



Unite submission to the National Health Service Pay Review Body

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Introduction

- 1.1 **This evidence is submitted by Unite the Union. Unite is the UK's largest trade union with 2 million members across the private and public sectors. The union's members work in a range of industries including manufacturing, financial services, print, media, construction and not for profit sectors, local government, education and health services.**
- 1.2 Unite is the third largest trade union in the National Health Service and represents approximately 100,000 health sector workers. This includes seven professional associations - the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, health care science, family of psychology, counsellors and psychotherapists, the family of dental professions, audiology, optometrists, opticians and building trades, estates, craft and maintenance, ancillary support staff and Ambulance workers.
- 1.3 Previously evidence to the National Health Service Pay Review Body (NHSPRB) has been submitted separately from Amicus and the Transport and General Workers Union. As part of the merger process evidence to the NHSPRB this year is being submitted as Unite. This written evidence incorporates the NHS membership from both former Amicus and TGWU unions. (Evidence last year was submitted separately under the titles of Unite-Amicus section and Unite-TGWU section).
- 1.4 As with both the Amicus and TGWU membership, Unite NHS membership includes staff who were covered by the Nursing and Other Health Professionals Review Body (NOHPRB) and the former Pay Negotiating Council (PNC). Both Amicus and TGWU welcomed the extension of the NOHPRB remit to cover all staff on Agenda for Change (AfC) terms and conditions. It should be noted that in this evidence the issues highlighted will apply across all staff groups Unite represents, unless specifically stated, although examples may be given from particular groups to illustrate the impact of policies on NHS staff.
- 1.5 Unite agree with comments from the NHSPRB last year that going forward there needs to be an improvement in the data collection on former PNC staff groups¹.

¹ NHSPRB 23rd Report 2008, paragraph 2.67, page 43

- 1.6 Unite note with disappointment that we have not been given the reasons for the comment by the NHSPRB that the existence of Recruitment and Retention Premia to maintenance craft workers may give rise to equal pay claims by building craft workers. Unite also note that we have not had reasons for the rejection of the Greenwich report conclusions in relation to maintenance craft. The Greenwich review was precisely the review the PRB recommended.²
- 1.7 Unite support the NHSPRB as an independent body alongside the rest of the Staff Side, as stated in the Joint Staff Side evidence. Unite welcome the assertion of independence the NHSPRB included in its 23rd Report³.
- 1.8 Unite were fully involved in the drafting and submission of the Joint Staff Side evidence to the NHSPRB. The NHSPRB will be aware that Unite are in a unique position regarding this year's Pay Review Body process and the multi year pay award. This evidence outlines the position of Unite in this regard but should be seen as complementary to the wider Joint Staff Side evidence.

The multi-year pay award

- 2.1. Unite has met with the NHSPRB secretariat to outline the reasons for submitting separate evidence - as well as taking part in the Joint Staff Side evidence - and Unite's unique position in not signing up to the multi-year pay award. Unite have also outlined our position as part of this evidence process.
- 2.2. Unite did not sign up to the multi-year pay award following an Amicus section membership ballot that rejected the offer by 94.8% and a TGWU section branch ballot that also overwhelmingly rejected the pay offer. This result reflected the membership view that headline awards of 2.75% in 2008, 2.4% in 2009 and 2.25% in 2010 were insufficient given the significant rising living costs in basic necessities that need to be met. Despite this the multi-year pay award was imposed on Unite members.
- 2.3. As a result of this imposition and the refusal of the Government to return to negotiations Unite informed the Secretary of State for Health, and the Ministers of Health for Scotland, Wales and Northern Ireland that it was entering into dispute with them.
- 2.4. Unite has begun a national industrial action ballot at the time of submitting this written evidence. The ballot is due to run from 28th October until 12th November 2008 and the union is recommending members vote 'yes' to the two questions they are being asked;

² NHSPRB 23rd Report, paragraph 3.54 – 3.55, page 61

³ NHSPRB 23rd Report 2008, paragraph 1.13, page 5

- (a) If they support taking strike action and,
 - (b) If they support taking action short of strike.
- 2.5. Unite will inform the NHSPRB when the result of this ballot is known, and will keep the NHSPRB secretariat informed of any further developments throughout this evidence round.
- 2.6. Unite have taken part in the Joint Staff Side evidence specifically on the 're-opener clause' as the union believes all available avenues should be pursued to secure a fairer pay deal for NHS staff and Unite members.
- 2.7. Additionally, Unite have not been informed that outside of the multi-year pay award the NHSPRB has been 'stood down' on the broader remit it has previously operated too. Given this and that Unite is not signed up to the multi year pay award, Unite feel it is appropriate to submit its own evidence pursuing a number of outstanding issues from previous years' PRB processes.

Summary of economic data

- 3.1. The Joint Staff Side evidence contains detailed economic analysis with which Unite agree. The Consumer Price Index (CPI) – the Government's preferred measure - is on an upwards and accelerating trend away from the 2% target. The latest release from the ONS placed CPI at 5.2%. The Retail Price Index (RPI) has also risen steadily to 5% in the latest release⁴.
- 3.2. The lack of economic rationale behind the Government's attempt to limit public sector pay increases to 2% or less⁵, cited by the NHSPRB last year, has come under intense scrutiny in the past year. The line should be drawn under the argument that increases in the pay of NHS workers – and in the wider public sector – are inflationary. The unions have consistently argued this is not the case and are supported by,

"...most economists and pay experts, who agree that public sector pay does not generally cause inflation and should not be used to dampen prices. The overwhelming consensus is that the major causes of inflation are food, petrol, utilities and house prices, not public sector pay"⁶.

- 3.3. That the driving causes of the increases in inflation have been such basic necessities has meant NHS staff have experienced significant increases in the cost of living. Food has increased at a rate of 11.2% (in September 2008 and 12.8% and 12.2% in August and July); there has also been increases in housing costs and housing

⁴ Office of National Statistics, First Release, 14th October 2008

⁵ NHSPRB 23rd Report 2008, paragraph 1.12, page 5

⁶ Anna Bawden, The Guardian, 'The Pay Equation' in association with Unite the Union, 15th October 2008, page 4

expenditure (5.2%), travel costs (4.4% for motoring expenditure and 10.1% for fares and other costs)⁷, water (6.5%) and energy. *Consumer Focus* has calculated that gas prices have gone up by 51% since the start of 2008 and electricity by 28%. These price increases will start to bite harder as winter approaches and households use their central heating more. *Consumer Focus* believe the average annual domestic energy bill is now £1,308 – more than double 5 years ago⁸. These increases have hit all NHS staff on Agenda for Change terms and conditions.

- 3.4. Meeting these increases has been difficult for NHS staff who received a below inflation pay award in 2006-07 (2.5% staged to 1.9% in England) and 2007-08. Unite believe that experiencing pay cuts in real terms in 2006-07 and 2007-08 and facing the prospect - on current arrangements - of a further 2 years of below inflation pay awards has dealt a further blow to staff morale. Unite believe the erosion of NHS pay in real terms and the impact on morale could lead to a repetition of the recruitment and retention crisis the service experienced in the early 1990s⁹.
- 3.5. Unite is aware the current economic uncertainty that forms the backdrop to this evidence round will be a common argument against a substantial increase in NHS staff pay. Unite believe the state of the economy requires Government intervention on a number of economic fronts. Unite believe one element of this will be supporting vital NHS infrastructure and staffing levels, ensuring that services are at least maintained but preferably continue to improve rather than decline over the coming period.
- 3.6. The economic crisis and recession should not be seen as a reason to decrease investment in the NHS and avoid tackling the problems in staffing levels that Staff Side believe are quickly approaching. As mentioned above, previous low levels of pay for NHS staff and a lack of investment led to a decay in the service. The financial package unveiled by the Government for the banking sector demonstrate that public expenditure decisions are a question of political will rather than objective limits.

⁷ All figures from the Office of National Statistics, First Release, section 8: RPI Detailed figures for various groups, sub-groups and sections unless stated.

⁸ *Consumer Focus* incorporates the former *Energywatch* and *National Consumer Council* organisations. Figures are from their press release 'Consumers left waiting for energy prices fall', 15th October 2008. The average domestic energy bill was £554 in 2003.

⁹ See the IDS Public Sector Pay Policy: A Report for The Council of Civil Service Unions, Income Data Services, August 2007

Morale, Motivation, Recruitment and Retention

- 4.1. There is a wealth of available information demonstrating that morale and motivation amongst NHS staff has been in decline over the past few years. Falling morale and motivation will have an adverse impact on the recruitment and retention of NHS staff, and therefore on the quality of health services.

Morale and Motivation

- 4.2. As highlighted last year in evidence from Unite-Amicus section, responses to questions which may be thought of as indicator questions in the Healthcare Commission NHS Staff Survey has shown an annual decrease in morale. When asked if people '*....often think about leaving this Trust*', 36% replied they do – a year on year increase since 2004¹⁰. Satisfaction with the recognition people get for good work was recorded as 40%, a figure that has fallen each year¹¹.
- 4.3. In addition the levels of bullying, abuse and violence against NHS staff, as highlighted last year by the IDS survey of NHS staff are unacceptably high. There is not an overall question that establishes how many staff have experienced violence at work in the NHS Healthcare Commission¹². The level of violence experienced by ambulance workers in particular should be highlighted. It can be estimated from the results however that 29% of staff in Ambulance Trusts have experienced violence from patients, service users, their relatives or other members of the public in the past 12 months alongside 21.5% of staff in Mental Health/Learning Disability Trusts.
- 4.4. In the latest NHS Staff Survey respondents were asked if they were satisfied with their level of pay, with just 30% responding they were either satisfied or very satisfied (only 3% were recorded as being very satisfied)¹³. Unite believe this figure will now have fallen further as the survey was conducted between October and December 2007 – before the announcement of the multi year pay offer and subsequent award of the 2.75% uplift.

¹⁰ Healthcare Commission NHS Staff Survey 2007, Question 14a. In previous years surveys' the question has been if people often think about leaving their employer. The previous responses to this question are: 34% often thought about leaving in 2006, 32% in 2005 and 30% in 2004.

¹¹ Healthcare Commission NHS Staff Survey 2007, Question 15a. The previous responses to this question are: 42% were satisfied with the recognition they received for their work in 2006, 44% in 2005 and 45% in 2004.

¹² Question 20 for Acute and Primary Trusts, Question 21 for Mental Health and Ambulance Trusts asks staff if they have experienced violence from the following separately; patients, relatives/friends of patients, other members of the public, manager/team leader and colleagues. An estimate of the number of people who have experienced a violent incident in the past 12 months can be made by looking at the number of base respondents to question 20/21 f.

¹³ Healthcare Commission NHS Staff Survey 2007, Question 15h.

Recruitment and Retention

- 4.5. Unite fully supports the analysis of vacancy figures and recruitment and retention information provided in the Joint Staff Side evidence¹⁴, and in particular the continued question marks over the NHS Information Centres vacancy figures.

Workload, Weekly Hours and Productivity

- 5.1. Audits by the Healthcare Commission have found that generally standards have increased across the NHS at the same time as the NHS has experienced a fall in NHS staff headcount and 'Whole Time Equivalent' posts¹⁵. While Unite recognise that it is outside of the NHSPRB's remit to comment on the appropriate levels of staff establishment it should be acknowledged that services are being delivered by staff who regularly work over their contracted hours in order to perform their role.
- 5.2. In the Healthcare Commission Staff Survey respondents were asked if they agreed or disagreed with the statement "*I do not have time to carry out all my work*", just 3% strongly disagreed with the statement and therefore strongly felt they *did* have sufficient time to perform their role. In total 26% disagreed with the statement, and nearly half of respondents – 47% - agreed that they did not have enough time to fully perform their role¹⁶.
- 5.3. As Unite noted as part of the Joint Staff Side evidence, there has been a continued problem of local disinvestment in the Health Visiting profession that has gone unchecked. This has had a detrimental impact on the level of workload staff are expected to carry and the quality of service staff struggle to deliver is far-reaching. A survey conducted for Unite of Health Visitor members by Durdle Davies found that 87% stated they were responsible for more children/families than a year ago. This has left 63.6% feeling they cannot offer all core/universal contacts according to the local policy, and 69.2% feeling that within their current caseload they do not have adequate resources to respond to the needs of the most vulnerable children.
- 5.4. The Community Practitioners' and Health Visitors' Association within Unite advise a manageable caseload which is based on needs analysis and takes into account the number of families and children. And yet, as noted above, members are increasingly reporting that their caseloads keep increasing to high risk levels.

¹⁴ Joint Staff Side Evidence to the NHSPRB 2008-2010, page 32

¹⁵ NHS Information Centre workforce data, March 2008

¹⁶ Healthcare Commission NHS Staff Survey 2007, Question 16

- 5.5. Unite have noted previously that health visiting is a profession where an increasing number qualify for early retirement – 38% of the Health Visitor workforce are aged between 50 and 64 (an additional 1% working aged 65 plus)¹⁷. At regional activist meetings Unite has conducted around the country on the question of pay, Health Visitor members have fed back to us that the dis-satisfaction, stress and frustration at the extra workload they are expected to carry has been compounded with the low pay award leading many to feel they would prefer to take early retirement than remain in post.
- 5.6. Unite represents 5,500 Speech and Language Therapists. In a recent survey of our SLT workplace representatives – which asked reps to complete the survey with reference to the SLT members they represent 98% reported their job left them feeling stressed, 63% reported lower morale and increased workload from a year ago. Linked to this 69% felt that job cuts had impacted on service provision.
- 5.7. Unite acknowledge the comments of the NHSPRB in last years report in response to Unite-Amicus' request that a 35 hour week is considered. Unite has strong policy on this issue and believe that an enhanced work-life balance is in the best interests of NHS staff, members and would have a positive impact on the delivery of services. Therefore Unite wish to keep this important issue on the agenda of NHS Employers, Department of Health and the NHSPRB.
- 5.8. Unite believe it needs to be acknowledged that currently many staff are not able to work to their contracted weekly hours, often working longer and typically unpaid. The NHS cannot continue operating in this way, and Unite believe this way of operating is disguising gaps and areas of work which would be best covered by increased recruitment.

The recruitment and retention of Pharmacists

- 6.1 Discussions are taking place between Unite, NHS Employers and the Department of Health with the objective of finding an appropriate solution to the problem of recruiting pharmacists into the NHS and then retaining these personnel. All parties are agreed that any solution would need to be within the national Agenda for Change agreement and then be referred to the Staff Council. At the time of writing there is work in progress but there is no final outcome which can be reported to the NHSPRB. Unite, alongside other parties, will keep the NHSPRB informed of developments on this matter.

¹⁷ Calculated from *Table 4.2 NHS Hospital and Community Health Services: Qualified nursing, midwifery and health visiting staff by age bands*, as in England, September 2007, available from the NHS Information Centre

Agenda for Change, Knowledge and Skills Framework, training and registration fees

Agenda for Change

- 7.1 Although differences continue to evolve between how the NHS is structured and organised in England, Scotland, Wales and Northern Ireland Unite remain fully supportive of Agenda for Change (AfC) as a national pay, terms and conditions agreement. Unite believe the AfC agreement allows sufficient scope for local variations – for example, objectively justified High Cost Area supplements and local Recruitment and Retention Premia - where needed within this national framework.
- 7.2 Unite continues to believe that incremental points should not be taken into account in the decision on the increase in pay. Incremental progression is a separate part of the pay structure and rewards staff for acquiring skills and taking on extra responsibilities.

Knowledge and Skills Framework and training

- 7.3 The Knowledge and Skills Framework (KSF) has recently been re-launched with ministerial backing in a project funded by the Social Partnership Forum. This is an attempt to combat the patchy take-up of KSF across the country despite it being a contractual right under AfC. Despite the continued emphasis on training - and the importance of training in improving the quality of services – it remains a budget area extremely vulnerable to cuts. There is a great deal of work to be done before the KSF is embedded, as outlined in the Joint Staff Side Evidence.
- 7.4 In the recent Unite survey of Speech and Language Therapy representatives Unite were shocked to discover examples of staff having to pay for their own training in order to maintain their professional registration and therefore be able to continue carrying out the duties for which they employed. Cases such as these, as well as the more general culture within the NHS which still does not properly prioritise and value staff continued professional development, further impacts on staff morale and motivation.

Registration fees

- 7.5 In last year's PRB process the Amicus section of Unite – supported by the wider Staff Side – argued in favour of employers covering the cost of registration fees of employees, where that registration is required for employee to continue to perform their contracted role for the employer. Unite compiled a document that set out the registration fees many of our members need to pay in order to maintain their employment and carry out roles for the NHS.

- 7.6 Unite recognise that last year in respect to the payment by the Department of Health of £38 towards employees' in AfC Bands 5-8a registration fees the NHSPRB concluded that *"we have seen no evidence to suggest a need to pre-empt the planned review of the current arrangement in 2010. We note that the £38 is currently being paid in England only."*¹⁸
- 7.7 Unite wish to raise this issue again. It is a cost that NHS staff cannot avoid and many more employees will now have to bear costs such as the ISA as well as the expanded Health Professional Council (HPC) registration. As the increased costs of living are rising at a steeper rate than many predicted at the time of the 2007 pay deal - and some professions registration fees are significant - Unite believe this gives reason to review this decision ahead of 2010. In addition there is a growing number of health professionals on AfC Band 4 who require statutory registration – for example, dental nurses. Unite therefore ask the review body to recommend that the registration fee payment is extended to band 4 state registered health professionals.

Summary of recommendations

- Re-open negotiations around the imposed 3 year pay award so there can be a significant uplift in basic pay rates across all Agenda for Change Bands, Recruitment and Retention Premia and High Cost Allowances.
- To review the payment of registration fees for bands 5-8a and to extend the payment to band 4 state registered health professionals.
- NHS Employers to (indirectly) cover the costs of professional registration for NHS employees.
- A reduction of the long hours NHS staff work, and an opening of discussions around reducing the contractual week to 35 hours.

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¹⁸ NHSPRB 23rd Report 2008, paragraph 7.29, page 94