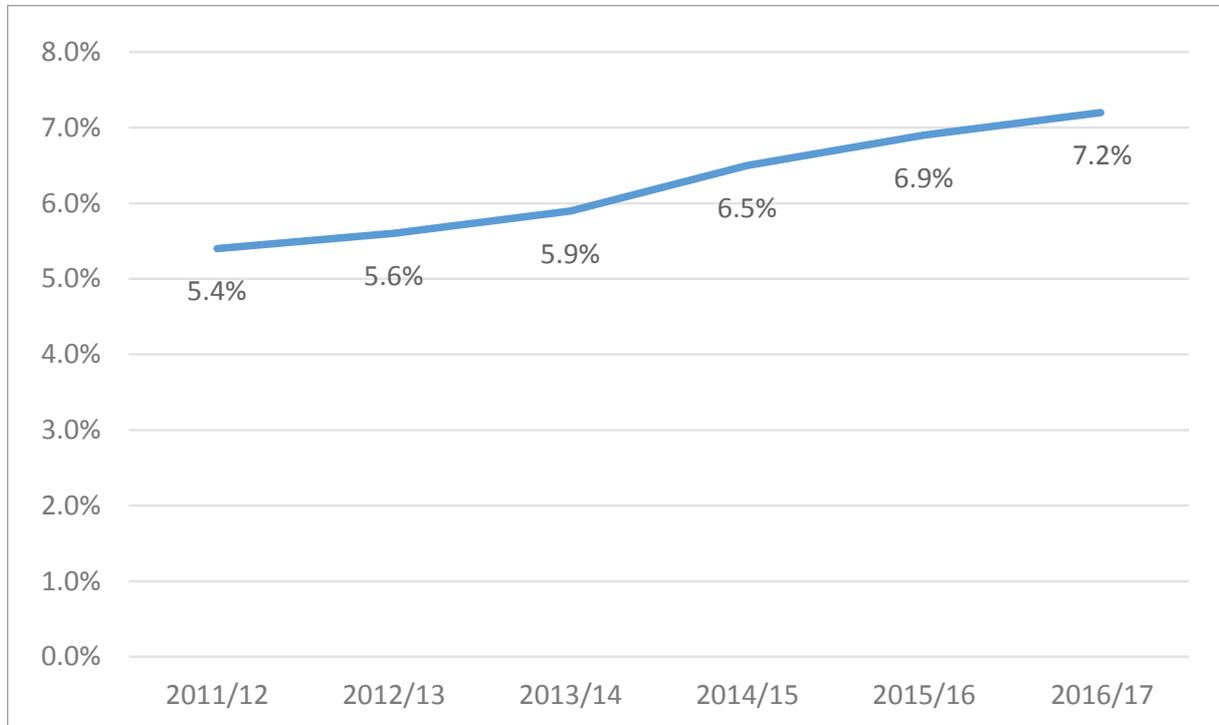
2.3% and overtaken the joining rate of 2.1% demonstrating the instability and vulnerability in the workforce. Chart 17 shows that the turnover rate for all nursing staff has risen from 5.4% in 2011/12 to 7.2% in 2016/17 again showing the instability within the nursing workforce.

**Chart 16: Joining and leaving rates 2015-2016, Band 5 nurses, England**



Source: NHS Digital

**Chart 17: Turnover rates 2011/12-2016/17, nursing staff, Scotland**



*Source: ISDScotland*

## 6. Productivity and nursing

### 6.1

Suggestions from the government that pay should be linked to productivity gains have understandably resulted in great confusion and anger among nursing staff; they ask how much more productive can NHS nursing staff be when so many of them are already working extra hours, have seen their pay cut in real terms for many years, have worked without pay, working through their breaks and staying on after their shift to ensure safety is not compromised and that patient handovers are undertaken properly.

### 6.2

However, nursing staff are well placed to see the blockages to productivity gains and how can improvements could be made without resorting to worsening their terms and conditions. They can see how the pressures and the pace of work are forcing older nurses to take early retirement and while some return to working in the NHS – often as bank nurses – this is a huge loss in terms of skill and experience.

*“My stress level is high. I finish on a Friday but am too tired to do anything but go home and go to bed. I will retire at 55 and most of my colleagues will do the same but there is no one ready to take up the helm and replace that level of experience, there has been no succession planning. We will be heading for a cliff edge.”*  
Band 8a Nurse Manager, Scotland

### 6.3

Our members also tell us that the lack of clinical opportunities for experienced nurses is both demotivating and can prompt staff to leave. Many feel that they are forced into managerial roles with no space to carry on their clinical, patient facing roles.

*“There is a lack of clinical opportunities above band 7 and nurses are forced into management roles. So you get older nurses choosing to retire early then return as a bank or agency nurse because it means return to a clinical role as well as affording them a job with less stress.”*  
Agency nurse, Yorkshire & Humberside

### 6.4

In terms of productivity, many staff also point to the scale and complexity of the paperwork they have to contend with as a barrier to service quality. They describe the target culture and the level of paperwork as getting in the way of improving productivity and patient care.

*“The nursing job is form filling, ticking boxes and risk assessments with no time to care. We have highly skilled practitioners doing paperwork instead of spending time with patients.”*  
Band 8a Nurse Manager, Scotland

*“We’re treating the target not the patient. The focus is beating the clock and not necessarily looking at the patient properly.”*  
Band 5 Staff Nurse, North East of England

### 6.5

We also hear that work pressures not only mean that nursing staff often work extra hours, leaving them exhausted and stressed, but that they get in the way of staff keeping up with new developments, updating their own skills and knowledge and working to their own potential. Moreover, as funding for CPD has been cut drastically in recent years and staff find it more and more difficult to get time for training and development, the NHS is losing out on untapped potential and productivity gains.

*“Nursing is a dead end career now – there’s no funding for training and development.”*  
Band 5 staff nurse, London

*“There is a lack of access to development training and this mean that younger nurses’ career development is being limited.”*  
Band 7 Clinical nurse specialist, East Midlands

## 7. Northern Ireland

### 7.1

Nursing staff in Northern Ireland continue to be the lowest paid in the UK. Despite the announcement by the Northern Ireland Department of Health in December 2017, staff have still not received a pay award for this year (2017-2018), meaning it is the only UK country in which no pay award has yet been implemented for the current financial year. This follows several years of pay restraint, including two years of a pay freeze and the 2014-15 non-consolidated award, which meant that many nursing staff in Northern Ireland received no 'cost of living' pay increase.

### 7.2

Nursing staff have seen their standard of living fall, with no sign of light at the end of the tunnel. The failure to implement an award for 2017-2018 is intensifying the inequity and unfairness experienced hard-working nursing staff. The hardship felt by nursing staff adds to the perception that the care they provide to the people of Northern Ireland is not valued.

### 7.3

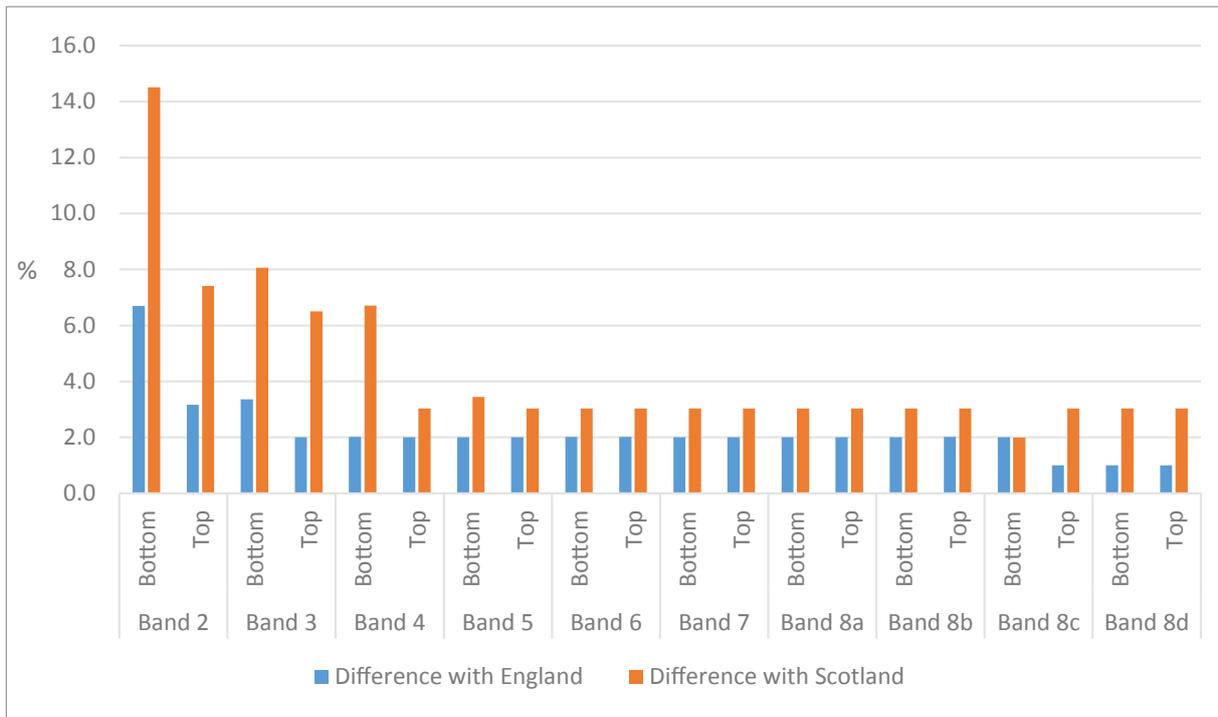
It is also clear that the real terms fall in pay is having a negative impact upon recruitment and retention and, therefore, on staffing levels and patient care. The Northern Ireland Department of Health confirmed in March 2017 that there were 1,262 nursing vacancies in the HSC in Northern Ireland. The RCN estimates that there could be an equivalent number of vacancies in the independent (nursing home) sector. This devalues nurses and nursing, means people are not joining the profession and many people are leaving. And because there are not enough nurses, patients often cannot get the care they need.

### 7.4

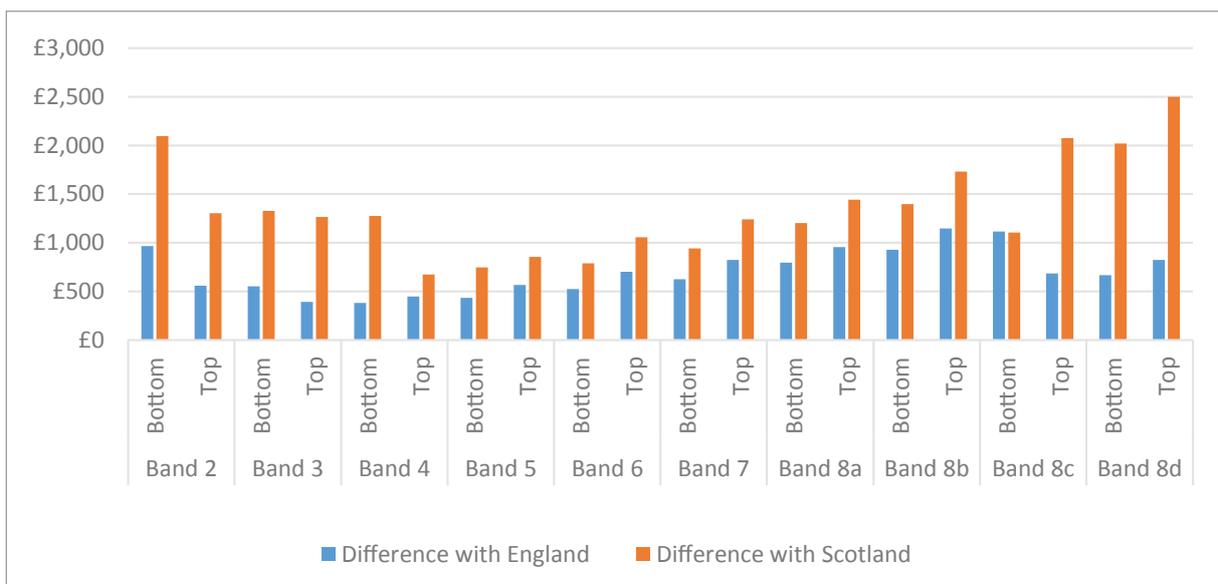
Chart 18 shows the differences in salary at the bottom and top points of each Agenda for Change pay band in percentage terms, comparing Northern Ireland to England and Scotland. Chart 20 shows the same analysis but in cash terms.

Charts 18 and 19 show that a health care assistant at the top of band 2 working in Northern Ireland is earning £201 a year less than a similar colleague in England and should be earning 1.1% extra in salary. The difference rises to £1,304 or 7.4% for a comparison with Scotland. For a nurse on the top of band 5 in Northern Ireland, their salary is £566 or 2% less than a colleague doing the same job in England and £854 or 3% than for a colleague in Scotland.

**Chart 18: Salary differences, top and bottom of each AfC pay band by percentage. Northern Ireland compared to Scotland and England**



**Chart 19: Salary differences, top and bottom of each AfC pay band in cash terms. Northern Ireland compared to Scotland and England**

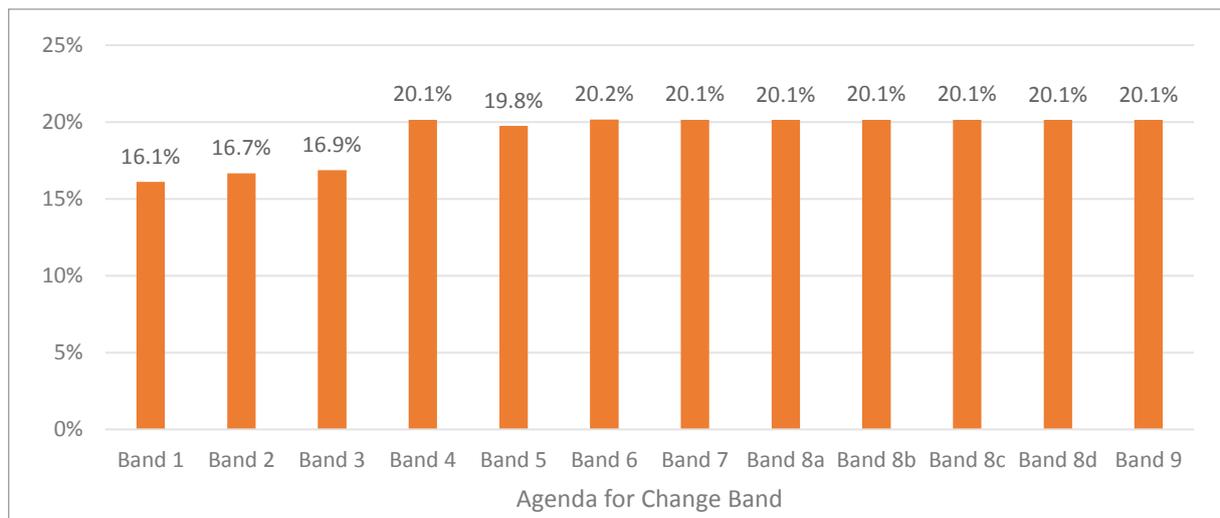


## 7.5

The pay freeze has hit nursing staff all over the UK, but even more so for those working in Northern Ireland. Chart 20 shows the difference in salary if Agenda for Change pay bands had kept up with RPI inflation since 2010/11. If pay bands

had been uprated every year in line with inflation, a health care assistant at the top of Band 2 would now be earning £2,612 extra a year or 16.3% more than their current salary. A band 6 nurse would be earning £7,027 or 20.2% more.

**Chart 20: Real terms loss for top of Agenda for Change pay bands, Northern Ireland**



*“I feel that the current pay cap of 1% is stretching my means to provide for my family. I have to very closely monitor my pay and at present I am finding it harder and harder to make my pay last until my next pay. I have a young family and have to provide for them in both financial and time terms. I further have to do bank hours which eats into my family and rest time.”*

Band 6 Community Psychiatric Nurse, Northern Ireland

*“We obviously haven’t had a ‘proper’ pay rise in many years, so there isn’t the same incentive. In the community we are going alone, into people’s homes, not knowing what’s going to confront us, at risk, no one else there to ask an opinion, or back us up, we have a high level of responsibility to always ‘get it right’, with decisions we have to make, people depend on us so much.”*

Band 5 Community nurse, Northern Ireland

*“Our pay has been capped for too long, it has not gone up in line with inflation. The minimum wage is now too close to our wage. Our mileage allowance has been cut, I cannot afford a new car and am getting more and more into debt and more and more stressed...We are expected to take on more and more roles once carried by doctors or managers. I could cry at the*

*end of every month when I look at my bank account and I do not buy luxuries. I am at the top of my band 5 after working and continued training and up skilling for 14 years and 3 years university training, and I now get paid the same as my little sister who is a newly qualified teacher having done an 8 month PGCE course. In one year her pay will be way above mine. It is absolutely ridiculous.”*

Band 5 Community nurse, Northern Ireland

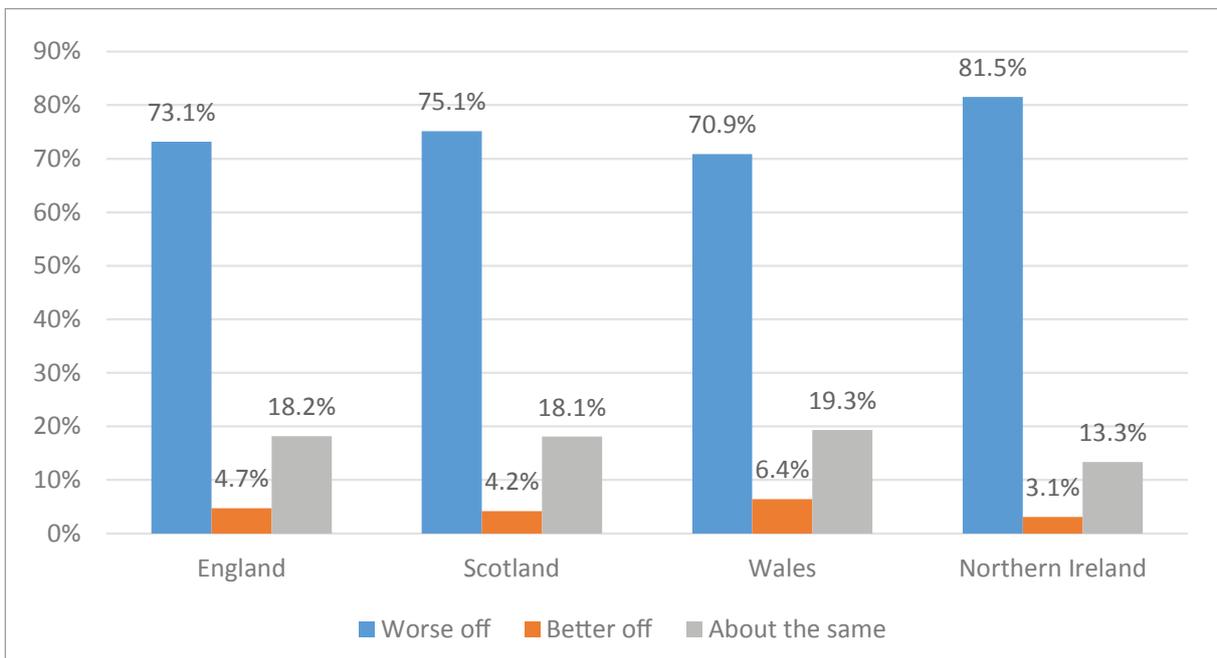
*“In relation to other people with similar job experience, responsibilities and number of years’ service, nurses are paid extremely poorly. Nurses have not had a pay rise for several years and in N. Ireland this year we have not received the 1% awarded to the rest of the UK. However, the 1% awarded falls extremely short of the rise in inflation and given that nurses have received no pay award at all prior to this for many years, we are currently now trying to survive on less income and even less disposable income. With ever increasing stress levels on staff, vast reductions in staff numbers and no immediate plans to increase staff levels, I feel our government is sending out a clear message that nurses and patients needs are very low on their agenda.”*

Band 6 Sister/charge nurse, Northern Ireland

## 7.6

The public sector pay cap has clearly impacted on staff, with 82% of Northern Ireland respondents to the RCN survey stating they are worse off financially than 5 years ago. This is the highest figure of all UK countries.

**Chart 21: Financial situation compared to 5 years ago**

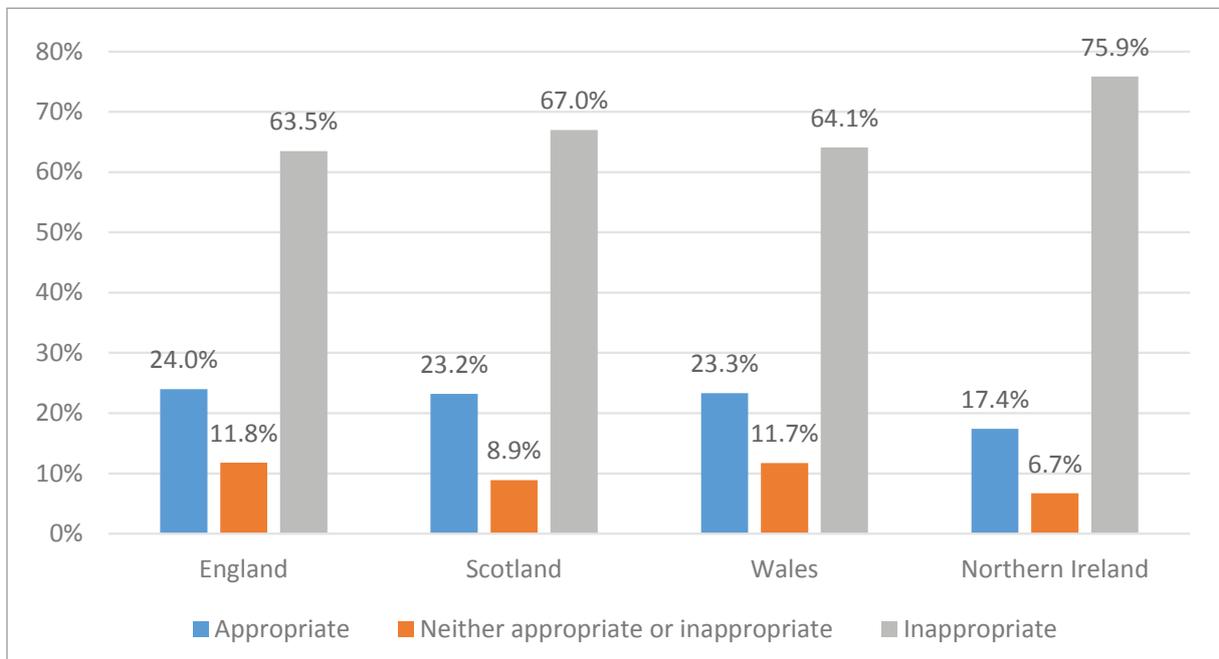


Source: NHS/HSC respondents to RCN Employment Survey 2017

## 7.7

There is also a high level of dissatisfaction with the pay band or grade that respondents are employed on, with 76% stating it is inappropriate. This is compared to 64% in England, 67% in Scotland and 64% in Wales.

**Chart 22: Views about appropriateness of pay band/grade**



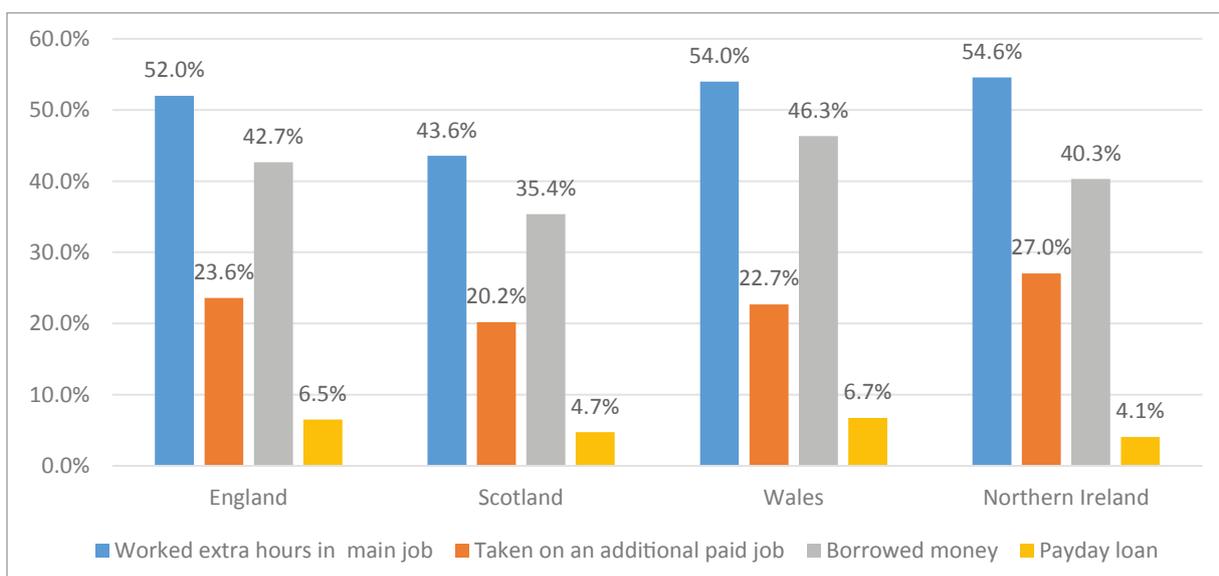
Source: NHS/HSC respondents to RCN Employment Survey 2017

## 7.8

Chart 23 shows that over half (55%) of nursing staff in Northern Ireland are working extra hours in their main job in order to cope financially. A quarter (27%) have taken on additional work and

40% have borrowed money to get by. A small number (4%) have taken out payday loans over the least year.

**Chart 23: Action taken to meet everyday living expenses**

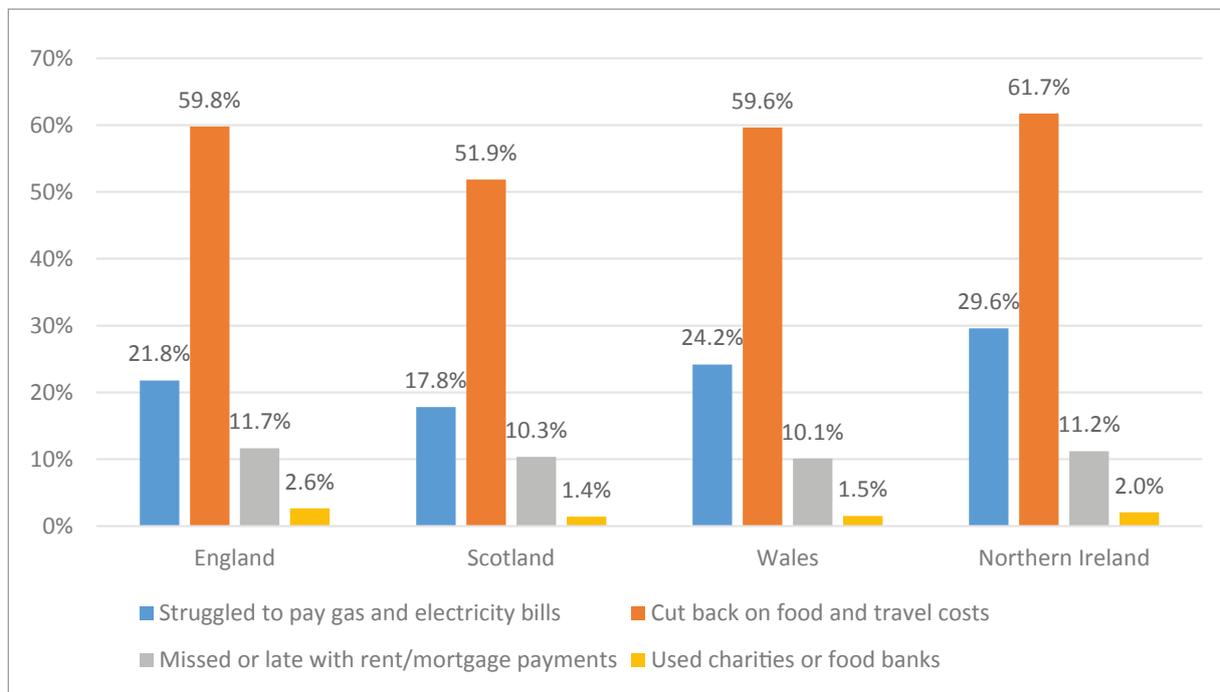


Source: NHS/HSC respondents to RCN Employment Survey 2017

## 7.9

Chart 24 shows that a higher proportion of nursing staff in Northern Ireland have struggled to pay bills (30%) and have cut back on travel and food costs (62%) than in the other UK countries. A small but worrying number (11%) have missed or been late with rent or mortgage payments and 2% have used charities or food banks to get by.

**Chart 24: Impact of financial difficulties**

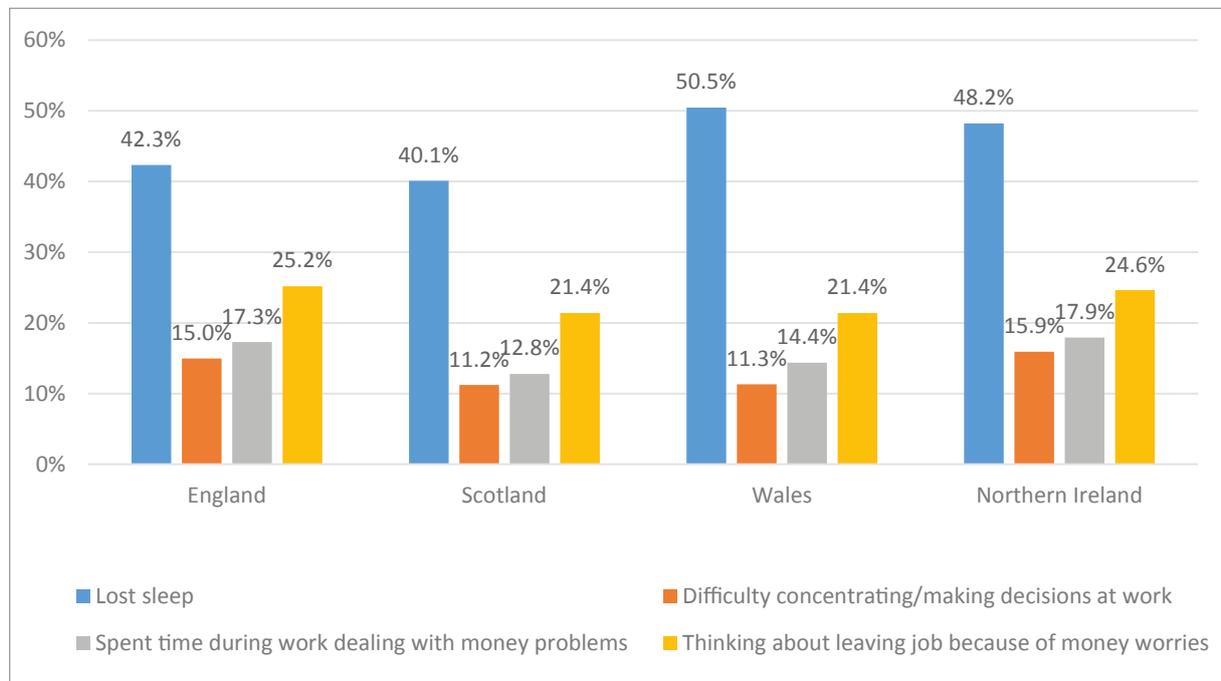


*Source: NHS/HSC respondents to RCN Employment Survey 2017*

## 7.10

The potential impact on patient care is all too obvious, with Chart 25 showing that just under half (48%) of all respondents in Northern Ireland state they have lost sleep because of financial worries and a small number are actually trying to sort out money issues at work (18%) or are actively worrying about their situation when working (16%). A quarter are actually thinking of leaving their job because of their financial situation.

**Chart 25: Impact of financial struggles**



Source: NHS/HSC respondents to RCN Employment Survey 2017

## Recruitment and retention in Northern Ireland

*“There are a large number of very experienced band 5 nurses within NI but very few opportunities for Band 6 / 7 grades unless you want managerial type posts. Difficulties with work life balance are what prompts younger staff to leave. Older staff are just tired.”*

Band 5 staff nurse, Northern Ireland

### 7.11

It is unfortunate that vacancy data is no longer published in Northern Ireland, so it is not possible to ascertain the level of shortages in Health and Social Care services. However, turnover data presented in table 1 suggests a growing problem with recruitment and retention in the HSC. While the number of joiners to the nursing and midwifery workforce has grown since 2014, so has the number of leavers – rising from 4.2% to 5.9% in 2017.

**Table 1: Nursing & Midwifery turnover 2014-2017**

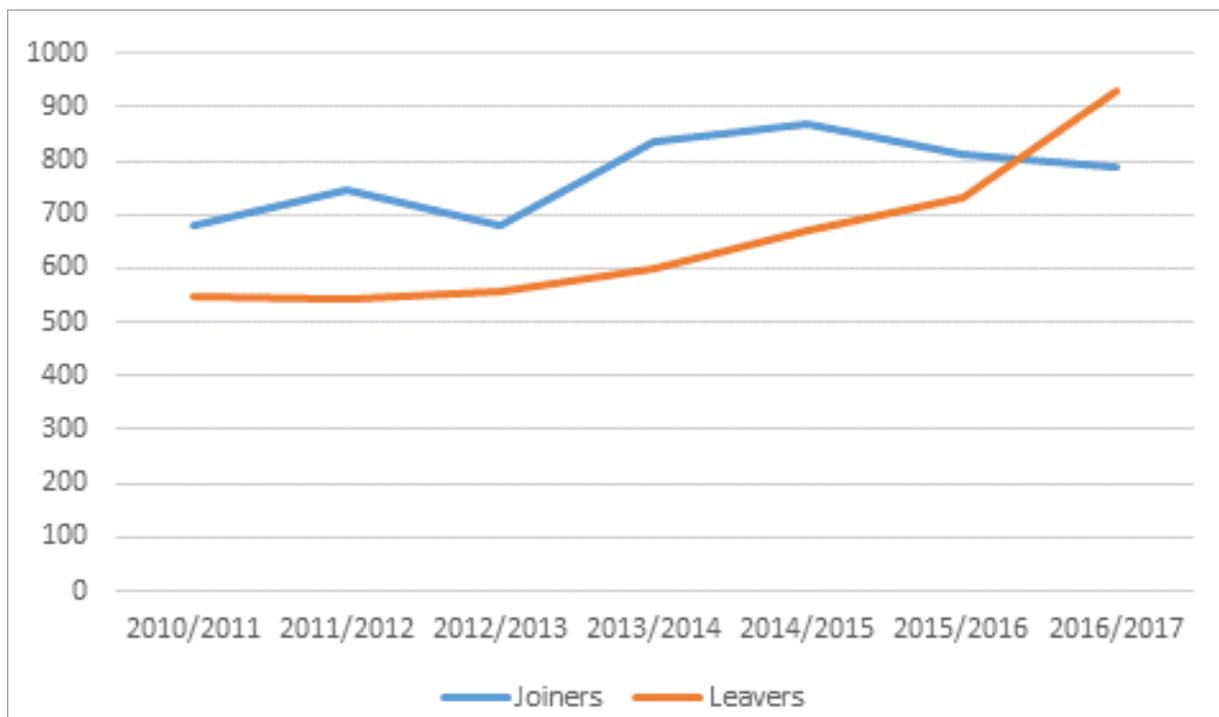
	Leavers		Joiners		Movers	
	Headcount	%	Headcount	%	Headcount	%
2014	889	4.2	1,256	5.9	238	1.1
2015	1,071	5.0	1,228	5.7	323	1.5
2016	1,117	5.2	1,464	6.8	375	1.7
2017	1,299	5.9	1,613	7.4	397	1.8

Source: Northern Ireland health and social care (HSC) workforce census 2014-2017

### 7.12

Moreover, broader NMC data on joiners and leavers to the register show that the number of leavers is now higher than joiners. This indicates a recruitment and retention problem across the whole health and social care economy in Northern Ireland.<sup>5</sup>

**Chart 26: Joiners and leavers to the NMC Register in Northern Ireland 2010/11 to 2016/17**



Source: Nursing and Midwifery Council

## 8. Conclusions

*“Sometimes it’s awful and my sleep is affected – I wake up grinding my teeth.”*

Band 5 Staff Nurse, South West England

*“They are relying on our goodwill – but it’s about to break.”*

Band 5 Staff Nurse, London

- While the NHS is facing unprecedented nursing staff shortages, the RCN does not believe that sufficient steps are being taken to address the problem.
- Failures in workforce planning, combined with pay restraint have led to a ‘perfect storm’ of a crisis in recruitment and retention
- The NHS has long been run on staff goodwill as they go the extra mile to ensure high quality patient care. This is being threatened by nursing staff feeling undervalued and disrespected as they witness the continual erosion in investment in their pay, conditions and staffing levels.
- We call on the Pay Review Body to make a realistic assessment of the nursing workforce and to support Joint Staff Side proposals for a pay rise in line with RPI inflation, plus an £800 flat rate increase for all Agenda for Change staff to make up for lost earnings over the last seven years. We call on the PRB to recommend that the uplift be fully funded so that it is not paid out of current budgets.
- There is an evident weight of expectation and anticipation among RCN members for the UK governments to listen and not to limit the level of any recommendation on pay put forward by the Pay Review Body. This must mean an above inflation pay rise for 2018-19.

# End notes

<sup>1</sup> [www.rcn.org.uk/news-and-events/news/hunt-the-cap-has-been-scrapped](http://www.rcn.org.uk/news-and-events/news/hunt-the-cap-has-been-scrapped)

<sup>2</sup> [www.rcn.org.uk/professional-development/publications/pub-005779](http://www.rcn.org.uk/professional-development/publications/pub-005779)

<sup>3</sup> [www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2017/inquiry/](http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2017/inquiry/)

<sup>4</sup> [www.rcn.org.uk/professional-development/publications/pub-006415](http://www.rcn.org.uk/professional-development/publications/pub-006415)

<sup>5</sup> [www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/](http://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/)

The RCN represents nurses and nursing, promotes  
excellence in practice and shapes health policies

RCN Online  
[www.rcn.org.uk](http://www.rcn.org.uk)

RCN Direct  
[www.rcn.org.uk/direct](http://www.rcn.org.uk/direct)  
0345 772 6100

Published by the Royal College of Nursing  
20 Cavendish Square  
London  
W1G 0RN

020 7409 3333

March 2018  
Publication code 006 821



Royal College  
of Nursing