

Staff Side submission to the PRB call for evidence: Special remit on seven-day services in the NHS

1. The NHS unions strongly oppose the current position imposed on the NHS Pay Review Body (PRB); its inability to make an independent recommendation on NHS pay in 2015-16 and its redirection to only examine the barriers and enablers to seven day services.

2. The Department of Health in England has severely curtailed the independence of the PRB by not allowing it to make a recommendation on pay and instead imposed a pay settlement which has led to a regrettable situation where the NHS Agenda for Change unions are now in dispute with the Department of Health in England. The awards made in Wales and Northern Ireland were much delayed and below the level recommended by the PRB. After several years of pay restraint, NHS workers have faced a real terms pay gap of around 15 per cent since 2010. The low award to those at the top of their pay band, the pay freeze for others and the divisive nature of the settlement have caused confusion and anger among members; any further changes to their detriment would cause even further upset and damage recruitment and retention.

3. Individual trade unions are submitting their own evidence, reflecting particular concerns and arguments. These submissions should read in conjunction with this one from Staff Side which sets out a common and united position to:

- Object to the situation imposed on the PRB which has removed its independent status and ability to make meaningful recommendations on pay and conditions in the NHS
- Restate our objections to the pay restraint imposed on the NHS
- Highlight the lack of clarity around the proposed objectives of the seven day care model and therefore the implications for the workforce and;
- Record trade unions' strong objections to any changes to Agenda for Change to the detriment of NHS staff

The scope of seven day services

4. The remit does not make clear the definition and scope of seven day services. It does not set out whether it is planned to increase activity in evenings and weekends or to maintain current levels of activity but spread over seven days. With no clear terms of reference about the scope of seven day services, it is extremely difficult to respond to the questions as set out.

5. There has undoubtedly been impressive progress in parts of the NHS in extending services. The NHS trade unions support the impetus and rationale for seven day services, where it can be evidenced as enhancing clinical and service outcomes and many of our members already work on a seven day basis. However, what is clear to the NHS unions and their members is that this review is not being driven by a wish to extend and improve services, but to amend current pay arrangements.

6. Sir Bruce Keogh addressed the NHS Staff Council on 14 November and set out his vision for seven day services. He remarked in his speech that his main regret was that the undertaking had ever been referred to as seven day working, rather than seven day services or care. He was clear that the driver was to minimise the current variation in outcomes for patients admitted to hospitals at the weekend across the NHS in England and not about forcing new working patterns. The Seven Day Forum identified that the main causes of variations include: variable staffing levels in hospitals at the weekend; fewer decision makers of consultant level and experience; a lack of consistent support services such as diagnostics and a lack of adequate social care, community and primary care services that could prevent some unnecessary admissions and support timely discharge. However, there has been no modelling of impact of seven day services on staff numbers, safe skill mix, the occupations affected or staff working patterns, taking into account workforce motivations, preferences, wellbeing and intentions. It also must be borne in mind that variations in working patterns can have a detrimental impact on psychological and physical health. These factors must be mapped against the need to ensure that senior staff with the appropriate decision making authority (medical and non-medical staff) are available to support health care teams, that staff are fully trained and resourced to face new roles and demands, that necessary equipment is made available and maintained and that wards, teams and departments are safely staffed.

Barriers to delivery

7. The PRB has been invited to make *observations* on the barriers and enablers within the Agenda for Change system, for delivering health care services every day of the week “without increasing the existing spend.” Set against the Employers’ and governments’ obvious intentions to pick apart the national framework of terms and conditions, the NHS trade unions and their members clearly see this review as an attempt to weaken the Agenda for Change agreement and reduce current unsocial hours pay provisions.

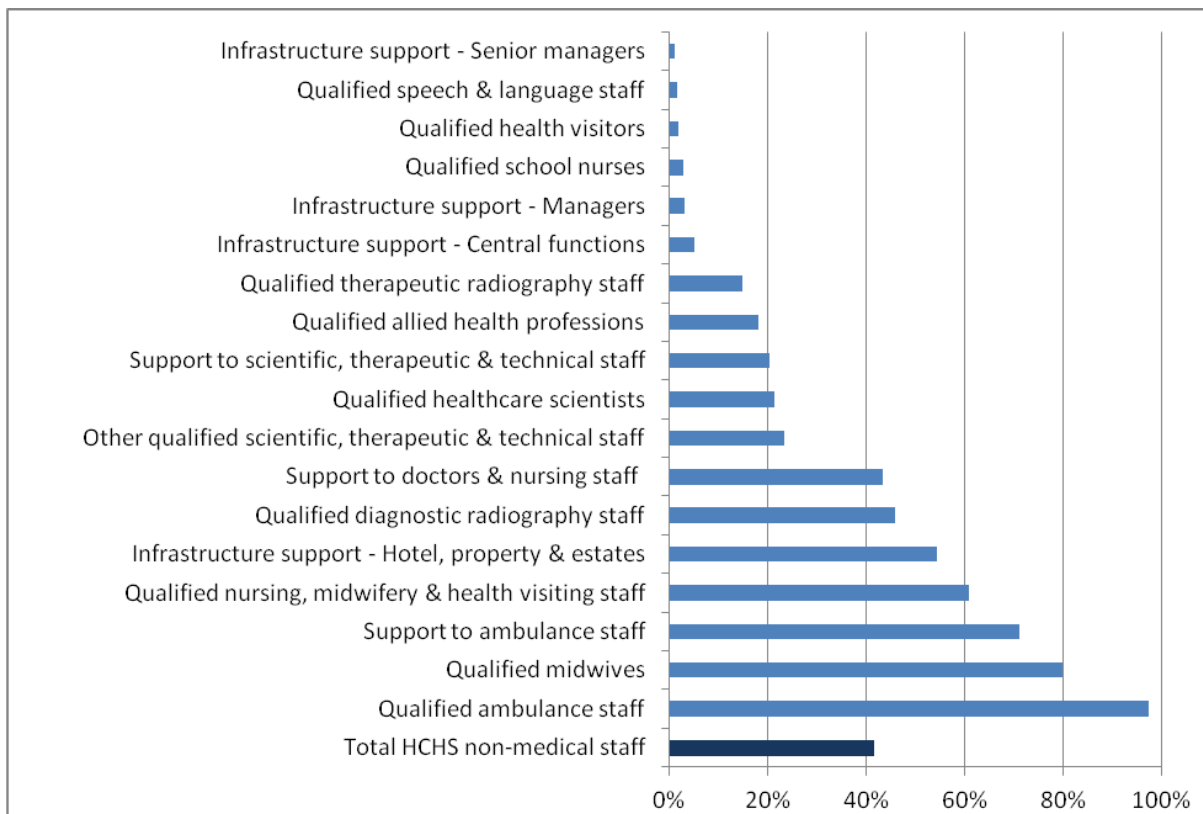
8. We would like to remind all parties that the Staff Council is the appropriate place for negotiations on terms and conditions, as well as the Pay Review Body’s role to consider recruitment and

retention, morale and motivation relating to NHS pay decisions. NHS staff have already shouldered five years of pay restraint without the prospect of any relief. The Chancellor of the Exchequer stated that: *“Our control of public sector pay these past 4 years has delivered £12 billion of savings. By continuing to restrain public sector pay we expect to deliver commensurate savings in the next Parliament until we have dealt with the deficit”* in the 2014 Autumn Statement, clearly setting out the Conservative Party’s intention to continue its public sector pay policy well beyond next year’s General Election if elected. There are clear morale and motivation, recruitment and retention issues being caused now and stored up for the future by the decision to freeze pay, added to other problems associated with heavy workloads, staff shortages and pace and scope of organisational change as well downbanding which is increasingly affecting trade union members. Seven day services should be built around the needs of the patient, yet any additional costs should not met at the expense of the workforce, through diluted skill mix, increased workloads, pay restraint or changes to unsocial hours payments.

9. NHS Employers first highlighted their wish to make changes to the AfC agreement, including cuts to unsocial hours payments, in 2009. Changes to unsocial hours payments also featured in many of the attempts to reduce AfC terms and conditions by South West employers which finally ceased in 2013. Unsocial hours payments are an important and integral part of the AfC agreement as they perform a critical function in compensating for increased cost of caring responsibilities during evenings, nights and at weekends; for travel to and from work during unsocial hours; for the impact on health; and the impact on family life.

10. Figure 1 indicates the range and depth of occupations receiving shift payments in England (equivalent information is not available for Wales and Northern Ireland). Around two fifths (41 per cent) of all non-medical staff receive shift payments, while the majority of qualified ambulance staff (97 per cent), midwives (87 per cent), ambulance support staff (71 per cent) and qualified nursing staff (61 per cent) do so.

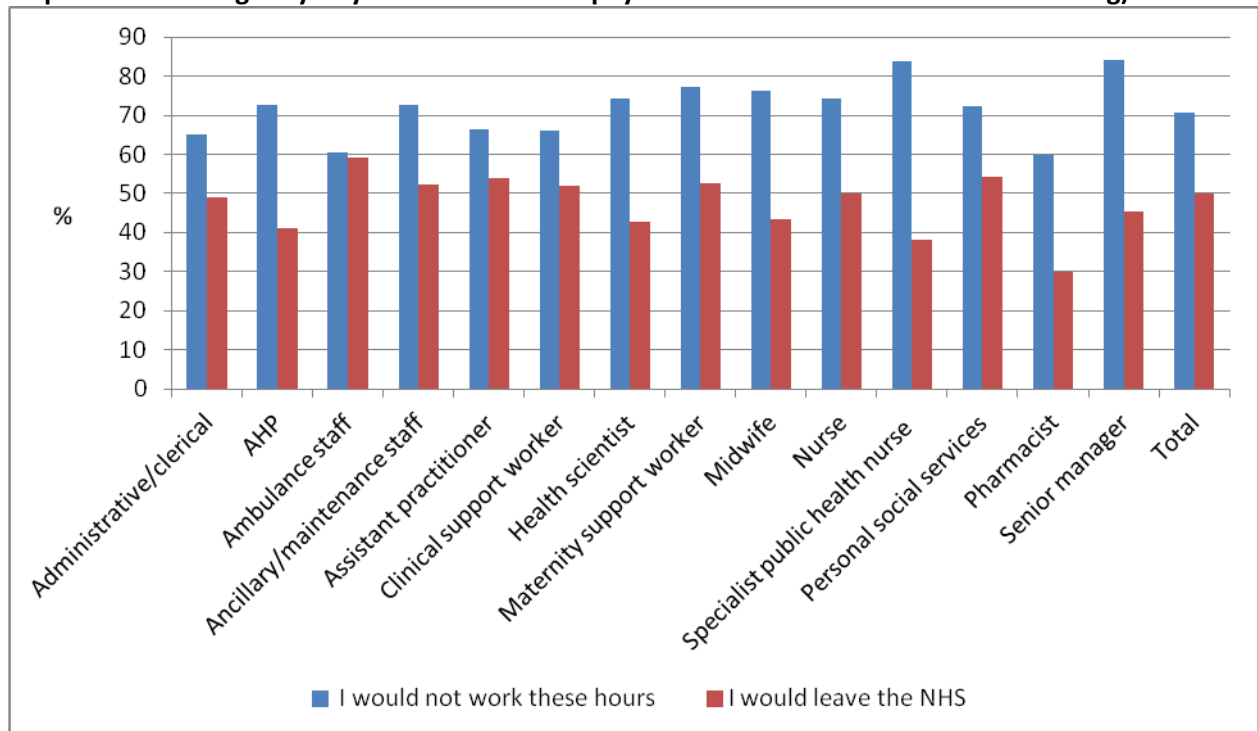
Figure 1: Proportion of staff who receive shift payments (England)



Source: Health and Social Care Information Centre, July 2012 to June 2013

11. Figure 2 presents findings from the 2014 joint union survey of NHS staff across the UK. This clearly shows that unsocial hours payments are an important issue to all staff working these hours. Over two thirds of these staff stated they would seek not to work unsocial hours if payments were reduced or removed and half said they would leave the NHS.

Figure 2: If unsocial hours payments were reduced or removed, what would the impact be? (all respondents stating they rely on unsocial hours payments to sustain their standard of living)



Source: IDS Joint Union Survey 2014

12. These figures indicate both the extent of shift working and the financial reliance on unsocial hours payments among a significant section of the NHS workforce. Any changes to unsocial hours payments would have a damaging impact on the earnings of many NHS staff; with other far-reaching consequences for staffing levels during unsocial hours and for recruitment and retention. These factors must be considered alongside the consequences of any attempt to increase the number and types of staff working to provide seven day services. The NHS trade unions believe that time and resources must be employed to fully understand the workforce planning implications of the extension of seven day services; the motivations and preferences of NHS staff and the need to ensure safe staffing levels as well as a highly trained and motivated workforce. Staff side do not believe local attempts to increase seven day services have been sufficiently reviewed to learn from their experiences.

Recommendations

We call on the Pay Review Body to:

- Acknowledge that the actions of the Westminster Government have severely curtailed the PRB's independence, its ability to retain a UK-wide framework for NHS pay and conditions and ability to carry out its core function of recommending a pay award against considerations of the need to recruit, retain and motivate suitably able and qualified staff

- Acknowledge the impact of consecutive years of pay restraint on the workforce in terms of morale, motivation, recruitment and retention
- Acknowledge the lack of clarity around the seven day services model and the implications for the workforce; and that significant changes to work patterns and remuneration are not warranted faced with an evidence base for seven day services which is still emerging. Seven day services should be built around the needs of the patient and not at the cost of the staff.
- Record the trade unions' belief that this review is being led by a drive to amend the Agenda for Change agreement rather than to improve services and that Staff Side strongly objects to any attempt to amend the agreement to the detriment of NHS staff
- Confirm that unsocial hours payments currently act as an enabler to seven day services and any reduction or removal would have a detrimental impact on the NHS's ability to secure safe staffing levels
- Confirm that the NHS Staff Council is the appropriate place for any negotiations on Agenda for Change terms and conditions