NHS Pay Review Body 2016-17

On 8 March 2016 the NHS Pay Review Body recommended a 1% consolidated pay rise for all staff across the UK as well as a 1% uplift to the minima and maxima for High Cost Area Supplements. The PRB rejected the Government’s suggestion that the pay award should be targeted to particular geographical areas or staff groups within the overall 1% cost envelop.

The UK governments have accepted these recommendations and the award will be made from 1 April 2016.

The Scottish Government also confirmed that staff earning under £22,000 will receive a further sum to increase their pay by at least £400, ensuring all staff are paid at least the Scottish Living Wage.

The report raises concerns about the impact of various government policies on the health service’s ability to retain and recruit staff in the future. In particular, it highlights the introduction of the National Living Wage (NLW) and says the attraction of other professions will grow with the introduction of the NLW:

“It remains to be seen how NHS will fare when there are other (potentially less stressful) available options for their lower-paid staff, offering pay that is closer or equivalent to what they can earn in the NHS. This could impact on future retention levels, including pay differentials between bands and the incentive to progress.”

It also says it has “serious doubts” about the prospect of the NHS having to pay for the NLW increases within the 1% pay cap and calls on the Government to make clear how it will be funded in future.

The PRB warns about the Government’s plan to replace nursing bursaries with a system of loans:

“The removal of bursaries for student nurses could also have a disruptive impact on supply or the quality of supply; at the least, precedent suggests a risk that demand for these courses from potential quality students could fluctuate in the first two or three years, as the new arrangements are phased in.”

The independent body also warns about the impact of long-term pay restraint on the NHS:

“If the position is allowed to deteriorate further and the employer proposition begins to erode, pay and pay-related factors will become ever more prominent and may require a costly solution over the longer term.”

The increase will apply to all points on the Agenda for Change pay scale from 1 April 2016.

In response to the award, the RCN said while it was encouraging the governments had accepted the PRB’s recommendations, nursing staff cannot afford for pay constraint to continue. Since 2010, nursing pay has fallen by at least 14% in real terms, and increasingly staff are taking out loans and second jobs, just to make ends meet.

Contact: Rachael McIlroy
There are particular implications for NHS Pension Scheme members in England and Wales on AfC bands 8a and b resulting from the PRB recommendations.

In the NHS Pension Scheme, employee contribution rates are set in tiers with scheme members paying contributions on all their pensionable earnings in each tier. This is unlike the general tax system where rates may change but only on earnings above a particular point. Pensionable earnings include basic pay, unsocial hours payments and High Cost Area Supplements etc. However, contributions are not set in line with NHS AfC pay rates as the scheme is open to workers outside the NHS.

The design of the tiers is to ensure that overall, scheme employees pay an average of 9.8% of pensionable pay into the scheme. Many employees remain in the final salary sections of the schemes (1995 and 2008 sections) with higher earners paying in more to reflect the greater benefits they received from career progression.

The 1% pay uplift for 2015-16 will have an unexpected impact on those who are at the top of band 8a. The rise in basic pensionable pay will move them from an NHS pension contribution rate of 9.3% to 12.5%. This means they will have a considerable reduction in take home pay with no increase in pension benefits.

At the top of 8a in England and Wales, the 1% pay increase means a gross pay increase of £475 - from £47,559 to £48,034. This crosses the pension contribution tier boundary with annual pension contributions due to rise from £4,423 to £6,004 (gross) and means that taxable income after pension contributions will go down from £43,136 to £42,030.

We are looking into this situation in case there may be any way to resolve the issue (which don’t cause any knock on problems). We are also looking at whether there are similar effects in any other pay bands which result in staff moving from a lower tier to a higher tier either as a result of the 1% increase and/or taking unsocial hours payments into consideration. However, from what we understand at the moment there is no way this situation can be changed.

It is complicated by the fact that it is a situation that could arise again due to the need for the scheme to deliver the yield required. The NHS contribution rates are set in the 2015 Regulations (Section 30). It is unlikely that Government would agree to amend these rates. Also, the requirement for the scheme to yield 9.8% of pensionable pay overall would remain.

The establishment of a tier system always runs the risk that people who tip over into a new rate will be caught by a higher contribution rate. In the joint trade union response to the consultation on the 2015 Regulations we understood this and proposed a solution to Government, that for the four year period to 2019 the contribution rate for all NHS scheme members should rise by 0.1% and at the same time for the tiers to move in line with changes in AfC rates. We believed that this would have ensured that in this period employee contributions remained stable. While this proposal was rejected by UK Government, arrangements were made for the Scotland scheme in their 2015 Regulations to avoid this issue happening.

Contact: Gerry O'Dwyer

Joint Representatives’ Conference 10-11 March

180 reps gathered in Liverpool on 10-11 March for the UK joint reps conference. In recognition of the RCN centenary, the event was a celebration of trade unionism in nursing past and present.
Reps had the opportunity to reflect on how their role has changed over the years and what the future may hold for trade union activity at the RCN. Stewards felt that they were dealing with more complex cases. However, resources and support from the RCN had improved and stewards valued how the case management system had improved accountability and their relationship with officers. The reps felt that the number of members requiring their support, advice and signposting to information was increasing. Learning reps and safety reps also discussed how their roles had evolved to include an increasing involvement in questioning and influencing activity.

Looking to the future, there was concern about doing more in less time with the threat to facilities time from the Trade Union Bill, changes to commissioning structures, devolution, revalidation and more consultations all potentially increasing the rep workload. To prepare for this greater Branch engagement and strengthening local networking, increasing visibility in the workplace and more collaboration between the three rep types in their workplaces were highlighted.

Delegates also discussed the role of the rep in promoting learning and reducing the incidences of bullying and harassment in the workplace.

**New rep hub on the RCN website**

A new area on the RCN website for reps was launched at the UK joint reps conference in Liverpool earlier this month. [www.rcn.org.uk/rep](http://www.rcn.org.uk/rep)

Pre-login pages give information about the three rep roles and how to become a rep. Some rep film clips to accompany this information are under development and will be available on these pages when completed. The post-login rep hub has been developed in consultation with reps to meet their practical information needs. It provides access to a range of publications, links and other resources to support active representation.

**Key information on the new rep hub:**

- Signposting – links to information for members relating to their employment, health and safety, or learning and development.
- Organising and campaigning – resources to support the recruitment of members and engage them in RCN campaigns.
- Supporting and representing – information to help reps support and/or represent individual members.
- Questioning and influencing - practical guidance on picking up issues in the workplace before they become major problems and working collaboratively to address these issues
- Case management portal
- Your development – handbooks, conferences
- News stories relevant to reps
- UK reps committees – links to information about their work and membership

**Contact: Jenny Lillywhite**

**Health and Safety**

**Healthy workforces: NHS England**

The attached briefing is being circulated to all NHS trade unions on the healthy workforce initiative and associated financial incentive schemes introduced by NHS England.
The initiatives and local activity around healthy workforces provide a good opportunity to promote and implement the RCN’s *Healthy Workplace, Health You* campaign and promote local partnership working on the health and wellbeing agenda.

[www2.rcn.org.uk/newsevents/campaigns/healthy-workplace](http://www2.rcn.org.uk/newsevents/campaigns/healthy-workplace)

**Contact: Kim Sunley**

### Learning & Development

### Union Learning Fund

March sees the end of RCN Union Learning Fund (ULF) projects in England. The RCN has successfully bid for over £1.4 million from the ULF funding over the past eight years to fund activity that promotes and protects learning in the workplace and the role of the learning representative.

Successes include the signing of over 29 learning agreements with employers across the NHS and independent sector and, most recently, working with employers to support staff to prepare for an increased pension age and working later in life.

The UK Learning Representatives Committee have thanked the ULF and the project team for their support and want to stress to the RCN English regions the importance of sustaining support for the role of the learning rep and learning in the workplace.

**Contact: Emily Spencer-Rigby**

### NHS Staff Survey: England

The results from the 2015 NHS Staff Survey for England were published on 23 February. The survey received responses from 299,000 NHS staff, with a response rate of 41%.

While most staff (81%) feel satisfied with the support they get from close colleagues, the proportion of staff working extra hours has continued to increase – now standing at 73%. There is also evidence that the pressures of work impact on the wellbeing of many staff members: 37% report feeling unwell due to work related stress in the last year.

The attached reps’ briefing analyses the results for registered nurses and health care assistants and goes on provide a few pointers on to use and interpret these figures.

**Contact: Rachael McIlroy**