



Speaking up:

How UK nursing staff expect to be valued

POLICY AND POSITION STATEMENTS



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Foreword

The year 2020 was always supposed to be the year that nursing showed its best self on the international stage. With partners across the world, we spent time last year planning just how we could display the level of skill, education and leadership of nursing today. It was for other reasons, we could never have foreseen, that 2020 really has become the International Year of the Nurse and Midwife.

Our members - whether registered nurses, support workers, nursing associates or any other role - continue to mount the greatest demonstration of what it means to be nursing professionals, and as these pages show, they are now working at a higher level of clinical responsibility. For them, we need to make 2020 a moment of great change. And so we asked all members about their work and what needs to follow the Clap for Carers in a survey that ran from 20 May to 17 June 2020.

In what became one of our highest engaged-with surveys ever, around 42,000 RCN members took the time to tell us what it will mean to feel valued after COVID-19. The responses have revealed just how our members have seen their professional lives changed by the pandemic. Tensions that were already there, now exacerbated; earlier sticking plasters, no longer covering gaping holes.

This paper is not a quick piece of polling or a temperature check on the country's nursing workforce. This is our members speaking for themselves and the messages for those in authority could not be clearer: we are working harder than ever but feel less valued; even more of us are now considering leaving the profession we love; pay us fairly for our professional practice and address the dangerous staffing shortages.

Whether they worked with COVID-19-positive patients or maintained their services elsewhere, all nursing professionals are asking for fundamental change. This paper is only the first slice of what our members are saying in both NHS and independent sector regarding pay and conditions specifically. The full analysis of the survey findings will be published in the coming months.

As a union and professional body in one, we will use these findings to inform our action now and as we plan for the future, to ensure our profession is recognised for how it keeps people safe and provides support when our communities are most in need.

Too often, people leave nursing because of the level of pressure, making shortages even more acute. It's tough going to work every day when there aren't enough of you and there is seemingly little light at the end of the tunnel. Breaking this cycle through investment in staffing and pay is about both patient safety and the health of our workers.

The UK Government needs to do everything within its gift to help our existing workforce and ensure that nursing is attractive, well-paid and meaningfully supported. That is how to equip all NHS and care services to help keep patients safe. To get there, we need honest dialogue on the basis of the facts - here is what our members are saying.

Dame Donna Kinnair
Chief Executive & General Secretary of the Royal College of Nursing

All-member survey on working conditions

In mid-May, every single one of our members was asked to answer a detailed set of questions to understand their vision for the future. This was just the first exercise as we work together to further build a comprehensive picture of experiences, needs and expectations. The survey sent to 450,000 members was deliberately broad and asked for reflections over a longer period about how the COVID-19 pandemic had changed working life and the better future we need to build for nursing.

Around 42,000 members took the time to give detailed information on their experience of nursing during COVID-19. These responses came from members working in the NHS (which make up 73% of responses), social care and independent sector providers (8%), GP practices (7%), as well as prisons, local authorities, education and the armed forces. A representative number of responses were received from the four countries of the UK and the Channel Islands; different roles within nursing; and reflecting the ethnic diversity in our membership and the workforce.

This is a first look at our members' experiences of feeling valued, and how in their own view, their value is expressed in relation to pay.

Future pay for the nursing profession

The nursing profession has been at the fore of the response to the pandemic, leading innovation and quality of treatment and care. Arguably, this has not gone unnoticed by the public, who may better understand now the value of the nursing profession in fulfilling clinically complex roles, innovating in service delivery to meet changing needs, and being well placed to understand and address social determinants of health and outcomes and inequalities. And so, the public have rightly started to question during this time whether nursing and other health care staff are properly valued. We will not allow this unique moment in time to pass without having a public conversation about what nursing staff deserve to be paid.

Our member responses correspond with the latest NMC data which shows that even before the pandemic, stress had forced staff to leave the profession. A fair pay award now not only makes today's workers feel valued but also helps to attract and retain the many that will be needed for the future. This is especially true because nursing staff in all sectors have seen a real-terms pay reduction since 2010. Without this investment, there can be no confidence that the health and care systems can safely or sustainably meet the changing needs of the population.

Across the UK, nursing teams in hospitals, clinics and the community have vacancies they need to fill to provide the safe care all our members want to give. An attractive salary is an important way of supporting recruitment and retention. There over 50,000 registered nurse vacancies across the UK – with that number rising significantly when factoring vacancies in social care.

Members working in the NHS

On 3 July 2020, the Royal College of Nursing and all other unions representing NHS staff on the 'Agenda for Change' pay system wrote to the Chancellor and Prime Minister – led by our RCN Trade Union Committee and Council – to call for the next NHS pay round and the resulting settlement to be brought forward. It is time to give NHS staff a meaningful pay rise and recognise the true value of their work, waiting until 2021 is not acceptable.

The UK Government is looking at how to support the UK economy in the months and years ahead and it must remember that local economies and HM Treasury benefit from increasing the money in the pockets of the sizeable NHS and care workforce.

Since 2010, there were seven years where headline pay outcomes in the NHS were restricted to zero or 1 per cent, only ending with the three-year pay deals negotiated in 2018. It took until February 2020 for a deal to be reached in Northern Ireland following industrial action.

The 2018 deals were a break from the era of pay freezes and pay caps, but the pay agreements did not make up for the real-terms cuts staff experienced since 2010. All the deals finish in March 2021.

An investment in the health and care labour market will create jobs, and support the growth in supply, recruitment and retention sorely needed to start closing the nursing workforce gap in the UK.

Members working in social care and the independent sector

In late 2019, our Council agreed to the development of a new strategy for the independent health and social care sector, with improving members' pay and conditions as a key part of the work. This sector is not a homogenous group. It comprises a myriad of employers, providing a wide range of services across numerous workplaces and this creates a challenge for us around influencing pay.

Employers outside of the public sector have not historically recognised or valued trade union presence in the workplace. While we hold recognition agreements with a number of employers, there are many places where these agreements are not in place. Recognition agreements provide some influence over pay, terms and conditions but the RCN is beginning to look differently at how we influence and lobby on behalf of our members working in all of these settings. Our members want us to take different action for them and not prioritise replicating NHS structure - an integrated process and engagement method will be required.

As a modern professional union, our vision is that all nursing staff, irrespective of where they work, be awarded the optimum pay, terms and conditions of employment. The RCN will devise negotiating and political influencing plans; commit resources to support and organise members to campaign on key issues, including their pay; and improve our communication with, and engagement of, our members working in independent health and social care.

How valued do our members feel now?

Three quarters (74%) of members say they feel more valued by the general public, 58% state they feel more valued by the media and 54% say they feel more valued by patients or service users compared to directly before the pandemic. However, very few members – just 18% – state they feel more valued by the government in their part of the British Isles, despite their efforts over the COVID-19 pandemic.

Members have expressed that the best way this can be rectified in their view is through improved pay. This is an important step in valuing nursing staff and in improving recruitment and retention in the profession. This is especially true since half of all respondents stated that they are worried about their financial circumstances.

When looking back to the end of 2019, 27% of all respondents were thinking about leaving the profession. In 2020, this figure jumps to 36%.

When considering reasons for leaving, 61% of respondents in all health and social care sectors indicate level of pay as the main driver. But our members are also dissatisfied with the way that nursing staff have been treated during the COVID-19 pandemic and continue to be unhappy with low staffing levels and lack of management support.

Main reasons for thinking about leaving [All]

	UK	England	Scotland	Wales	Northern Ireland	Channel Islands
Levels of pay	61%	62%	59%	57%	61%	49%
The way nursing staff have been treated during the COVID-19 pandemic	44%	44%	43%	46%	44%	41%
Low staffing levels	43%	43%	41%	42%	46%	32%
Lack of management support	42%	41%	47%	46%	46%	63%

Nearly three quarters of our members (73%) say higher pay would make them feel more valued. And this is true for all staff in every sector of health and social care and whether they are considering leaving the profession or not. Other important factors include improved staffing levels (50%), safe working conditions (45%) and adequate equipment and materials (43%) which indicate members' concerns around safety during COVID-19.

What one factor would make you feel more valued? [All]

	UK	England	Scotland	Wales	Northern Ireland	Channel Islands
Improved pay	73%	74%	72%	70%	74%	60%
Improved staffing levels	50%	50%	49%	50%	54%	34%
Safe working conditions	45%	45%	42%	46%	47%	34%
Adequate equipment and materials	43%	44%	37%	44%	40%	39%

The majority of respondents said that it's important to them that pay improvements reflect their level of responsibility, and for pay to be comparable with other sectors.

One in three NHS respondents say they are working a higher level of responsibility during the COVID-19 pandemic, and in both the social care sector and in independent sector private health providers, four in ten are working at a higher level. The vast majority in all sectors are not being paid for this increased responsibility.

We also heard that a third of respondents are working longer hours during the pandemic. Our last employment survey of members in 2019 showed that 77% work in excess of their contracted hours at least once a week: 39% do so several times a week and 18% work additional hours every shift. And the majority of these hours worked were unpaid¹. This survey shows that the level of unpaid hours working is unchanged during the pandemic, with only two-fifths being paid for increased hours.

¹ www.rcn.org.uk/professional-development/publications/pub-007927

What happens next: building a better future for nursing

We have demanded an honest conversation with politicians about pay, on the basis of facts. Once we have passed the most immediate and critical challenges of the COVID pandemic, we must also have an open discussion with the public about our long-held professional concerns and needs and how they impact the lives of our patients too.

We have campaigned in recent years on improving patient safety through staffing levels, accountability for workforce and lifting pay freezes. At every turn, our overriding aim is to make our members' places of work safe, ensure they receive a meaningful reward and that the nursing profession receives the respect it deserves from governments and the public alike.

The full findings of our member survey will be released over the coming months. As a professional trade union, we speak most powerfully when our members' experiences are at the heart of everything we do – so thank you to everyone who took the time to respond.

Our members can check the website for updated information on how they can engage in campaigning: www.rcn.org.uk/get-involved/building-a-better-future-for-nursing

Appendix A: Where the survey responses came from

The following tables show the breakdown of respondents according to their workplace, country and other factors. Please note that the percentages indicate how many of the respondents are from that field rather than how many members in that group replied.

41,798 responses

NHS	73%
Independent health and social care providers	8%
GP practices	7%
Others in hospices, charity/voluntary sector, public sector (such as Further Education/Higher Education, armed forces, local authorities, prisons)	12%

Wide demographic spread

England	80%
Scotland	10%
Wales	5%
Northern Ireland	5%
Channel Islands and Isle of Man	0.4% (159 responses)

Registered nurses/health visitors/midwives	94%
Nursing associates/trainee nursing associates	1%
Nursing support workers	5%

White	81%
Black African/Caribbean	10%
Asian	6%
Mixed ethnic background	1%

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