Royal College of Nursing Evidence to the NHS Pay Review Body 2014-15

This submission accompanies the evidence presented by the Staff Side trade unions and supports the key recommendations made in the report. It also makes some additional recommendations based on the findings from our own research.

1 Summary and recommendations

This year’s RCN submission shows that work intensification and job related stress, made worse by reduced staffing levels are becoming all too common features of the NHS working environment. All of these factors are becoming barriers to the retention of nursing staff and meanwhile, we are returning to a boom and bust cycle of economic and workforce planning in the NHS. Against this background, nursing staff are facing falling real terms pay, with earnings between six and nine per cent lower than if they had kept in line with inflation since 2009. This equates to between £1,048 and £2,824 in lost earnings. Nursing is a predominantly female workforce and as nursing staff are often the sole or main breadwinner in the household, they are bearing the brunt of stagnant wages and rising living costs, particularly for travel and childcare.

The RCN believes that unless steps are taken by the Pay Review Body to ensure that NHS salaries make up some of the ground lost over the last few years, there are real risks of deep disillusionment of nurses with their profession. To prevent this disillusionment having lasting damage to morale and motivation and to recruitment and retention, all aspects of the employment contract need attention – particularly pay and rewards.

We call on the Pay Review Body to:

- recognise the impact of and potential damage caused by shrinking nursing numbers and work intensification on patient care and service quality and on workforce morale and motivation, recruitment and retention
- recognise that recent amendments to the Agenda for Change agreement have gone far enough and that any further centrally directed changes, particularly suggestions that nurses’ pay should be tied to how well they look after patients, are unnecessary. The RCN believes that the Knowledge and Skills Framework already provides a satisfactory mechanism to monitor performance and calls on the Pay Review Body to recommend no further actions are taken to alter the structure of the Agenda for Change agreement.
- acknowledge that there exists a health risk for nursing staff as their stress levels reach breaking point and a safety risk for patients and NHS organisations. We also call on the PRB to acknowledge that staff engagement has been damaged by the NHS work environment and organisational culture. We call on the Pay Review Body to recognise the damaging impact of heavy workloads, and work pressures on the nursing workforce and their levels of work engagement and to acknowledge the damaging implications for recruitment and retention in the NHS
- recognise that the impact of inflation has damaged the living standards of NHS staff and that the continued stagnation of wages risk damaging future recruitment and retention.
2 Introduction and context

“We provide care at the frontline for other people’s relatives and loved ones, forgetting ourselves and our loved ones. I believe for the amount we do as nurses we are under paid. As nurses on the frontline of providing and implementing care we should be paid more reasonably.”

Respondent to RCN 2013 employment survey, Staff nurse, AfC Band 5

“The amount of work we do clinically and managerial, I strongly think we should be paid more to increase nurses’ morale and to retain the experienced nurses, also this will motivate more people to go for nursing.”

Respondent to RCN 2013 employment survey, Sister, AfC Band 6

In last year’s evidence we highlighted the issue of nursing staffing levels and drew attention to the RCN’s campaign for safe staffing levels in response to concerns about vacancy freezes, rising workloads, changes to skills mix and cuts to both existing posts and to student numbers. Over the last twelve months these concerns have been even more acute, particularly in the light of the Francis Inquiry into care at Mid Staffordshire NHS Foundation Trust.¹

The Francis Report demonstrated the dangers of low staffing levels and poor practice environments while the associated Keogh Review into the quality of care and treatment provided by other hospital trusts in England identified concerns about staffing levels, skill mix, support for staff and a fear of raising concerns - all of which impact on patient care and safety.

These reports have served to bring attention to the severity of staffing problems in the NHS. In the space of one month, the number of full-time equivalent qualified nursing, midwifery and health visiting staff in the NHS in England fell by around 1,000 between March and April this year, meaning a total drop of almost 3,000 since April 2010 in England alone. However, the reports have also contributed to an unprecedented level of scrutiny and judgment over the quality of nursing care provided, making nurses and health care assistants (HCAs) across the whole of the NHS feel under a great deal of pressure.

This pressure and scrutiny only adds to the personal demands placed on nursing staff facing real terms wage cuts and increased pension contributions, as well as professional demands resulting from heavy workloads and understaffing.

Staff shortages mean that nursing staff are regularly performing overtime in order to catch up with their duties or cover for staff and as reported by the National Nursing Research Unit (NNRU) at King’s College London, nurses regularly have to leave care undone because of staffing shortages.² The authors concluded that: ‘There is a strong relationship between registered nurse staffing levels and the prevalence of care being left undone - and, the better the practice environment the smaller the volume of care that is left undone.’

¹ The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry
² Ball et al (2013) ‘Care left undone’ during nursing shifts: associations with workload and perceived quality of care, British Medical Journal Quality & Safety Online First
   http://qualitysafety.bmj.com/content/early/2013/07/08/bmjqs-2012-001767.full.pdf+html
Staffing levels and concerns about practice environments are impacting on staff engagement across the whole workforce. For example, the 2012 NHS Staff Survey for England found that just 40 per cent of all staff were satisfied with the extent to which they felt that their trust values their work; 35 per cent said that communication between senior managers and staff is effective; 38 per cent are satisfied with their level of pay; only 52 per cent look forward to going to work; and 38 per cent have suffered work-related stress in the last 12 months.

Research evidence on staff engagement is incontrovertible – high levels of engagement are linked to improved patient safety and mortality, reduced absence and staff turnover and improved safety measures – yet staff engagement is highly dependent on the balance between resources and demands. NHS staff are being asked to deal with ever increasing demands for health care, with reduced budgets and static or lower staffing levels.

While pay in itself is not always manifested as the main motivator for nursing staff working in the NHS, there are signs of increasing pay dissatisfaction in the face of declining real terms wage levels and motivation being consistently eroded by the pressures of work.

1.1 The importance of work engagement in the NHS

Job demands linked to staffing levels, time constraints and workload are the major factors in nursing staff feeling able to provide the standard of care they would like. The RCN 2013 Employment Survey found that six out of ten (61 per cent) NHS nursing staff said they are too busy to provide the level of care they would wish to. When we last conducted this research in 2011, just over half (55 per cent) agreed they were too busy to provide a high level of care.

Other research undertaken by the National Nursing Research Unit (NNRU) at King’s College found that most ward nurses are forced to ration care, and not do or complete certain aspects of it, including adequate monitoring of patients, because they do not have enough time. The research states that most nurses (86 per cent) reported that one or more care activity had been left undone due to lack of time on their last shift. Most frequently left undone were: comforting or talking with patients, educating patients and developing/updating nursing care plans – all of which contribute to improving patient experience.

However there are other, important factors which also impact on work engagement. The work led by Professor Michael West which provides much of the evidence on staff engagement in the NHS presents a definition of high performance human resource management systems, with key components defined as training, performance management, participation, involvement, use of teams and employment security.

NHS Staff Surveys and recent RCN membership surveys show that on all these measures, staff engagement is being at best tested, and at worst eroded due to the combination of extensive unpaid overtime working, high levels of stress, anxiety about both their employment and their financial security and declining levels of morale, as well as worryingly high and increasing levels of bullying from managers and colleagues and violence and harassment from patients or service users and/or their families.

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3 Freeney, Y and Tiernan J (2009) Exploration of the facilitators of and barriers to work engagement in nursing, International Journal of Nursing Studies 46(12) 1557-1565
http://qualitysafety.bmj.com/content/early/2013/07/08/bmjqs-2012-001767.full.pdf+html
There is also growing evidence of the link between work engagement and nurses’ burnout which Michael West describes as a negative psychological syndrome strongly linked to stress. Indeed a recent report on nurses’ working conditions across the USA and Europe showed that the UK had one of the highest rates of nurse burnout. Moreover, those nurses reporting high levels of burnout were also likely to state they intended to leave their job.

The RCN calls on the NHS Pay Review Body to recognise the impact of and potential damage caused by shrinking nursing numbers and work intensification on patient care and service quality and on workforce morale and motivation, recruitment and retention.

1.2 Pay and performance
The Francis Report suggested that nurses’ pay should be tied to how well they look after patients. The RCN believes that the existing Knowledge and Skills Framework provides an adequate mechanism for performance management. We also believe that the suggestion in the Francis Report is highly divisive, and would create divisions both between nursing staff and colleagues from other disciplines, and between nursing staff working in the same team. In fact, health care is highly reliant on team working across and between professional boundaries and setting artificial boundaries would be highly damaging. Differentiating the quality or impact of care to the level of an individual practitioner would also be difficult in practical terms. Quality and a culture of care cannot be driven by compliance with targets and the threat of the withdrawal of pay.

This suggestion, allied to the threat made by June’s spending review to end incremental pay progression has caused alarm and anxiety among the RCN membership. The evidence presented by Staff Side details the agreement made earlier this year to alter Agenda for Change in England including the provision for progression through all incremental pay points to be conditional on individuals demonstrating that they meet locally agreed performance requirements. Extensive reforms have therefore already been agreed between NHS Employers, the Department of Health and Staff Side on how nursing staff are paid, which the RCN believes go far enough.

The current need to promote high levels of staff engagement and motivation has been shown to be crucial. Yet NHS nursing staff are dealing with ongoing pay restraint, NHS reorganisation, budgetary pressures, public and political judgment of the way they deliver care and how they are paid; all of which are testing staff motivation and engagement. Now is not the time to add to this pressure by introducing further changes to Agenda for Change, particularly through performance-related pay.

The RCN believes that further changes to Agenda for Change are unnecessary and calls on the Pay Review Body to recommend no further actions are taken to alter the structure of the Agenda for Change agreement.

2 NHS nursing workforce
Information on nursing numbers is collected in different ways across the different UK countries. This section attempts to explain recent trends in workforce numbers for qualified nursing staff and HCAs and also at commissioning numbers for pre-qualified students across the UK.

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5 Aiken L et al (2012) Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States
www.bmj.com/content/344/bmj.e1717
2.1 England
The chart below shows the changing workforce in the NHS in England over the last three years. Between April 2010 and April 2013, full-time equivalent (FTE) staffing numbers fell by 2,867 (almost one per cent).

**England: qualified nursing, midwifery and health visiting staff (full-time equivalent)**

![Chart showing the changing workforce in England](chart.png)

*Source: NHS Hospital and Community Health Service (HCHS) Workforce Statistics in England*

Since April 2013, the responsibility for commissioning education and training has been transferred to local education and training boards (LETBs), supported by Health Education England. While commissioning plans are still emerging at the time of writing, the chart below shows a fall of 16 per cent between actual commissioned places in 2009-10 and planned places for 2012-2013.

**England: nursing commissions 2007/8-2012/13**

![Chart showing nursing commissions](chart2.png)

*Source: HC Written Answers to Questions, 31 January 2013, Col 871W*
While the actual number of bank nursing staff employed is unclear, the amount spent on bank staff gives an indication of increased use in recent months. The chart below shows that total monthly earnings increased by 28 per cent from the beginning of 2013 to March 2013 from £25.2 million to £32.2 million. While this does not necessarily indicate an increase in the volume of bank staff employed in the NHS in England, the figures suggest an overall trend of increased reliance on temporary staffing at the same time as reduced permanent staff numbers.

England: total monthly earnings for qualified nursing, midwifery and health visiting bank staff

Source: NHS Hospital and Community Health Service (HCHS) Workforce Statistics in England

2.2 Scotland

The number of qualified nurses and midwives has fallen by 1.3 per cent between March 2010 and June 2013. However, there has been a small recovery between June 2012 and June 2013, after having fallen by three per cent between September 2010 and March 2012.

Scotland: nursing and midwifery staff (full-time equivalent)
In Scotland, the RCN has successfully lobbied for the Scottish Government to halt the year-on-year cuts to student numbers in 2013-14. The overall student intake for 2013-14 will be 2,530, which is a four per cent increase on the 2012-13 figure of 2,430.

2.3 Wales
The number of qualified nursing, midwifery and health visiting staff in Wales has fluctuated slightly over the last few years, with a fall of 0.2 per cent between 2012 and 2010.

Wales: qualified nursing, midwifery and health visiting staff

2.4 Northern Ireland
The number of qualified nursing and midwifery staff has increased by 1.3 per cent between March 2010 and March 2013. However, the number of nursing commissions has fallen from 760 in 2009 to 634 in 2012, a drop of 17 per cent.

Northern Ireland: qualified nursing and midwifery staff (full-time equivalent)
2.5 Nursing workforce - conclusions
This year’s Labour Market Review (LMR) conducted by Professor James Buchan for the RCN states that the combination of a decline in NHS nurse staffing numbers (in part the result of recruitment freezes, in part because of redundancies) plus reductions in the numbers of pre-registration nurse education places being commissioned must be considered alongside “reduced investment in skilling up current staff, and NHS staff pay freezes”. The LMR states that: “In combination, these cost containment led actions are reducing the numbers of new nurses that will come into the UK labour market, and have reduced job opportunities and career mobility for current nurses.”

The report goes on to warn about the impact of “significant year by year swings in projected nurse staffing requirements, driven by short term local funding projections” and that this “real difficulties in terms of sustaining the security of national supply of nurse and ensuring that there is some degree of career predictability so that these nurses can be retained and receive additional training, when required.”

The RCN calls on the PRB to recognise the impact of falling staffing numbers, reductions in commissioned education places, reductions in training budgets on future supply of nurses, their job opportunities and career mobility.

3 Morale and motivation in the NHS workforce
As set out in section 1, the need to promote an effective culture of engagement in the NHS has never been as important. The Francis Report identified low staff morale, bullying, disengagement from management and a lack of compassion towards patients as factors which contributed to failings in care and highlighted the need for staff to be “empowered with responsibility and freedom to act in the patient’s interests under strong and stable leadership in stable organisations.”

This section starts by looking at key indicators of morale and motivation and then looks at other research data to attempt to explain these findings. We draw on the 2013 RCN Employment Survey as well as the NHS staff surveys for England, Wales and Northern Ireland.
The 2013 RCN Employment Survey asked respondents about their attitudes to nursing as a career. It is encouraging that a relatively high number (67 per cent) continue to view nursing itself as a rewarding career, however, this figure has slipped slightly since 2011, and other findings suggest growing discontent with working in the NHS.

For example, just one third of respondents (32 per cent) believe that nursing will continue to offer a secure job – falling from 74 per cent in 2009. Just under two-fifths (39 per cent) said that they would recommend nursing as a career compared to 44 per cent in 2009. In addition, only one-third (35 per cent) disagreed with the statement: “I would not want to work outside nursing” with a similar percentage agreeing (38 per cent).

The chart below shows findings relating to job satisfaction, with just under two-thirds (64 per cent) stating they are enthusiastic about their job and a similar number (62 per cent) stating they have considered leaving in the previous 12 months.

A higher number of members told us they had considered leaving their job compared to the previous survey, with 54 per cent stated they had done so in 2011. In terms of numbers who were actively seeking a change in employment at the time of the survey, figures are expectedly lower with over a third (37 per cent) stating they were seeking alternative employment or retirement, compared to 35 per cent in 2011. Of those seeking alternative employment, just over half (53 per cent) were looking for jobs with a different employer suggesting a high amount of churn in the system.
Research undertaken at Aston University into staff engagement in the NHS demonstrates that satisfaction with quality of work and work pressure best predicts the likelihood of staff recommending their organisation as a place to work.\(^6\) Having an interesting job and a role that makes a difference best predict staff motivation. The next two sections therefore look at key indicators relating to quality of work and work pressure, then the level to which nursing staff feel they have an interesting job and role.

### 3.1 Quality of work and work pressure
The RCN Employment Survey provides key indicators about both quality of work and work pressure. The chart below shows barely half of all respondents reported satisfaction with working hours (56 per cent in 2013 compared to 58 per cent in 2011) and even fewer are able to balance work and home lives (41 per cent in 2013 compared to 48 per cent in 2011). This feeling of being under too much pressure at work (reported by 64 per cent of respondents) is also impacting on the ability to provide care with 61 per cent reporting that too much of their own time is spent on non-nursing duties (compared to 54 per cent in 2011).

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The level of work pressure is linked to a high level of overtime working among nursing staff, with 16 per cent stating that they work in excess of their contracted hours on every shift, 41 per cent do so several times a week and 16 per cent once a week. One fifth (19 per cent) work extra hours less than once a week and just eight per cent never do so.

The majority of staff (92 per cent) regularly work extra hours and of these – one third (32 per cent) usually work four or more hours a week overtime and 11 per cent work six or more hours a week. One half stated that overtime is usually unpaid, thus revealing the sheer scale of the NHS’s reliance on staff prepared to work additional hours.
The 2012 NHS Staff Survey for England found that 80 per cent of qualified nurses and 56 per cent of HCAs reported that in an average week, they work longer than the hours for which they are contracted. The 2012 HSC Staff Survey for Northern Ireland also found that 74 per cent of qualified nurses and midwives had worked more than their contracted hours over the previous year (compared to 68 per cent of all respondents), and that 55 per cent regularly work unpaid overtime. The most frequent reasons given for working unpaid overtime were that they want to provide the best care they can (93 per cent), that they don’t want to let colleagues down (84 per cent), that they need to meet deadlines (73 per cent) and that it is impossible to carry out their work if they don’t do so (72 per cent).

The 2013 RCN Employment Survey also shows that increased workloads are combining with higher stress levels. Eight out of 10 respondents (83 per cent) said that their individual workload had increased over the previous year, while a similar number (78 per cent) reported they are under increased stress than 12 months ago, compared to 68 per cent in 2011 and 55 per cent in 2009.

Other findings point to reasons for increased workload and work pressure in the NHS as set out in the chart below. Over one third (37 per cent) of respondents told us that their workplace had instigated recruitment freezes with vacancies unfilled over the previous 12 months. This appears to be an ongoing situation, with 40 per cent of respondents reporting recruitment freezes in 2011. A further 17 per cent stated that posts had been cut and a third (39 per cent) reported that skill mix changes have been introduced, usually meaning a shift towards a higher ratio of HCAs to registered nurses.

Six in ten respondents (59 per cent) stated that there had been a reduction in registered nurse staffing levels and four in ten (39 per cent) a reduction in HCA staffing levels in their workplace in the previous 12 months. This suggests that staffing cuts are affecting registered nurses as well as HCAs, but that registered nurses are slightly more at risk.
3.1.2 Workload and stress

Stress is the single biggest cause of sickness absence in the UK and its prevalence is particularly high among nursing staff. The NHS 2012 Staff Survey for England reported that 43% of qualified nurses and 34 per cent of HCAs had felt unwell as a result of work related stress in the previous 12 months, compared to 38 per cent of all NHS staff.

The RCN's 2013 survey *Beyond breaking point?* showed that the nursing workforce is struggling with both high workloads and the fast pace of work, while feeling unsupported and detached from the changes being implemented within their workplace. Respondents report working long hours, combined with unrealistic time pressures and unachievable deadlines. This survey used the HSE Management Standards to measure levels of stress among the nursing workforce. While respondents were drawn from the NHS, independent sector and other parts of the public sector, members from the NHS made up the majority (76 per cent) of the group and overall findings are generally reflective of those for NHS nursing staff.

The HSE Management Standards allows the measurement of work-related stress against six primary stressors: demands, control, role, management support, peer support and change. The HSE has identified that, if not appropriately managed, these areas have a negative impact on employee wellbeing. The results demonstrate that RCN members are under a great deal of pressure at work and that their level of wellbeing is both far below the average for Britain’s working population and below the level found in the last RCN survey undertaken on stress among nursing staff in 2005.

In other survey findings, three-quarters of respondents indicated that their stress levels had increased over the previous year; with the chart below showing that the major sources of increased stress being workload, staff shortages and not enough time to do the job. *Beyond breaking point?* explains that nursing is often a physically demanding job, with high levels of musculoskeletal stress and a high risk of infection. It can also be mentally demanding requiring individuals to be constantly ‘on the ball’ - as well as emotionally draining.

Work stressors, such as the way the job is organised, shift working, overtime and long hours can have an impact on health outcomes and this is borne out in the survey, which revealed that over half (55 per cent) of respondents stated that they had felt unwell due to stress levels and 46 per cent had felt unwell due to heavy workloads in the previous 12 months.
Reasons for increased stress levels

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<td>Workload</td>
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Source: RCN Beyond breaking point?

3.2 Work engagement

As stated above – a key predictor of staff motivation is work engagement and whether employees have an interesting job. The chart below provides some indicators on how respondents feel about their work based on 2013 RCN Employment Survey responses. The survey asked respondents whether it would be difficult for them to progress from their current grade. Almost three quarters (71 per cent) stated it would be difficult and while this is a similar figure to that reported in 2011, this has increased from 60 per cent in 2009. Fewer respondents state that their manager provides opportunities to keep up with new developments related to their job (41 per cent in 2013 compared to 49 per cent in 2011) and very few respondents (24 per cent) stated their job is more interesting or stimulating than 12 months previously.
3.3 Career progression

The 2013 Employment Survey and Beyond breaking point? report, as well as local information, point to growing frustrations about career progression and mobility within the NHS. Almost three quarters (71 per cent) stated that it will be difficult to progress from their current grade and many RCN members expressed frustration about the lack of opportunities or encouragement, while others reported that they are working at a more advanced level than that recognised by their pay scale.

“I am top of Band 6 and I cannot progress to Band 7 as this tier has been virtually deleted in my area of work.”

Respondent to 2013 RCN employment survey, community nurse, AfC Band 6

“I work beyond pay grade 5 but management will not upgrade to 6 due to salary costs.”

Respondent to 2013 RCN employment survey, clinical nurse specialist, AfC Band 5

“Working in critical care environment for past 14 years. Have been paid at Band 6 for rotational post for a year, but despite having sufficient competencies for the post there is no prospect of further promotion in the area. Therefore reverted back to Band 5 status.”

Respondent to 2013 RCN employment survey, staff nurse, AfC Band 5

“There is no career progression or recognition for those Band 5 nurses who remain in the ward area you have to go into ward management or specialist nursing roles the backbone of the nursing profession is not recognised.”

Respondent to 2013 RCN employment survey, staff nurse, AfC Band 5
We are seeing signs of growing feelings of frustration among the nursing workforce both in terms of restrictions to career progression and mobility and in terms of skills development not being fully recognised and rewarded.

3.4 Morale and motivation - conclusions

While nursing staff do not want to leave patients in need of care, there is growing evidence that they are being forced to ration care. This is a direct result of low staffing numbers and leading to RCN members plugging the gaps by undertaking ever increasing levels of free overtime.

*The RCN believes that there exists a health risk for nursing staff as their stress levels reach breaking point presenting a safety risk for patients and NHS organisations. We also believe that staff engagement has been damaged by the NHS work environment and organisational culture.*

*The RCN calls on the Pay Review Body to recognise the damaging impact of heavy workloads, and work pressures on the nursing workforce and their levels of engagement and to acknowledge the damaging implications for recruitment and retention in the NHS.*

4 NHS pay and conditions

“Last two years no increment and the responsibility and work related stress is increased every day. Daily life is very much in struggle due to increased prices and cost of living.”

**Respondent to 2013 RCN employment survey, Staff nurse, NHS hospital ward, AfC Band 5**

“I think the basic frozen pay, considering the huge responsibility and requirements of the job, and considering how much living costs have gone up recently, is now too low. Only unsocial hours enhancements help to boost up pay to a living wage.”

**Respondent to 2013 RCN employment survey, Staff nurse, AfC Band 5**

The 2012 NHS Staff Survey for England found that 35 per cent of qualified nurses and 45 per cent of HCAs were dissatisfied with their level of pay. The 2012 HSC Staff Survey for Northern Ireland found that 52 per cent of qualified nurses and midwives stated they were dissatisfied with their level of pay. The 2013 RCN Employment Survey also found that 41 per cent of respondents working in the NHS stated that their level of pay or band was inappropriate given their role and responsibilities.

The 2013 RCN Employment Survey went on to ask members about their financial concerns in the light of the two-year pay freeze, rising living costs and changes to the NHS pension scheme. The findings reveal both a high level of anxiety among nursing staff about their financial situation and uncertainty about job security.
While household income has gone down or stayed the same for eight in ten (83 per cent) respondents over the previous 12 months, expenditure has increased for a higher number (88 per cent). Concerns about financial situations and levels of personal debt have increased in two-thirds (64 per cent) and a third (35 per cent) of all cases. Meanwhile, just over half (52 per cent) stated they were increasingly worried about job cuts and redundancies in the NHS.

Other findings suggest that this is justifiable as six in ten respondents (59 per cent) stated that there had been a reduction in registered nurse staffing levels and four in ten (39 per cent) a reduction in HCA staffing levels in the previous 12 months.

The chart below shows the trend in average earnings for qualified nursing staff in England between March 2009 and March 2013. If earnings had kept in line with inflation over this period, they would be £2,824 or nine per cent higher than the actual figure (£30,544) in March 2013. The next chart shows the same for nursing support staff which provides an indication of lost earnings for HCAs. If earnings had kept in line with inflation since March 2009, they would now be £1,048 or six per cent higher than the actual figure (£17,610) in March 2013.

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7 Using mean average earnings for all qualified nursing, midwifery and health visiting staff from the Health and Social Care Information Centre
8 While this category also includes other staff such as clerical and administrative staff, this is the best measure we have for HCAs. This chart uses mean annual average earnings for support staff to doctors and nurses from the Health and Social Care Information Centre
The following two charts show the trend in basic pay for nursing staff in England between March 2009 and March 2013. If qualified nursing staff basic pay had kept in line with inflation over this period, they would be £1,931 or seven per cent higher than the actual figure (£26,739) in March 2013. If basic pay for HCAs had kept in line with inflation since March 2009, it would be £723 or five per cent higher than the actual figure (£15,249) in March 2013.
It is vital that nurses’ pay levels compete effectively with pay in other graduate professions, within a national pay structure and a clear career path. However, the chart below shows that starting salaries for qualified nurses have consistently fallen behind median graduate salaries across the whole UK economy.\(^9\) This year, median graduate salaries have reached £7,612 or 35 per cent higher than the bottom of AfC Band 5.

\(^9\) Higher Fliers Research *The Graduate Market in 2013*

www.highfliers.co.uk/download/GMReport13.pdf
Starting salaries for qualified nurses compared to UK median graduate salaries

The research on work engagement and links to pay is well established, with most studies showing that while satisfaction with pay and rewards can be a driver of engagement, it is often overshadowed by other factors and is typically more likely a disengager, when other factors cause dissatisfaction. This is the situation we face at the moment: there are so many interwoven factors causing dissatisfaction within the NHS that we have reached tipping point with pay becoming a disengager.

*The RCN calls on the PRB to recognise that the impact of inflation has damaged the living standards of NHS staff and that continued stagnation of wages risk damaging future recruitment and retention.*

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