

## **BRIEFING: Westminster Hall debate on E-petition 200032 relating to public sector pay, Monday 4 December 2017**

### **Nursing pay**

Nursing staff have had a 14% pay cut in real terms since 2010.<sup>1</sup> This year, **one in four nurses have taken on other employment, such as bank or agency nursing, at the same time as their main job in order to make ends meet.**<sup>2</sup> Low pay exacerbates low morale, and inevitably causes skilled nurses to leave the profession. Nursing pay directly impacts staffing levels, workforce morale, recruitment and retention, and ultimately patient safety.

Alongside 14 other unions representing NHS staff, we are calling for a pay award above inflation to help to address challenges of recruitment, retention and morale.<sup>3</sup> In October 2017, Secretary of State for Health Jeremy Hunt MP announced the pay cap had been lifted for NHS staff.<sup>4</sup> In the subsequent Autumn Budget, the Chancellor announced that additional funding will be available for a pay award NHS staff on Agenda for Change, which will be dependent on negotiations between health unions and the Secretary of State for Health, and following the independent Pay Review Body's recommendations due in April 2018.<sup>5</sup> We welcome the extra funding for pay, separate to the existing NHS financial envelope, but we await the final settlement.

### NHS staff productivity

Any future pay award should apply to staff working at all bands and cannot be linked to productivity increases. Evidence reveals that between 2009/10 and 2014/15 the **economy wide productivity grew by 0.2% a year, while NHS productivity has been increasing by 1.7% per year.**<sup>6</sup> NHS staff are already working above and beyond. Overstretched nurses must not be made to do more when they are working unpaid hours after 12 hour shifts, and managing increasing patient need.

*RCN member, Eastern Region. "I assess and signpost patients to services that I know won't be able to provide a service but there is no alternative... I feel burnt out and exhausted and I am fed up with living my life robbing Peter to pay Paul. The combined stress has taken its toll"*

### Unsocial hours

Unsocial hours payments – introduced to reflect the demands on nursing staff, which disrupt their lives and those of their families – must be retained. These payments ensure the right care is available, to keep patients safe. They are an incentive for regular staff to work shifts that would otherwise be covered by more expensive agency staff.

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<sup>1</sup> Royal College of Nursing, *NHS Pay Review Body for the 2017*, September 2016

<sup>2</sup> Royal College of Nursing, November 2017. Available [here](#).

<sup>3</sup> Royal College of Nursing, *Unions call for 3.9% pay rise plus £800 for a million NHS staff*, Press release September 2017. Accessed November 2017. Available [here](#).

<sup>4</sup> Hansard, *Health Questions: Nursing Pay*, 10 October 2017. Available [here](#).

<sup>5</sup> HMT Treasury, *Autumn Budget 2017*, November 2017. Available [here](#).

<sup>6</sup> Health Foundation, *Election briefing: NHS and social care funding*, May 2017.

## Safe and effective staffing levels

In the NHS in England, there are approximately 40,000 nursing vacancies and for the first time in a decade, more nurses left the profession than joined.<sup>7 8</sup> In Scotland, the vacancy rate for nursing staff is 5.2%, the highest ever recorded.<sup>9</sup> Analysis using the health and social care workforce census data suggests the NHS vacancy rate for Northern Ireland this year, is 6.9%.<sup>10</sup> This level of risk to patient safety is unacceptable.

Financial constraints on service providers' means that they are often choosing to reduce the number of registered nurses, or instead deploy health care support workers. This causes unsafe ratios of registered nurses looking after patients.<sup>11</sup> In England, 71% of NHS day shifts in adult acute wards reportedly missed the recommended nurse to patient ratio (1:8) standard set out in the NICE nurse staffing guidelines, and 26% (1,200) of these shifts had more than 14 patients to one nurse.<sup>12</sup> We know that inadequate numbers of registered nurses is linked with increased patient mortality.<sup>13</sup>

In September 2017, we analysed data from over 30,000 nursing shifts across health and care settings in the UK (24,381 in England).<sup>14</sup> Key findings from this survey include:

- 55% of respondents reported a shortfall in planned staffing of one or more registered nurses on their last shift (58% for NHS providers and 25% for independent providers)
- 36% of all respondents said that due to a lack of time they had to leave necessary patient care undone and **53% said care was compromised on their last shift.**
- 65% of all respondents said they worked additional time, on average almost one hour extra (53 minutes).
- 93% of nursing staff who worked extra unplanned time for NHS providers were not paid for staying beyond their shift. **We estimate that the additional unpaid time worked by registered nurses in the NHS across the UK equates to £396 million annually.**<sup>15</sup>

### Legislating for safe and effective staffing levels in England

Care being left undone should be taken extremely seriously. Without adequate staffing, sufficient investment in the NHS and a coherent workforce strategy for all health and care settings, health care teams are unable to deliver safe care. Gaps in staffing rotas means that healthcare teams are missing vital clinical skills and cannot work efficiently to meet patient need.

Staffing levels and quality of skill mix in health and care settings must have legislative accountability and a coherent, long-term workforce strategy. We call on **the UK Government to legislate for the accountable provision of safe and effective nurse staffing levels covering all health and care settings.**

### **For more information, please contact:**

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<sup>7</sup> The Royal College of Nursing, *Safe and Effective Staffing: the Real Picture*, May 2017. Available [here](#).

<sup>8</sup> The Nursing and Midwifery Council, *New figures show an increase in numbers of nurses and midwives leaving the professions*. Press release July 2017. Accessed November 2017. Available [here](#).

<sup>9</sup> NHS National Services Scotland, *NHS Scotland Workforce Information; Quarterly update of staff in post and vacancies*, June 2017. Available [here](#).

<sup>10</sup> Department of Health Northern Ireland, *Northern Ireland health and social care workforce census*, August 2017. Available [here](#).

<sup>11</sup> Nursing Times, *Hospital looks to nursing associates to help tackle nurse vacancies*, 4<sup>th</sup> October 2017. Available [here](#).

<sup>12</sup> Royal College of Nursing, *Submission to the NHS Working Longer Review*, 2013. Available [here](#).

<sup>13</sup> Aiken LH, Clarke SP, Sloane DM et al, *Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction*, 2002, JAMA. Available [here](#).

<sup>14</sup> Royal College of Nursing, *Safe and Effective Staffing: Nursing Against the Odds*, September 2017. Available [here](#).

<sup>15</sup> Royal College of Nursing, *Safe and Effective Staffing: Nursing Against the Odds*, September 2017. Available [here](#).