

## RCN Submission to the Pay Review Body 2020-21

### Introduction

1. This year's submission from the Royal College of Nursing sets out to support the joint union submission, follows the remit letter from the Minister of State for Health which instructs the NHS Pay Review Body not to make any pay recommendations, but to ask members to monitor the implementation impact of the deal.

2. The RCN calls on the PRB to look ahead to 2020 and support progress to achieve a meaningful pay rise for all nursing staff in the NHS. In addition, RCN members are taking industrial action in Northern Ireland for the first time in its 103-year-old history over pay and the nurse staffing crisis. We therefore call on the PRB to support progress in finding a solution to the situation in Northern Ireland.

3. The RCN submission includes this year's Labour Market Review which highlights the main trends and developments in the nursing workforce and shows that while there has been an overall, ten-year increase in nursing staff numbers, this trend masks an alarming picture of:

- High and increasing vacancy levels
- Vacancy levels being covered by bank and agency working
- Faster growth in the nursing support staff workforce than the registered nursing workforce suggesting task shifting and role substitution
- Decreases in the mental health and community nursing workforce
- Lower nursing to population ratios than comparable OECD countries

4. The submission also includes the RCN's Employment Survey 2019 which includes results from nursing staff working across the NHS as well as other health and social care providers. This submission draws out particular results for respondents working in the NHS and highlights that:

- A high proportion of nursing staff in the NHS are dissatisfied with their pay as 65% state their pay grade/band is inappropriate
- There is a strong reliance on nursing staff working beyond their contracted hours in the NHS, with over three-quarters (79%) working excess hours at least once a week. Well over half (57%) state that these hours are usually unpaid
- Four in ten (39%) are seeking a new job, with less than half (47%) committed to looking for a job exclusively in the NHS

### Workforce numbers

#### *The nursing workforce crisis*

5. The Labour Market Review tracks workforce trends across the nursing workforce and pays particular attention to the NHS. This shows that between 2015 and 2019 the nursing support workforce grew at a faster rate than the registered nursing workforce across all four countries, raising serious questions about substitution of the registered nurse role with support roles:

- In England, the registered nursing workforce has grown by just 1.5% between 2015 and 2019. In comparison the nursing support workforce has grown by 7.5% while the whole NHS workforce has grown by 5.9%.
- In Wales, the registered nurse workforce has grown by 1.7% while the nursing support workforce has grown by 6.5%.
- In Scotland the number of registered nurses grew by just 0.3% between 2015 and 2018 and the number of nursing support staff grew by 2.8%.
- In Northern Ireland, the number of registered nurses has grown by 3.4% and the number of nursing support staff has grown by 8.8%

6. There are other common trends across the four countries, including a worrying decrease in the number of nursing staff in certain work areas, including learning disabilities and mental health nursing. In England, there has also been a distinct drop in the number of nursing staff working in community health (15% drop between 2010 and 2019).

7. The NHS in England also facing its highest vacancy rate of 12.1%, with variations across the country, ranging from 15.3% in London and 13.1% in the South East (13.1%) to 9.9% in the North West and 9.5% in the North East and Yorkshire (9.5%). Meanwhile, the leaver rate has grown from 8.5% in 2010 to 10.2% in 2019, with the main reasons given for leaving (after retirement) being relocation and work-life balance.

8. NHS Improvement has stated that a “proportion” of these vacancies are being filled by a combination of bank (estimated to be 67%) and agency staff (33%). However, it is not clear what this proportion amounts to and how many vacancies are being left unfilled. With nursing agency spend amounting to £950 million in the year to March 2019 (2.5% annual increase), vacancies are causing problems for the workforce, patients and for finances.

9. Other parts of the UK are also facing rising vacancy levels: in Scotland the registered nurse vacancy rate is 7.1% and the nurse support staff vacancy rate is 4.2% and while the vacancy rate is not published in Northern Ireland, rates are estimated to be 15% for the registered nurse workforce and 9% for the nursing support workforce. Compared to the UK economy as a whole, there were 2.7 vacancies for every 100 employee jobs in the third quarter of 2019.<sup>1</sup> A report by the RCN highlights the lack of data on vacancies in the NHS Wales, but estimates a vacancy level of over 1,600 registered nurses and also shows that agency spending on nursing staff stood at £63.8 million in 2018/19, representing an annual rise of 24%.<sup>2</sup>

10. Both England and Wales have seen stronger growth in the nursing support workforce than the registered nursing workforce since 2010. While increased investment in the whole nursing workforce is welcome, and skill mix is changes are necessary in order to respond to new evidence and ways of working, the combination of ever-increasing registered nursing vacancies and the below trend growth in the workforce is alarming. There is increasing evidence of the link between registered nurse numbers and safety. Recent evidence from Southampton University shows that lower registered nurse staffing and higher levels of admissions per registered nurse are associated with increased risk of death during an admission to hospital. These research findings “highlight the

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<sup>1</sup> Office for National Statistics, *UK Labour Market November 2019*  
[www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/jobsandvacanciesintheuk/november2019](http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/jobsandvacanciesintheuk/november2019)

<sup>2</sup> [www.rcn.org.uk/professional-development/publications/009-905](http://www.rcn.org.uk/professional-development/publications/009-905)

possible consequences of reduced nurse staffing and do not give support to policies that encourage the use of nursing assistants to compensate for shortages of RNs.”<sup>3</sup>

11. In England, the Interim People Plan was published this year which recognises the crisis facing the nursing workforce and sets out proposals to boost ethical overseas recruitment, create more clinical training places and increase the number of nursing associates. Further details and clarity on funding is expected in 2020. In the meantime, the RCN has called for at least £1 billion to be invested in higher education to stop the nurse shortage spiralling upwards further.

### ***International recruitment***

12. In 2019, the Migration Advisory Committee advised that nurses should remain on a list of shortage occupations in order to aid international recruitment and fill vacancies, highlighting the need for international recruitment to health and social care. This has become particularly important because since the vote to leave the EU, there has been a rapid decline in the number of nurses from the EEA on the NMC register. There has been an 85% fall in the number of new entrants to the NMC register between 2016/17 and 2018/19.

13. The NHS has always relied on nursing staff recruited from outside the UK, and the need is more pressing than ever as it faces a staffing crisis. However, in the continued uncertainty over Brexit, it is still not clear what form the UK’s migration policy will take. It is imperative that new policies do not put barriers in the way of recruiting nursing staff.

### ***Nurse education***

14. The number of applicants to nursing courses has increased for the first time since the withdrawal of the bursary in England in 2017, reversing two years of decline. However, the number of applicants in 2019 was still below 2017 levels.

15. The number of placed applicants onto nursing courses has risen by 4.6%, yet there are variations across the UK. In England, there has been a 3.9% increase, but is below the number accepted in 2016 and behind the government’s pledge made in 2017 to increase places by 25%. In Scotland, numbers have increased by 6.9%, by 5.2% in Wales and 4.8% in Northern Ireland.

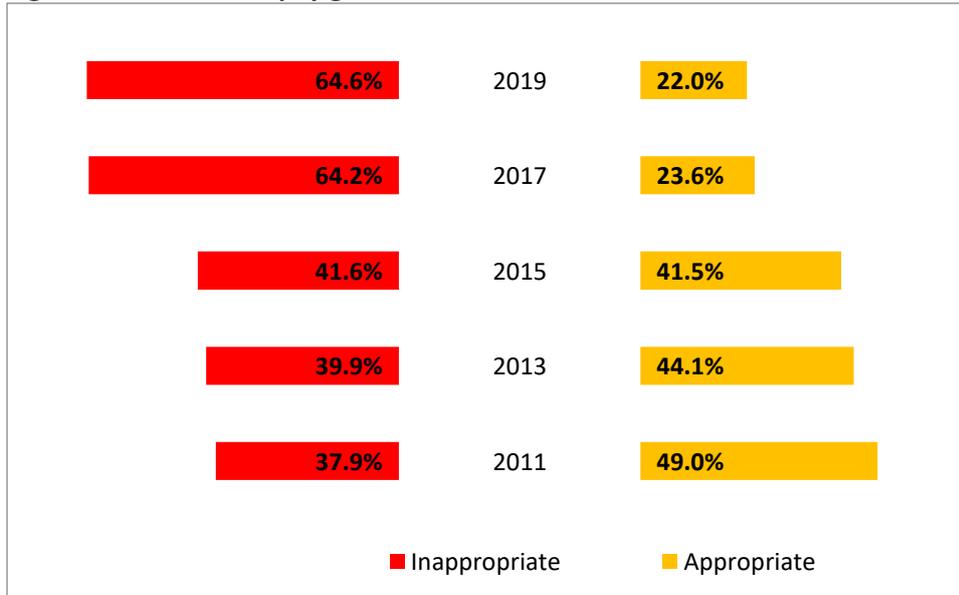
### ***Pay***

16. Figure 1 shows that dissatisfaction around pay bands has gradually been growing since 2011, with almost three-quarters (65%) of members working in the NHS stating that their pay is inappropriate, compared to 38% in 2011. Less than a quarter (22%) view their pay as appropriate compared to half (49%) in 2011. The level of dissatisfaction is generally at the same level among respondents across the UK.

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<sup>3</sup> BMJ (2019) Griffiths, P. et al. Nurse staffing, nursing assistants and hospital mortality: retrospective longitudinal cohort study

**Figure 1: Views about pay grade/band, 2011-2019**

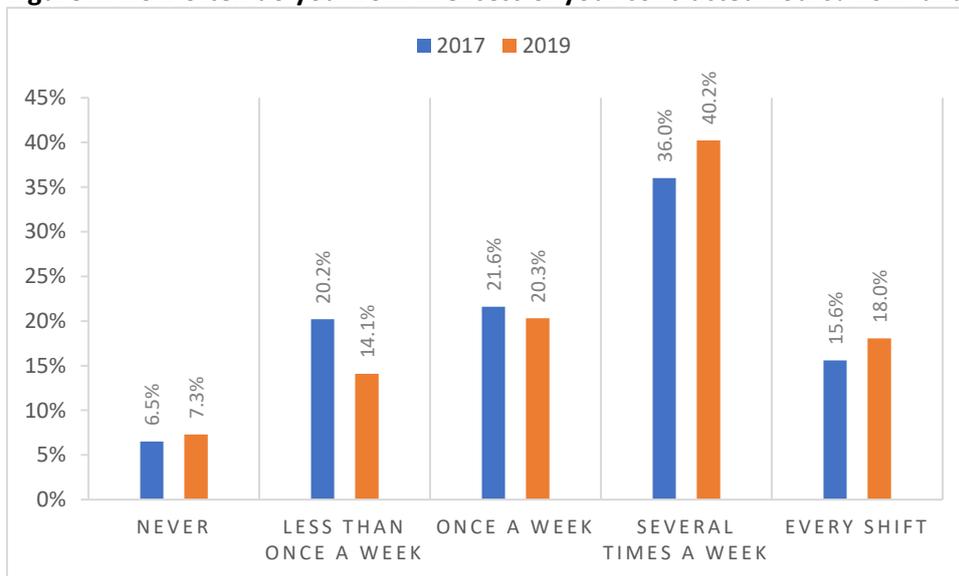


Source: NHS respondents to the RCN 2019 Employment Survey

### Morale and Motivation

17. Figure 2 shows the extent of extra working beyond contracted hours among nursing staff in the NHS. 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, compared to around half (51.6%) in 2017, demonstrating the NHS's reliance on nursing staff working beyond their contracted hours.

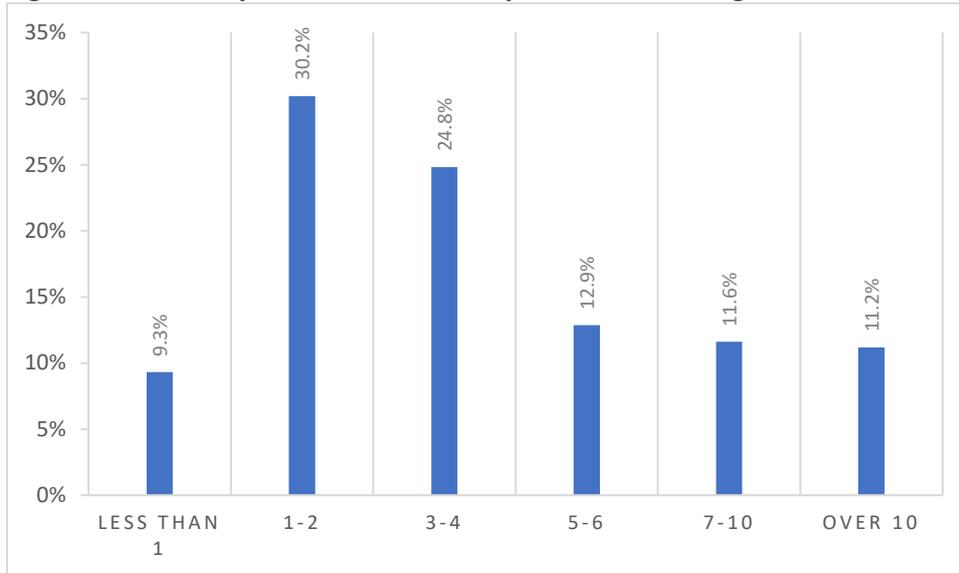
**Figure 2: How often do you work in excess of your contracted hours? 2017 and 2019**



Source: NHS respondents to the RCN 2019 Employment Survey

18. Figure 3 goes on to show that among those who work additional hours, the majority (55%) do so between 1 and 4 hours a week.

**Figure 3: How many additional hours do you work on average each week?**

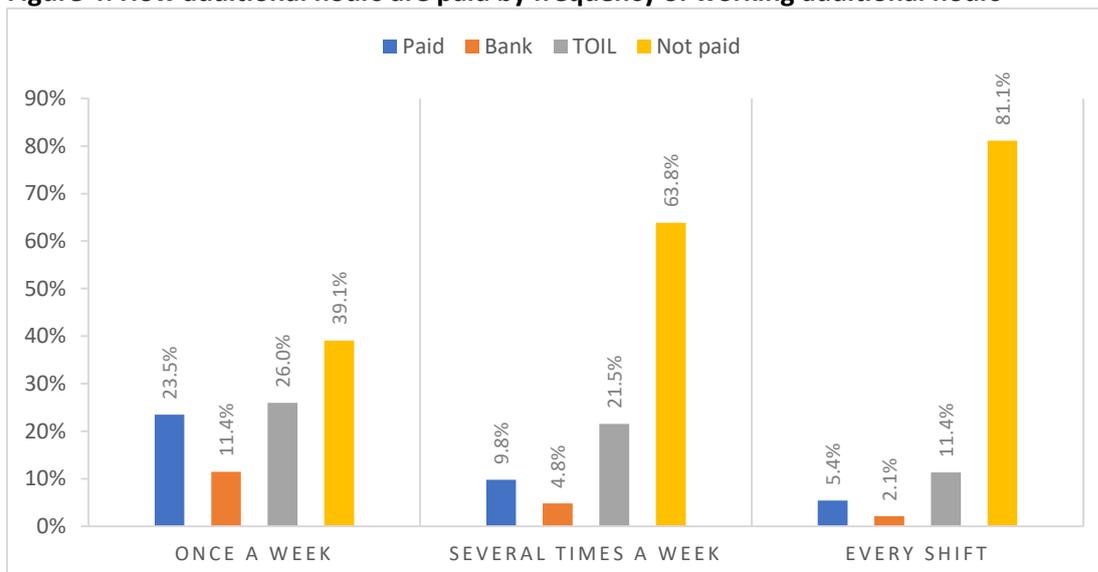


Source: NHS respondents to the RCN 2019 Employment Survey

19. Among those who work additional hours, well over half (57%) stated that these hours are usually unpaid. A further 22% stated that these hours are usually paid by Time Off in Lieu (TOIL), 14% said they were paid and 7% paid as bank work.

20. Figure 4 goes on to show that the more intensive the excess hours, then the more likely it is that respondents are unpaid. Among respondents who state they work excess hours every shift, 81% say these hours are not paid, and almost two thirds (64%) 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.

**Figure 4: How additional hours are paid by frequency of working additional hours**

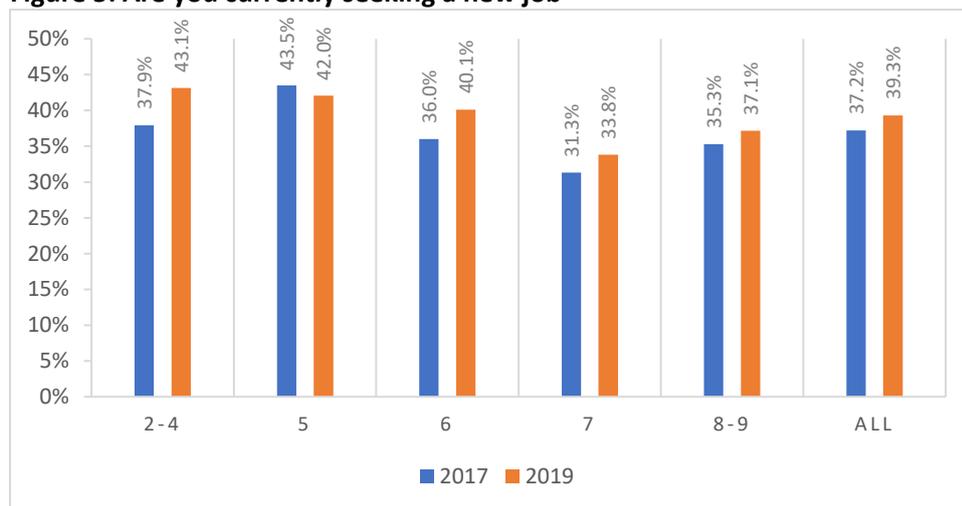


Source: NHS respondents to the RCN 2019 Employment Survey

## Retention

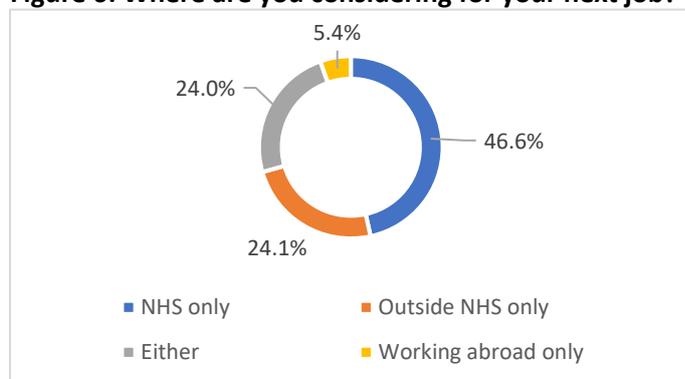
21. Figure 5 shows that four in ten (39%) are all respondents were seeking a new job, compared to 37% in 2017. Staff employed in bands 2-5 are most likely to state they were looking for a new job. Less than half (47%) were exclusively considering the NHS for their next job, with a quarter considering a job outside the NHS and another quarter considering either the NHS or outside the NHS. While turnover of staff is normal for any organisation, these are problematic findings for the NHS as it desperately needs to retain existing staff.

**Figure 5: Are you currently seeking a new job**



Source: NHS respondents to the RCN 2019 Employment Survey

**Figure 6: Where are you considering for your next job?**



Source: NHS respondents to the RCN Employment Survey

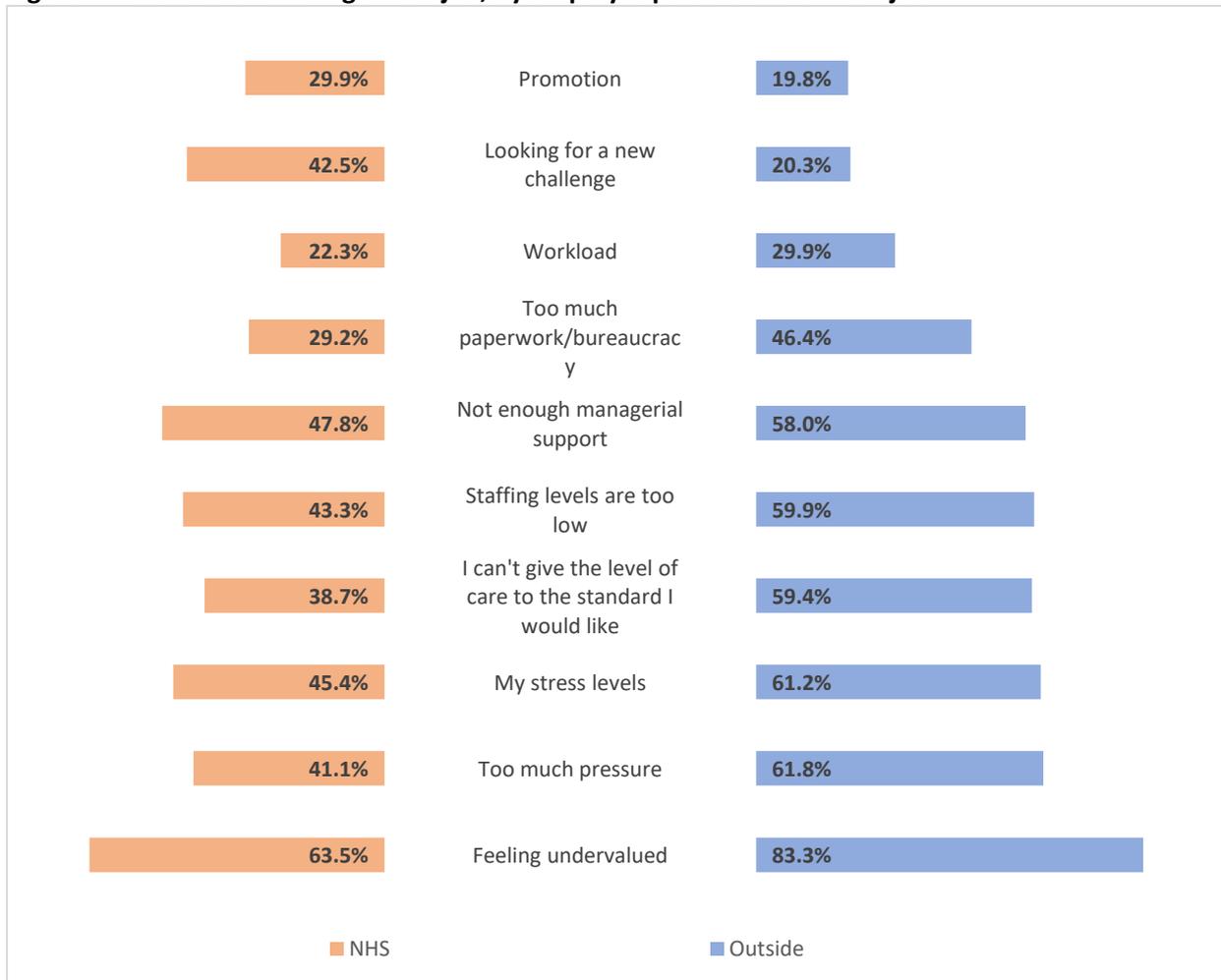
22. The main reasons respondents were considering a new job were negative reasons including:

- feeling undervalued: 73%
- stress levels: 54%
- not enough managerial support: 52%
- too much pressure: 51%
- not being able to give the level of care to the standard they would like: 49%

23. Figure 7 provides further analysis of these figures by comparing the reasons for seeking a new job against whether respondents would prefer a new job outside or within the NHS. Those considering a new job outside the NHS are more likely to be motivated by negative feelings, for

example feeling undervalued and feeling under too much pressure or stress than those considering a job within the NHS. This suggests that there is a substantial number of nursing staff either actively looking for a new job or considering leaving due to feeling undervalued or under too much pressure and do not see moving within the NHS as a solution.

**Figure 7: Reasons for seeking a new job, by employer preference for new job**



Source: NHS respondents to the RCN 2019 Employment Survey