



Unite evidence to the National Health Service Pay Review Body (NHSPRB) 2021 - 22

Executive Summary

- NHS staff have worked above and beyond the call of duty during the Covid-19 pandemic and that must be recognised with an early and significant pay rise.
- Unite has written to the Government setting out its key pay demand of a pay rise for NHS staff of £3000 or 15%, whichever is the greater.
- This must be fully funded, consolidated and include staff working for outsourced contracts delivering NHS services.
- The pay claim also sets out our demands about annual leave, unsocial hours and organisational change.
- There continues to be an urgent need to deliver pay parity across all UK countries, levelling up NHS pay across the four UK countries.
- Unite's survey shows that:
 - Satisfaction with pay, terms and conditions is low.
 - Workloads and staffing levels still urgently need addressing
 - Morale and stress levels are unacceptable.

1. Introduction

- 1.1. This evidence is submitted by Unite the Union - the largest trade union in Britain and Ireland. Unite's members work in a range of industries including manufacturing, transport, 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 Physicians Association (HPA), College of Health Care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services.

1.3. Unite has participated fully in the Joint Staff Side Trade Union evidence to the NHS PRB. This evidence therefore presents Unite's specific pay position which is supplementary to the general points made in the joint submission. It should also be noted that this evidence pertains to England only. Unite will submit supplementary evidence should remits be submitted by the devolved country governments.

2. Unite the Union pay claim for NHS staff

2.1. On 23 December 2020 Unite wrote to the Prime Minister, Health Secretary and Chancellor submitting our members democratically determined pay claim for an early and significant pay rise for NHS staff of £3000 or 15%, whichever is the greater.

2.2. While not all covered by the remit of the PRB, the full details of Unite's claim are as follows:

- A one year pay deal to be brought forward from April 2021.
- Any pay settlement for NHS workers should be consolidated into their pay.
- £3000 or 15% or whatever in greater increase on NHS Agenda for Change pay rates.
- Any pay settlement for NHS workers should be fully funded and not be clawed back through existing NHS budgets.
- Any pay settlement for staff employed directly by the NHS should also allow contingent funding for pay settlements to outsourced, contracted, arm's length and wholly owned subsidiary bodies delivering services to the NHS.
- An increase in annual leave from 34 days per year after 15 years' service in the NHS and 36 days after 20 years' service
- An Organisational Change policy for England that deals with Downbanding and Downgrading of NHS staff
- The definition of Unsocial Hours to change to 7 pm to 7am instead of the current 8 pm to 6 am which is currently applied in section 2 of the Agenda for Change terms and conditions handbook.
- The Pay Review Body should be independent and free from Government interference.

3. Working through the pandemic

- 3.1. The Covid-19 pandemic has pushed the NHS to the brink, compounding already endemic concerns around staffing following years of underinvestment and the impact of Brexit. NHS staff have worked over and above the call of duty, putting themselves and their families at risk to support our health during the pandemic. Unite members have given their all to keep the NHS running during what has been the worst health crisis in modern times.
- 3.2. They are exhausted as they continue to serve during the second wave of the pandemic. This is the most challenging of winter seasons in living memory. Many NHS workers are struggling with their mental health, having battled to save people's lives and we must not forget that over 600 of our number have tragically died of Covid-19.
- 3.3. These huge pressures have compounded deeper concerns around workforce and capacity. The NHS continues to face a significant and growing staffing crisis, with resources stretched and recruitment and retention issues at all levels, with over 100,000 vacancies in the NHS reported even before the pandemic hit.
- 3.4. Unite believes that a decent pay rise for all NHS staff will help recruit and retain the crucial workers that our health service need.
- 3.5. As strongly evidenced by the Joint Staff Side evidence the economy will benefit from a decent pay rise for NHS staff too. The NHS is often the largest employer in many towns and cities across the country, so extra pounds in the pockets of NHS workers would also be ploughed back into the economy to support local businesses and enterprises.
- 3.6. For this reason Unite has called for an early and significant pay rise for NHS staff. 15% or £3000 will go some way to recouping the loss of earnings across the Agenda for Change pay spine since 2010.
- 3.7. Unite welcomes the government's decision to give the PRB a more open remit this year compared to previous years. Unite reiterates, however, that the PRB should be completely independent and free from government interference. That independence should include the ability to make recommendations on the levels of funding the government has provided to the NHS, rather than just simply within the constraints of already made budgetary decisions.

4. State of pay

- 4.1. It is not solely due to the hardships of this year that a pay rise is necessary. Since 2010/11 there have been many years of capped 1% pay rises or pay freezes for NHS workers. This has meant that large numbers of NHS workers have seen their pay decrease by around a fifth in real terms. In contrast MPs have seen significant real term pay increases over this period.

4.2. Unite has urged the government to support the joint health union call for pay talks to start soon so NHS workers get a decent wage increase. Unite has welcomed the Scottish government's commitment to early pay discussions and to backdate pay for NHS staff to December 2020, and are strongly urging the UK government to make a similar commitment. Unite has also approached the Welsh and Northern Ireland governments for similar discussions.

4.3. Unite supported the 2018 deals as a starting point on a pay journey for NHS staff but the deals did not reverse the impact of 8 years of pay caps and freezes in the NHS and the Covid crisis has further underlined the need for meaningful increases to NHS pay in order to restore the lost value over the last decade.

5. Unite survey

5.1. Due to the differing political circumstances, Unite has opted to conduct four separate country specific surveys covering members in the NHS in the last 12 months. As the PRB has so far only received a remit from the Westminster government covering England, the data below only refers to the experience of Unite's members in England.

5.2. The survey followed a similar methodology to previous surveys that Unite has conducted (2013, 2015, 2016, 2017, 2018 and 2019). In this case the survey was only sent to Unite members in England for whom we have email addresses over a two weeks period in December 2020. This generated over 2,600 responses from three emails, representing over 7% of Unite members that were sent the email.

5.3. The respondent data appears to represent a broadly similar sample to previous surveys. Respondents came from all English regions with the highest proportions coming from the North West and London. It covered a large cross section of professions across all Agenda for Change pay bands with the largest groups in bands 5, 6, 7 and 8a. 64% of respondents were at the top of their pay band, 26% worked part-time, 66% were women, and the majority were over 40. Of the membership where data was available 10% considered themselves to be disabled and 15% were from a Black, Asian or Minority Ethnic background. Unite believes that this represents a significant sample that is broadly reflective of the NHS as a whole.

5.4. The results of the survey are included as an Appendix along with an illustrative selection from the several thousand comments we received.

6. Valuing NHS staff

6.1. It is clear that government pay policy has left many NHS staff feeling undervalued. In Unite's survey, only 18% of respondents felt either valued or highly valued by the government, while in contrast 53%

felt valued or highly valued by the NHS, 68% by their manager, 73% by the public, 88% by patients and 91% by their colleagues. This suggest a major disconnect between the government and the public mood.

6.2. Similarly 69% of respondents to Unite’s survey said they were either dissatisfied or very dissatisfied with their level of pay, which is a marked increase on last year where that figure was 58%. This reversal suggest that any positive impact of the 2018 agreement has now been lost following the experience of the pandemic.

6.3. Further analysis of Unite’s survey shows some variation. Dissatisfaction tends to be higher the lower down the pay spine someone is as the table below shows. 88% of staff on bands 2, 87% of those on band 3 and on band 4 expressing dissatisfaction with their levels of pay. It is significant though that dissatisfaction remains the majority even for those on Band 8A.

How satisfied are you with you level of pay?

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
AfC pay band 1	0%	14%	71%	14%
AfC pay band 2	2%	11%	43%	45%
AfC pay band 3	2%	11%	48%	39%
AfC pay band 4	1%	13%	51%	36%
AfC pay band 5	1%	22%	46%	30%
AfC pay band 6	2%	26%	49%	23%
AfC pay band 7	4%	38%	42%	15%
AfC pay band 8a	5%	40%	42%	13%
AfC pay band 8b	6%	49%	36%	9%
AfC pay band 8c	16%	47%	26%	11%
AfC pay band 8d	31%	56%	9%	3%
AfC pay band 9	0%	100%	0%	0%
Grand Total	3%	27%	44%	24%

6.4. When broken down by profession it is clear that certain groups are more dissatisfied with their pay level than others - tending to mirror their pay bands. Of the groups of staff with significant response rates, health care assistants, mental health nurses, ambulance staff and estates and maintenance staff, nurses and ancillary staff were those that expressed the highest levels of dissatisfaction with their level of pay. The table below gives those occupations with the highest concerns for the largest groups responding.

How satisfied are you with you level of pay?

Occupation	Dissatisfied	Very dissatisfied	Total dissatisfied
Health care assistant	51%	44%	95%
Mental health nurse	57%	30%	86%
Ambulance staff	57%	28%	85%
Estates and maintenance	51%	32%	84%
Nurse	42%	33%	75%

Ancillary (porter, cleaner, caterer etc)	51%	22%	73%
Administrative or clerical	41%	32%	73%
Health visitor	46%	24%	70%
Biomedical scientist	45%	17%	61%
Allied Health Professional	43%	18%	61%
Clinical psychologist	37%	16%	53%
Pharmacist	45%	8%	53%
Health care scientist	32%	20%	53%
Speech and language therapist	36%	12%	48%
Chaplain	21%	12%	33%

* With more than 40 respondents

6.5. All NHS staff deserve a pay rise and pay differentials are there as they represent the added skills, training and responsibilities of staff further up the spine. It is clear though that those on the lower end feel the bite of loss of earnings more acutely than the better paid. In recognition of this, Unite's pay claim calls for a bottom loading of the pay offer of £3,000 or 15% whichever the greater.

7. Single pay structure

7.1. As highlighted above the evidence within this submission refers to England only. That is a symptom of the entrenchment of the growing separation between the four UK countries into distinct NHS pay spines leading to the fragmentation of the Agenda for Change agreement. Pressures from political devolution, government under-funding and the impact of outsourcing of NHS staff and services are all contributing to this and Unite is concerned that this trend should be resolved to prevent cliff edges or further distortions from taking root.

7.2. Unite and Staff Side have stressed on numerous occasions that there should be one single pay system across the NHS to prevent recruitment and retention issues across the four UK countries.

7.3. Unite is calling for the PRB to recommend action to harmonise up the different UK pay spines to deliver pay parity across all UK countries with the higher Scottish spines.

8. Experience at work

8.1. The Unite survey has also highlighted the wider experience of staff working within the NHS.

8.2. The survey highlights that restructuring and change are still a common experience throughout the English NHS. 52% raised restructuring and reorganisations, 23% reported attacks on their terms and conditions, 15% reported privatisation and outsourcing and 11% job losses.

8.3. These themes appear to be minor improvements on the previous year, although as stressed above the data is not rigorously comparable. They do remain significant though, which is surprising given the

broader pressures of the pandemic - evidenced by the fact that 31% of our members reported being redeployed due to Covid-19.

8.4. Local changes to terms and conditions in particular can have a significant impact on our members' take-home pay and this is something that the PRB must recognise. As with previous years a significant number of members report the use of downgrading and downbanding by Trusts (13%)

8.5. Some other comments included concerns about isolation, homeworking and social distancing, all in relation to the pandemic.

8.6. The PRB should consider the impact that these changes are having on staff and wider morale and motivation in the workforce. Organisational change add to the broad concerns NHS staff have about their work and pay. It also appears that Trusts do not act in a uniform way across England with good and bad practice. For this reason Unite is calling for an Organisational Change policy for all Trusts in England that entrenches fairness into the process and tackles members concerns about Downbanding and Downgrading.

9. Increase in annual leave

9.1. Unite's policy is to campaign for improvements to NHS holiday entitlement. When Agenda for Change came into operation in autumn 2004 one of the positive areas was the change to annual leave for NHS staff. However, more than fifteen years on and particularly after years of austerity with pay freezes and thousands of NHS workers working over and above their contracted hours freely, a review of annual leave has not properly occurred.

9.2. Unite recognises that all NHS staff after 10-years' service should be getting 33 days paid leave as well as the statutory holidays.

9.3. Unite believes that, after 15 years NHS service, the paid annual leave entitlement should be 34 days and after 20 years to be 36 days.

10. Workload and staffing

10.1. As Staff Side evidence has shown the NHS continues to face a major staffing shortages and evidence of this crisis continues to be clear through Unite's survey data, despite some improvements on last year.

10.2. 81% reported staff shortages in their workplace over the last year, with 69% reported experiencing staff shortages frequently and a further 20% reported them sometimes. 62% had raised concerns about safe staffing levels in their workplace and department. The occupations reporting the highest frequency of staff shortages are below.

Over the last year have you experienced staff shortages in your workplace?

Occupation	Frequently
Health care assistant	87%
Health visitor	79%
Biomedical scientist	77%
Ambulance staff	73%
Clinical psychologist	72%
Ancillary (porter, cleaner, caterer etc.)	71%
Estates and maintenance	69%
Nurse	69%
Mental health nurse	67%
Allied Health Professional (other)	66%
Speech and language therapist	64%
Administrative or clerical	63%
Pharmacist	63%
Health care scientist (excl. Biomedical scientist)	59%
Chaplain	52%

* With more than 40 respondents

10.3. The impact on workload is also highlighted. In a typical week 56% of respondents to Unite’s survey reported “always” or “frequently” working more than their contracted hours, with only 9% saying that they “never” did. Similarly 19% always and 33% frequently reported working through their lunch breaks. Among the professions reporting most frequently working the longest hours were pharmacists, health visitors, speech and language therapists, ambulance staff and clinical psychologists.

In a typical week, how often do you work more than your contracted hours?

Occupation	Always	Frequently
Pharmacist	42%	27%
Health visitor	41%	37%
Clinical psychologist	35%	36%
Health care scientist (excl. Biomedical scientist)	30%	27%
Chaplain	29%	27%
Biomedical scientist	27%	28%
Ambulance staff	27%	38%
Allied Health Professional (other)	25%	32%
Speech and language therapist	25%	40%
Nurse	25%	31%
Estates and maintenance	22%	22%
Health care assistant	19%	24%
Administrative or clerical	18%	26%
Mental health nurse	18%	36%

* With more than 40 respondents

10.4. The impact of this on the service is also highlighted with 52% reported dissatisfaction with the quality of care they feel able to provide

10.5. **Unite maintains that the staffing issues faced by the NHS have been caused by the government’s funding, workforce planning and pay policy, as well as the impact of Brexit. As**

in previous years the PRB should continue to consider the impact this is having on the service and NHS staff forced to work in understaffed conditions.

- 10.6. **Unite would also welcome the PRB's support for amending the definition of Unsocial Hours to change to 7 pm to 7am instead of the current 8 pm to 6 am which is currently applied in section 2 of the Agenda for Change terms and conditions handbook. This would go a small way to improve compensation for staff working long hours to keep the service running.**

11. Morale and stress

- 11.1 As in previous years Unite is reporting low morale and stress for its members. 69% of respondents to the Unite survey said that morale/motivation in their workplaces was worse (41%) or a lot worse (28%) than the previous year. 36% had reported very seriously and 27% reported fairly seriously considering leaving their current position in the NHS over the last 12 months.

- 11.2 85% reported experiencing workplace stress over the last 12 months and 38% reported experiencing work-related ill health, both a small rise on the previous year.

- 11.3 The survey evidence also shows that there continues to be a significant amount of bullying and harassment reported (31%). Staff experience of discrimination has risen slightly (20%) while threats of violence (10%) and actual violence (5%) experienced by staff have both declined probably due to the societal impact of the pandemic.

- 11.4 **The PRB should remind the government that staff morale is vital to a well-functioning health service and increases to pay and conditions will help to improve staff experience.**

12. Job Profiles

- 12.1 In last year's evidence Unite raised the need to review Agenda for Change national job profiles to ensure that they are still fit for purpose. This process takes far too long, as a number of profiles have not been revised since 2004 despite many roles attached to those profiles having evolved and developed.

- 12.2 It is welcome that the PRB recognised our concern within their evidence but Unite views this issue to be outstanding.

- 12.3 **Unite would therefore urge the PRB to recommend a review of Agenda for Change national job profiles and a speedier process by which new profiles can be developed and approved.**

13. Cost of living outside of London

12.1 Similarly Unite members have continued to raise concerns about the cost of living outside of London and fringe areas and the issues highlighted in the last years Joint Staff Side evidence that made the case for improvements to the High Cost Area Supplements (HCAS) arrangements within Agenda Change, as listed in Annex 9.

12.2 Unite welcomed that recognition of these concerns by the PRB and the recommendations for reform, but as yet no actions have been taken.

12.3 Unite considers these concerns to be ongoing and would support the PRB reiterating its recommendations to tackle the cost of living outside of current HCAS use as part of its wider recommendations about NHS pay the operation of HCAS within Agenda for Change.

Colenzo Jarrett-Thorpe and Jacalyn Williams

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APPENDIX A: Quotes from the Survey

"I have been at the top of my pay scale for over 15 years, in real terms my salary and standard of living (all of the things I worked hard for and time I sacrificed studying when I was young) has been eroded due to lack of pay rises over the last decade."

Pharmacist, West Midlands

"Claps on a Thursday won't pay the bills! ...Very poor appreciation from the government. Several staff have died with COVID in our Trust...so we are literally putting our lives on the line every day."

Pharmacist, North East

"After over 37 years in the NHS I have never felt so disillusioned with my job or employer and it's not just about pay and conditions it's about the treatment of and attitude to staff by management. It's not the service it was that's for sure"

Administrative or clerical, West Midlands

"Desperately need a proper pay rise due to increase in living costs. Have considered using food banks in the recent past."

Administrative or clerical, London and Eastern

"Most of the staff I speak to feel unless we get a substantial pay rise this year it will feel like a great big slap in the face for all the hard work we've done especially with Covid. If a substantial pay rise is not forthcoming then a lot of our older members of staff will retire or retire early, and the already wide recruitment gap that we have in our trust will get worse, and in my opinion our hospital will become crisis management on a daily basis"

Administrative or Clerical, London and Eastern

"I feel that working for the NHS we are undervalued by the government who are more interested in giving themselves unjustified pay rises."

Ambulance Staff, West Midlands

"The NHS has been subject to pay restraint for far too many years. In these times of a global pandemic we have worked harder than we have ever worked. We are now being told we may be subject to further pay freezes over the next few years - whilst at the same time seeing MPs get huge pay rises of 10% or more - I feel this is obscene."

"As a front line paramedic, in the ambulance service we have been one of the only occupations which has completely 'carried on as normal' and continued to go into patient's homes as we always do. We have also had great responsibility heaped onto us because GPs and other HCPs are NOT visiting patients. We need this to be recognised with more than clapping and hollow thank you from this Government."

Paramedic, North East

"My main dissatisfaction with NHS pay is that I have been at the top of my pay band for 12 years. Also that pay increases have not kept up with inflation over the past 10 years or so. I thought I had a career but really it's just a job."

Art Therapist, South East

"Feel my job is relentless. Unable to switch off evenings and weekends. Expectation to gather data at 6:30am every morning for Execs. Responsibilities greater than my pay Band. Unable to speak out for fear of repercussions"

Biomedical Scientist, West Midlands

"We are the back bone of the NHS yet underpaid and not recognised especially in this pandemic where my department MICROBIOLOGY is the hidden asset that has been failed to be acknowledged or recognised. Many of my colleges' are working in immense stress, pressure and overtime, enabling the governments targets to be kept with mass rapid testing for COVID-19, yet it's the politicians that always reward themselves with pay rises each year!"

Biomedical Scientist, East Midlands

"Our rate of pay has unfairly reduced in real terms compared to inflation because of the lack of pay rises and there is no overtime offered except during the civil crisis. We should be on a fair rate of pay and have the offer of working overtime at a rate equal to other emergency services."

Security, North West

"Thank you - pay is a huge factor and is far too low for NHS staff, compared to other roles, considering what they do and the pressures they are under and the way in which many of us are putting our own lives and that of our families at risk to do the job we do."

Health Care Chaplain, London and Eastern

"I am at the top of my pay band. I got 1.7% pay rise in April 2020 and compared to other public sector workers, this is low. My morale is low. I have been home working since March. I am isolated and feel undervalued by the Government. Clapping us in an insult. In the NHS we have worked tirelessly throughout the pandemic and we need to be recognised financially for this. Staff are exhausted and heading for burnout. If NHS workers do not get a substantial pay award I fear thousands more will leave this wonderful institution. NHS workers do not have any 'good will' left."

Clinical Psychologist, London and Eastern

"I found a pay packet from many years ago and realised that my salary has not changed in all that time - in fact I receive less as my pension contribution has increased because I was part-time but paying the percentage contribution of a full-time salary!"

Clinical Psychologist, North West

"I've never been so poor as everything has gone up except our wages, I'm also supporting my daughter at uni, having supported another two previously. I'm now in serious debt."

Mental health nurse, London and Eastern

"Have become so disillusioned with last AfC pay deal, changes to pensions scheme, working hours/pressures, with very little job satisfaction elected to go part time in March. Also seriously considering early retirement (late 50's). Shame as I used to really enjoy the job."

Lead Physicist, South West

"My pay scale was downgraded for no real reason and I feel aggrieved about that as I am worth more. Also, our mental health service has been restructured and it pains me to see senior managers being paid a 6 figure salary when they do not seem to have much work."

I also experience the Trust as persecutory - harassing us for not filling in DDS or mandatory training when we have already been working overtime. There is a high turnover of staff which is unsettling for our mental health service users as well as the staff. They are expecting Social Workers to have 50 patients on their books which is downright unsafe,"

Clinical Psychologist, London and Eastern

"It is disgusting that MP's give themselves a pay rise and then impose a pay freeze on public sector pay. It is also wrong to only give a pay rise to doctors and nurses. Without the support of all the other staff groups, they would not be able to perform their duties. COVID-19 is a danger to all. We have all stepped up to plate and performed above and beyond."

Estates and Maintenance, East Midlands

"The pay is shocking, it makes no sense how Scotland gets a £500 pay bonus plus increase and the Tory government destroy NHS England employees - we have nothing for risking our lives and they are only concerned about the private sector pay"

Health Care Assistant, South West

"The public sector is an easy target for government to reduce pay and increments. I personally have worked harder this year with the impact of Covid on families and priorities within the team. I will continue to work harder as the impact of lockdown on the behaviour, mental and emotional health of children up to-4 years becomes more fully known. Already, I have a much fuller workload of toddlers and behaviour than at any other time in my career."

Health Visitor, North West

"Top of band 6 for 10 years no progression no real terms pay increase levels of stress and responsibility does not reflect the rubbish take home pay! No amount of happy clapping pays the bills. Cannot wait to leave the NHS"

Health Visitor, North East

"I am not normally one to fill in such a questionnaire, have worked for the NHS nearly 22 years, have seen my pension reduced / terms stricter. Have seen everyone else have pay increases of significant amounts (especially government) Min wage increases and very little increase to Nurses."

Primary Care Mental Health Worker, South West

"Recently quit NHS due to: Poor staff morale, No support to staff, Short staffed, Overworked and no extra pay given, Treated like a furniture at workplace, No ongoing trainings given, Managers don't listen, No breaks at work, too much workload, No thanks however hard you work, No one cares about staff, Poor pay."

Registered Nurse, North West

"25 years working in the NHS and pay is worse now than 12 years ago... I think it's disgusting that there are many managers receiving funding for masters degrees/investment that cost thousands of pounds ... yet band 3 and frontline staff and below barely get any support to train / develop more skills."

Occupational Therapy Assistant, North West

"I am concerned about central government's expectations of NHS staff, who are exhausted by really heroic efforts since March. I worked 74 hour weeks myself just before lockdown and I am not the only one. Clapping is all very well but NHS staff shouldn't be taken advantage of by relying on their good will and should be rewarded for all the extra work they have done. This particularly applies to those who have lower grades of remuneration. Previously agreed pay rises are not sufficient to recognise the efforts made in this exceptional year."

Senior Manager, South East

"I am concerned about our next pay award and whether it will represent a meaningful increase, in line with the cost of living or more. Our wages have been static for a long time and living expenses increasing all the time. Because of long term underfunding in sexual health, and particularly because it is financed by local authority budgets, there is very little scope for career progression as higher band jobs have disappeared."

Sexual Health Adviser, London and Eastern

"COVID has meant we have worked consistently ridiculous hours which continues due to backlogs on top of extra guidelines/research and volume of patient caseloads. I would like to demand a double increment this year. No other industry would staff have to work extra hours every week in order to meet clinical demands with no extra pay"

Speech & Language Therapist, North West

"Low paid cheap Labour, very stressed. Layer after layer of well-paid useless egotistical managers promoted above their abilities who never listen and are hardly ever seen. 20 years of loyal service working above and beyond and still only earn £21,000 a year. Worst decision I ever made joining the NHS. Desperate to get out, know lots of low paid workers who feel the same."

Allied Health Professional, West Midlands

"It has been a very difficult year but we have continued to support and keep the NHS Trust I work for safe and as best we can running smoothly, it would be nice to feel the NHS / Government appreciated this."

Estates and maintenance, South East

"I have been a clinical support worker for over 33 years and believe we get no recognition for the hard difficult and dangerous job that we do. I am on a band three but many I work with are on a band two and they have worked in this job for many years and are very experienced. It is a busy psychiatric unit with continual restraints and dangerous situations. In the last six years I have been [bitten], cracked ribs, kicked in the face and also punched in the face and with lots more, smaller assaults on a regular basis. No one else I know goes to work every day with a fear of physical assault. I work with the over 65 age group that is very stressful but I enjoy but have to respond to life threatening situations on a daily basis. Pay does not relate to the job I do."

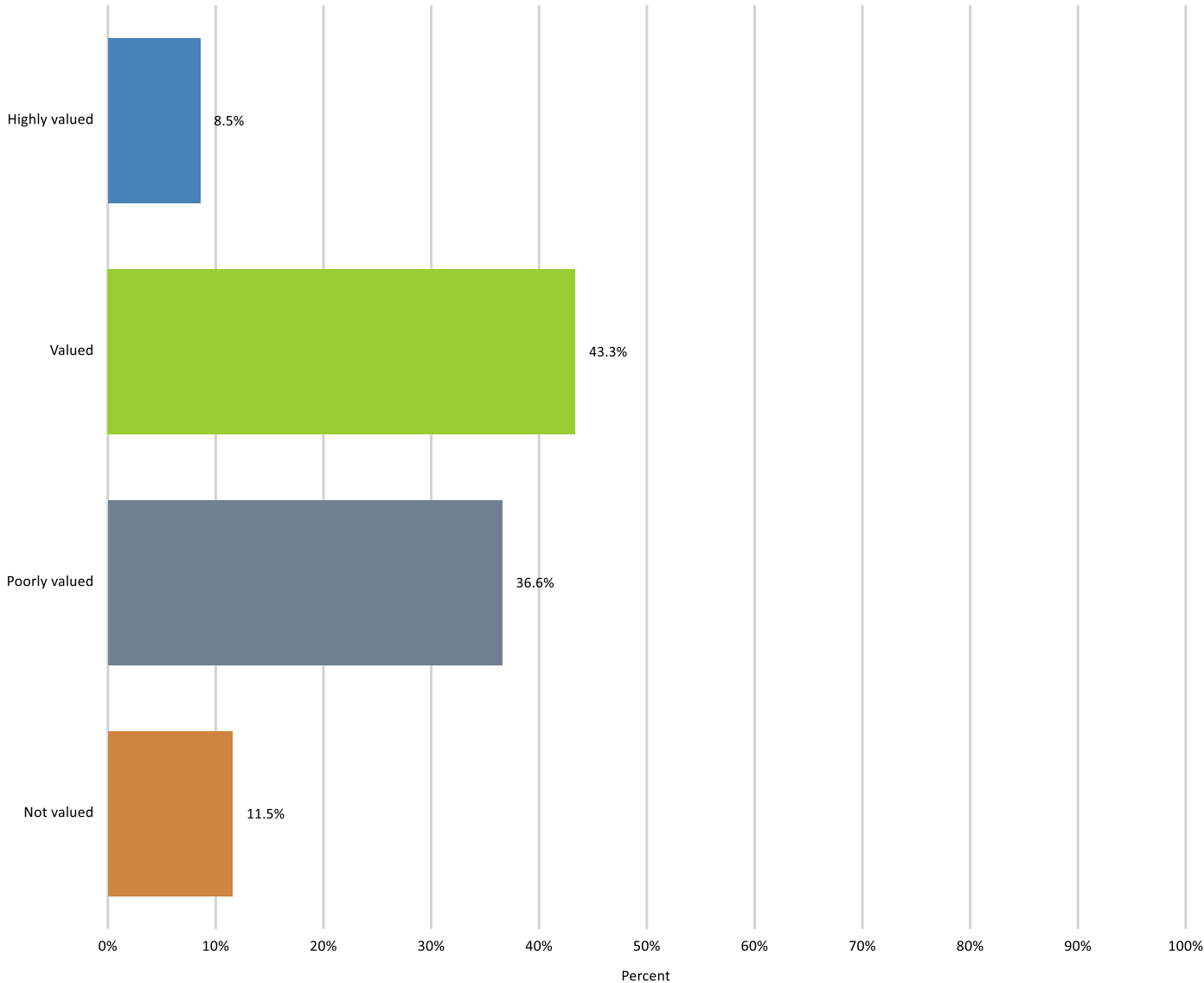
Clinical Support Worker, London and Eastern

APPENDIX B: Unite NHS Pay, Terms and Conditions survey – England 2020

NHS staff have worked over and above the call of duty to keep patients and the public safe throughout the Covid 19 pandemic.

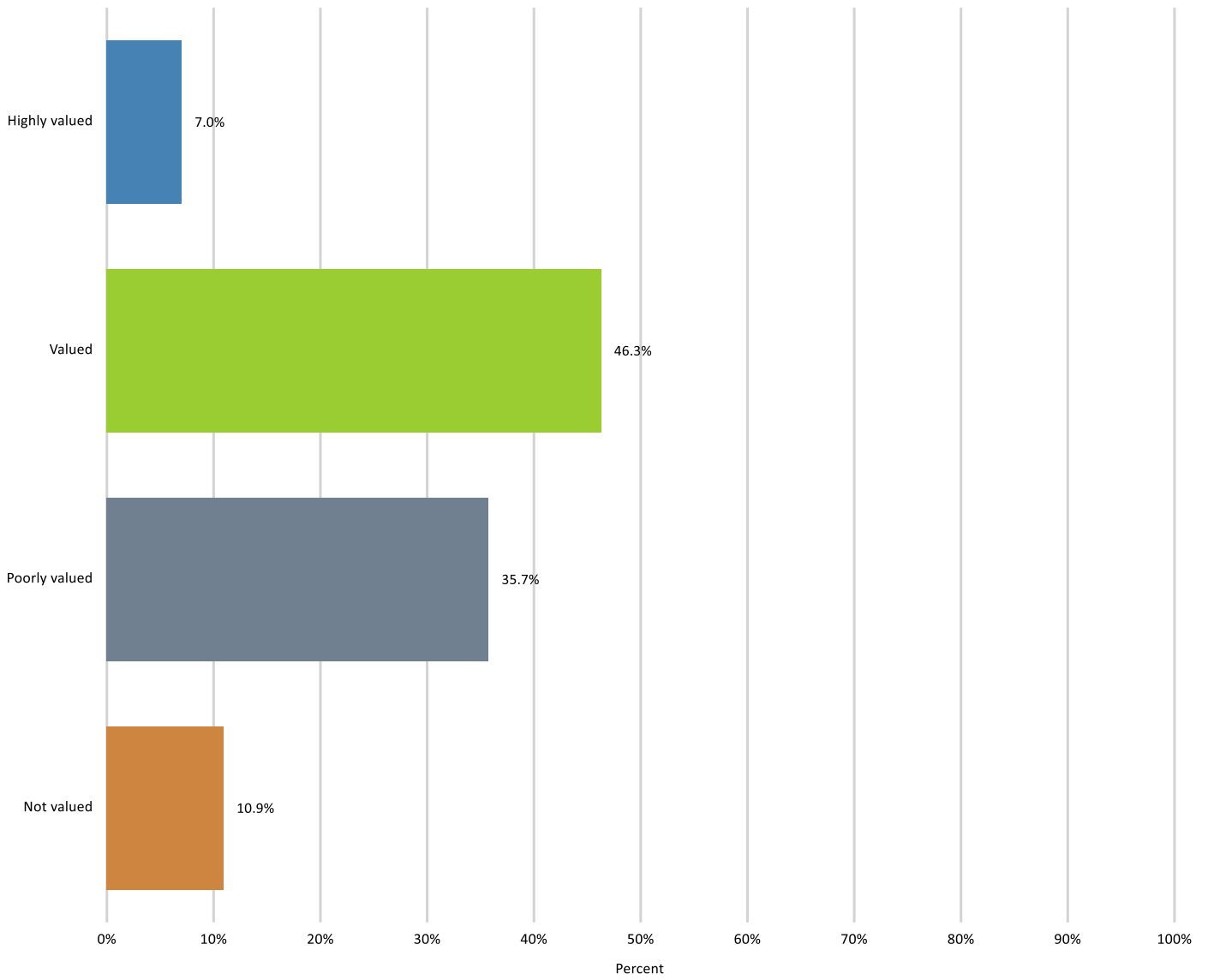
1. How valued do you feel by the following people/institutions?

1.1. Your employer



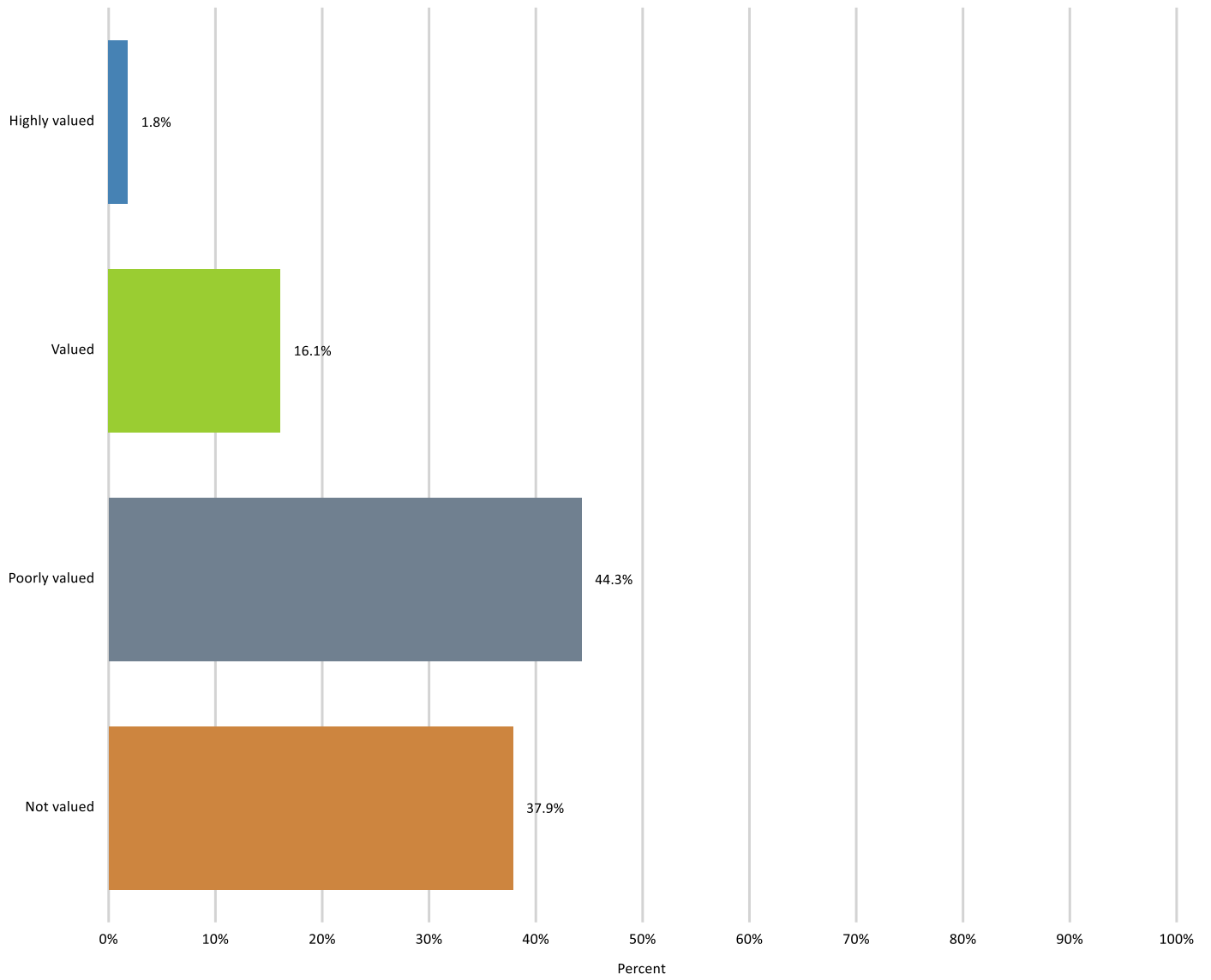
Name	Percent
Highly valued	8.5%
Valued	43.3%
Poorly valued	36.6%
Not valued	11.5%
N	2598

1.2. The NHS



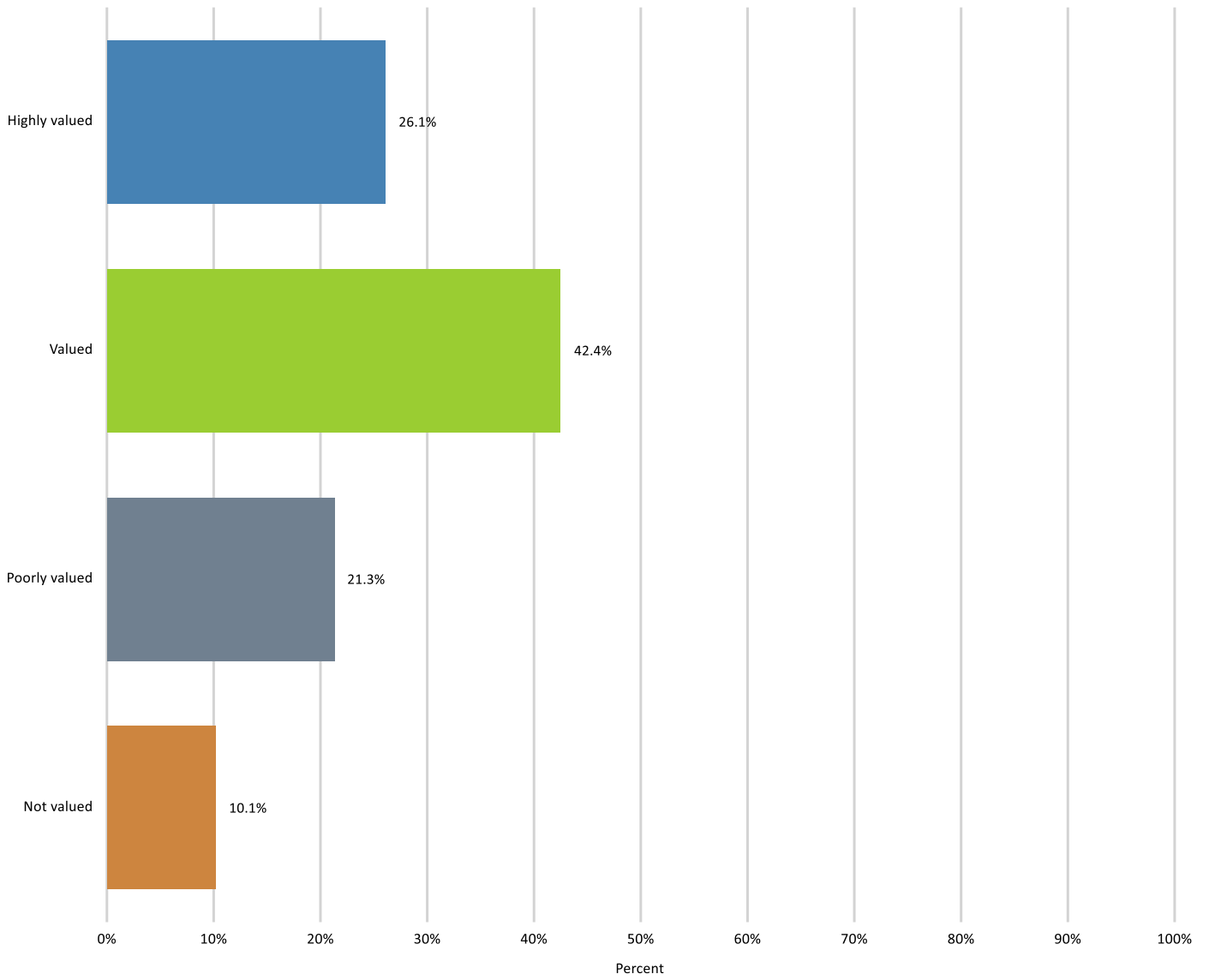
Name	Percent
Highly valued	7.0%
Valued	46.3%
Poorly valued	35.7%
Not valued	10.9%
N	2605

1.3. The government



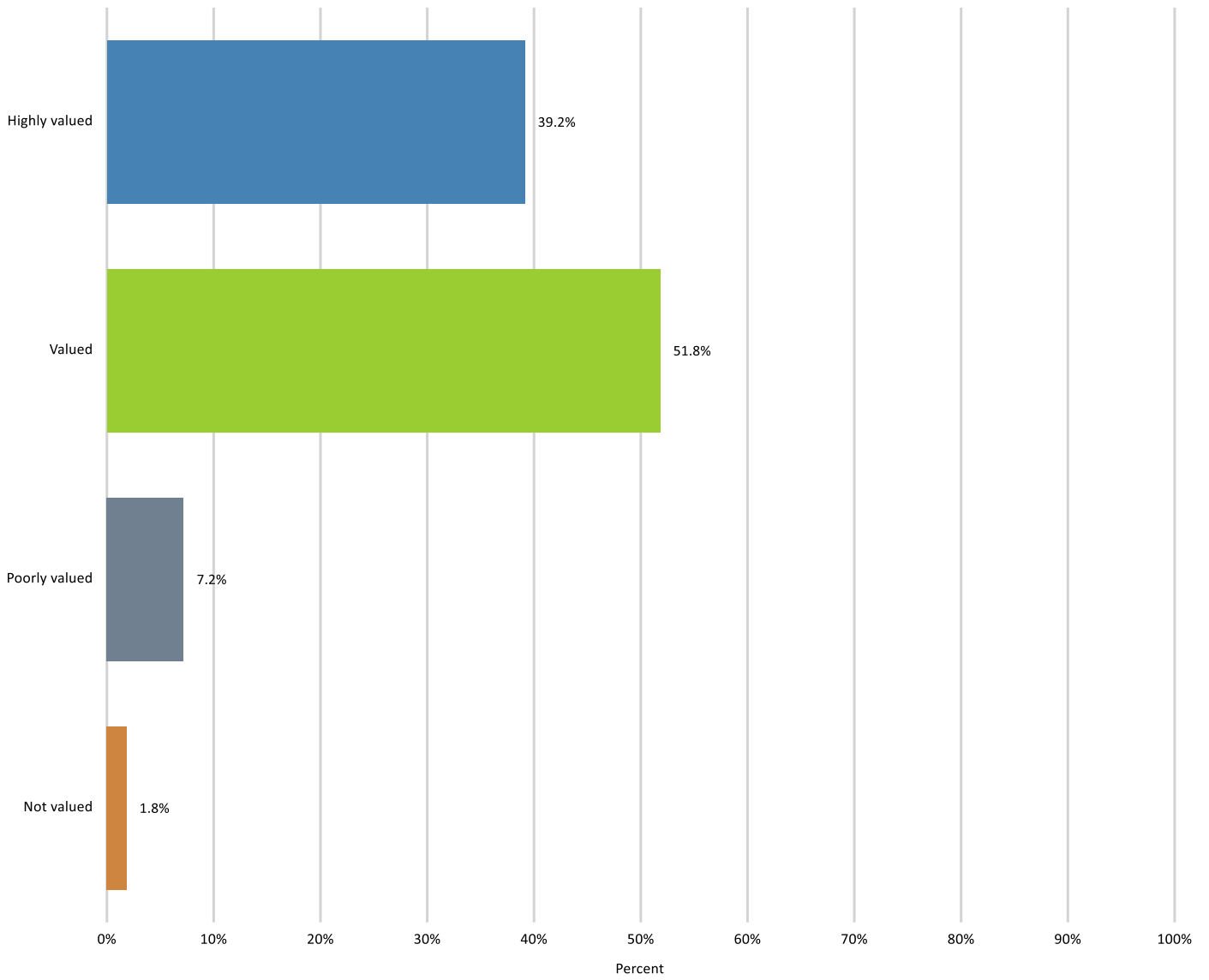
Name	Percent
Highly valued	1.8%
Valued	16.1%
Poorly valued	44.3%
Not valued	37.9%
N	2594

1.4. Your manager



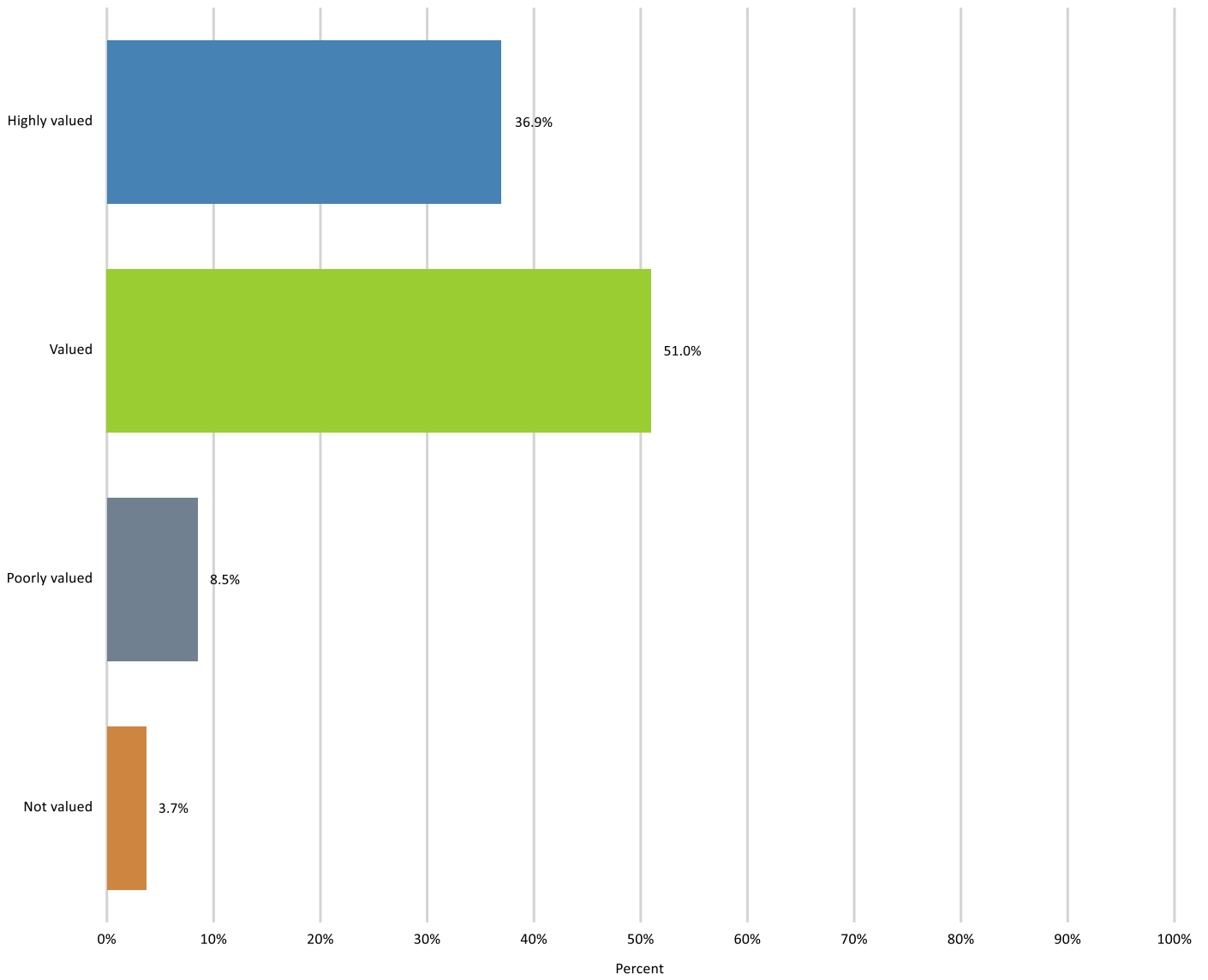
Name	Percent
Highly valued	26.1%
Valued	42.4%
Poorly valued	21.3%
Not valued	10.1%
N	2601

1.5. Your colleagues



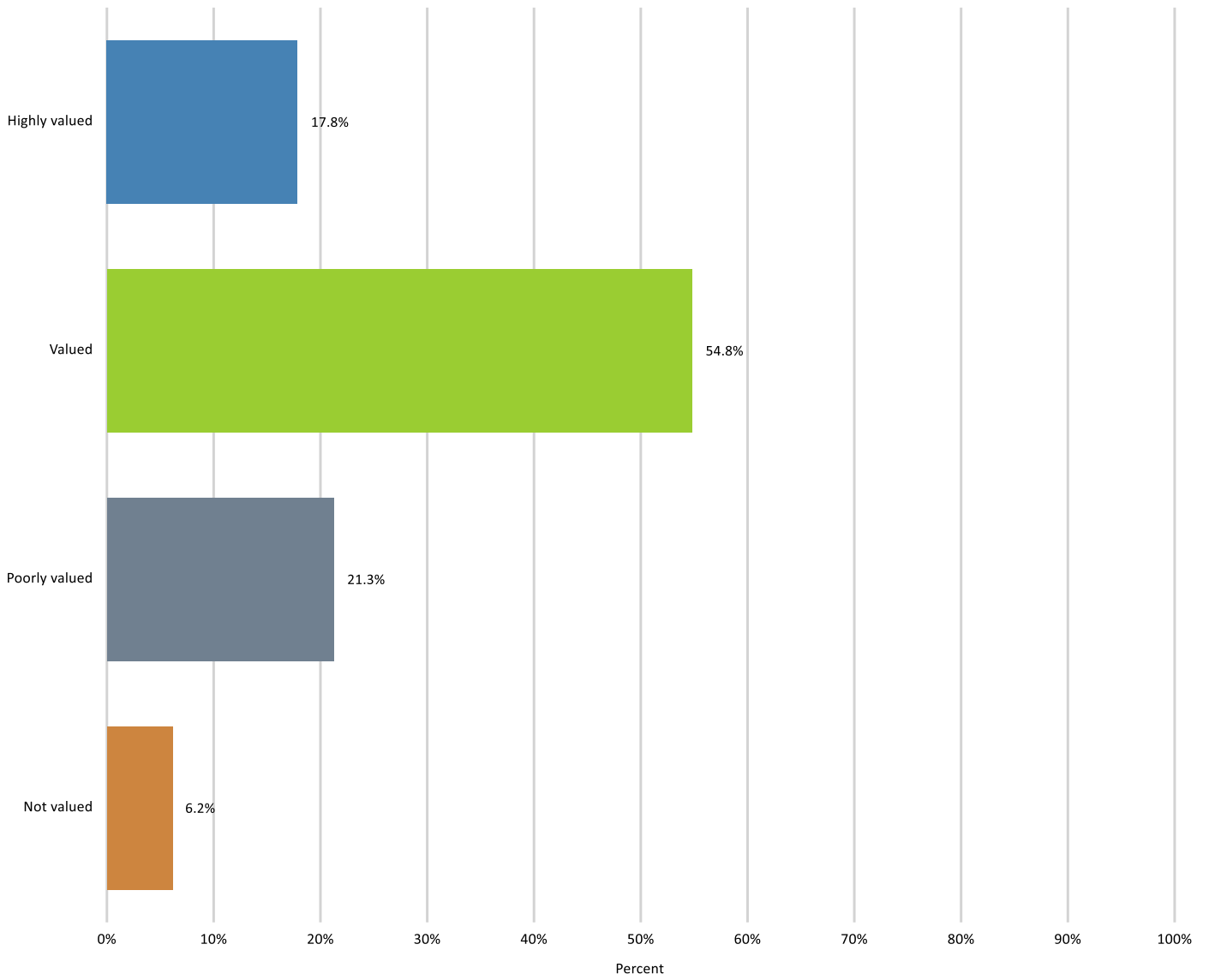
Name	Percent
Highly valued	39.2%
Valued	51.8%
Poorly valued	7.2%
Not valued	1.8%
N	2595

1.6. Your patients



Name	Percent
Highly valued	36.9%
Valued	51.0%
Poorly valued	8.5%
Not valued	3.7%
N	2547

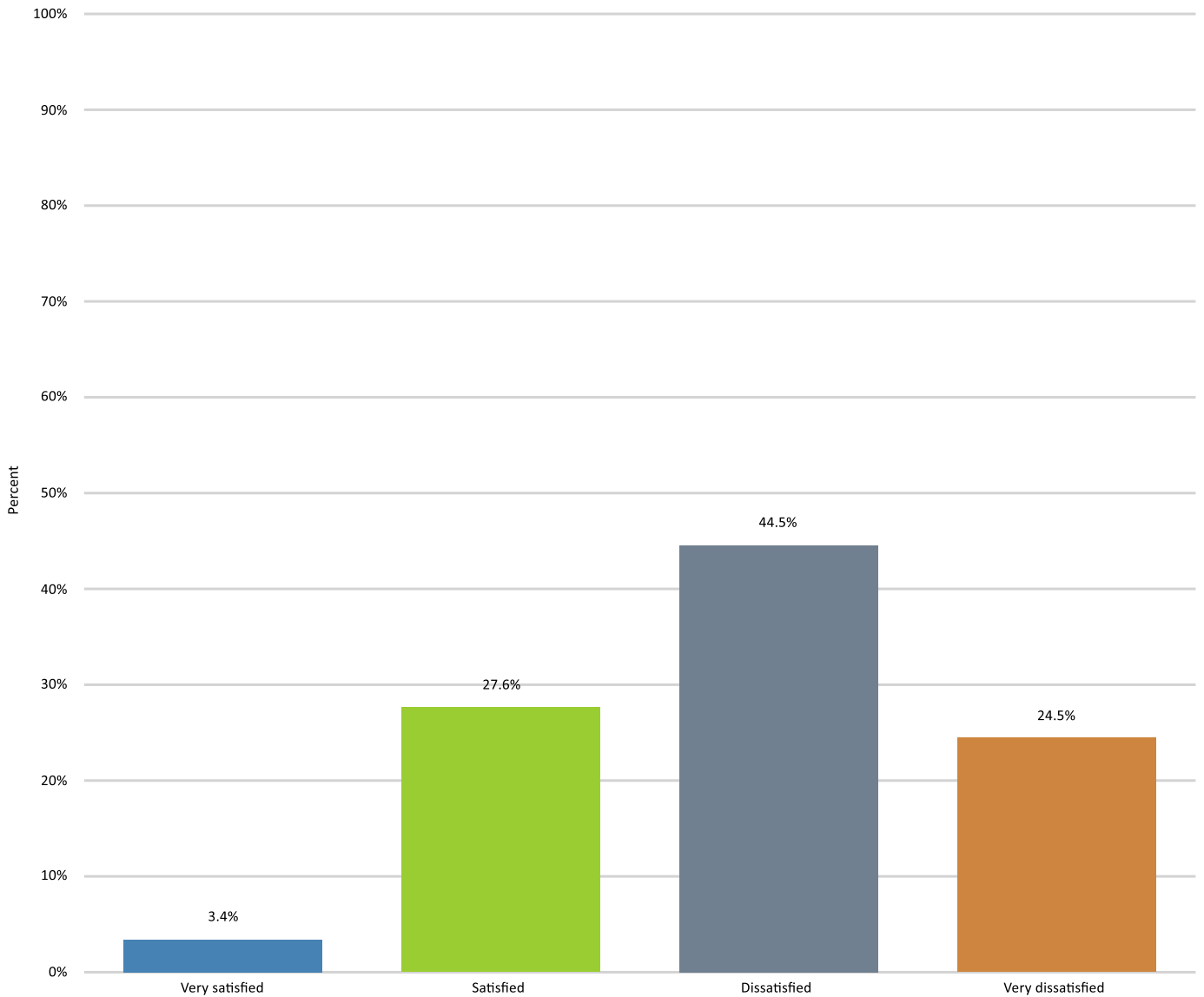
1.7. The public



Name	Percent
Highly valued	17.8%
Valued	54.8%
Poorly valued	21.3%
Not valued	6.2%
N	2569

Pay and grading

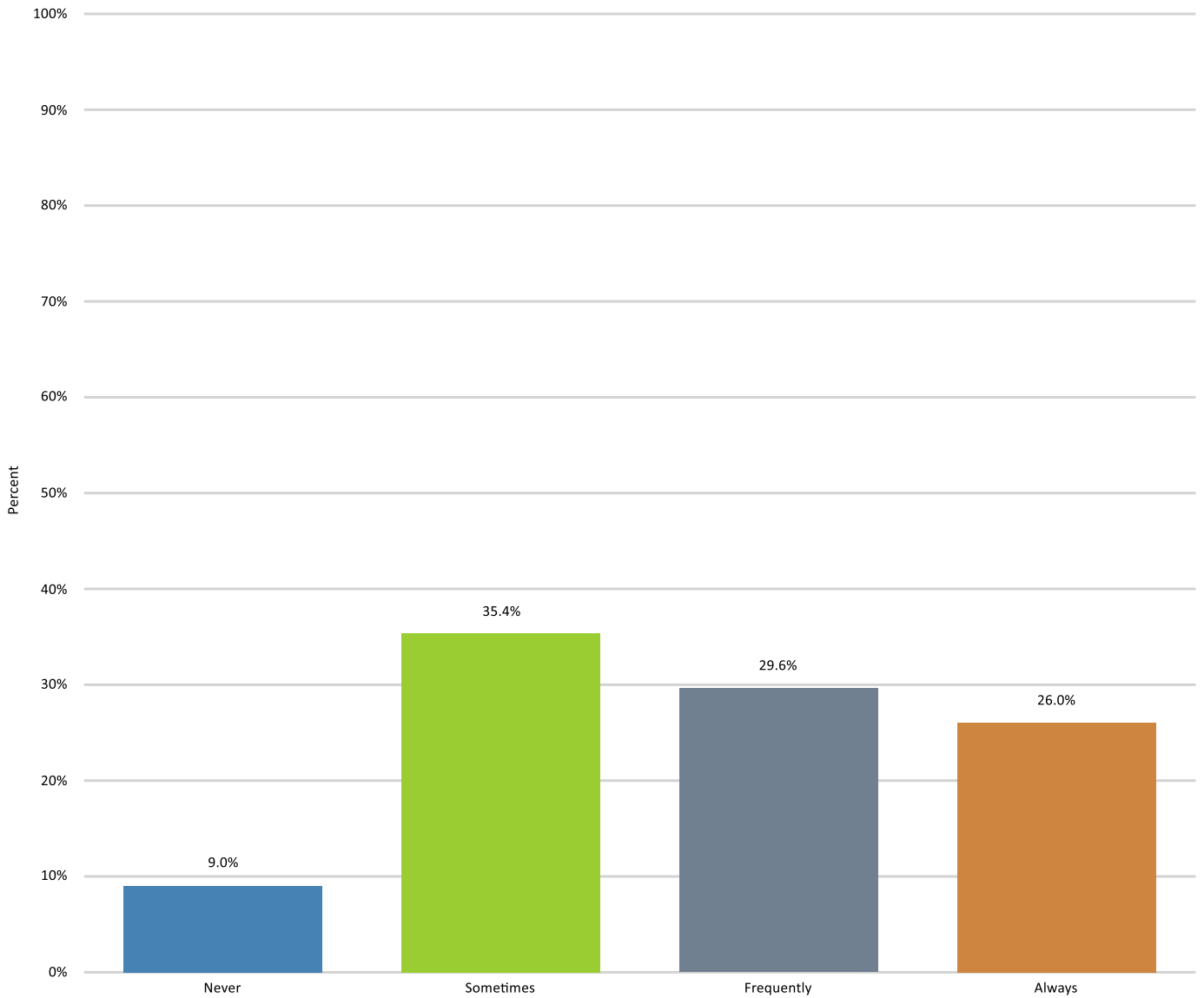
2. How satisfied are you with your level of pay?



Name	Percent
Very satisfied	3.4%
Satisfied	27.6%
Dissatisfied	44.5%
Very dissatisfied	24.5%
N	2620

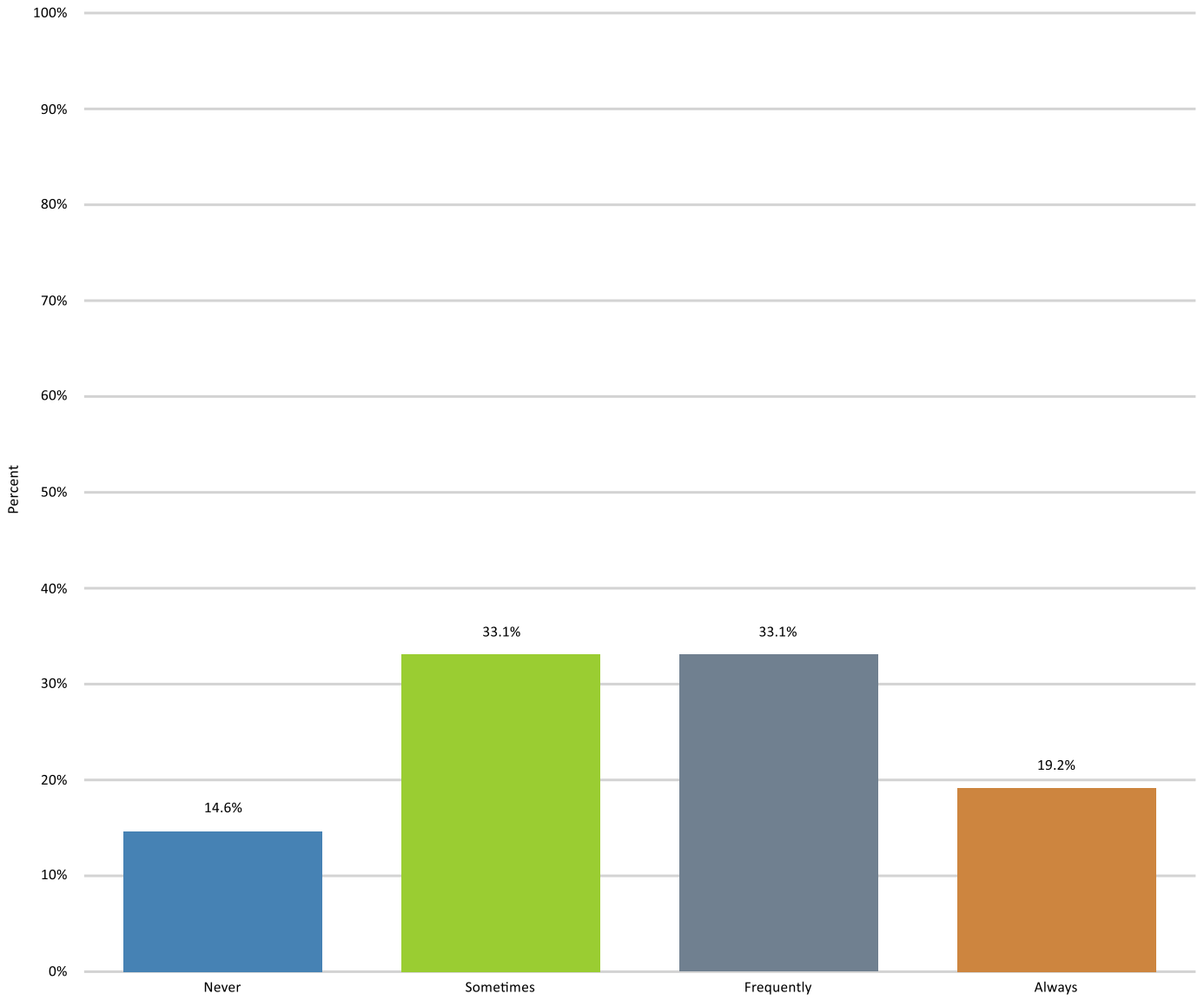
Hours of work and workload

3. In a typical week, how often do you work more than your contracted hours?



Name	Percent
Never	9.0%
Sometimes	35.4%
Frequently	29.6%
Always	26.0%
N	2619

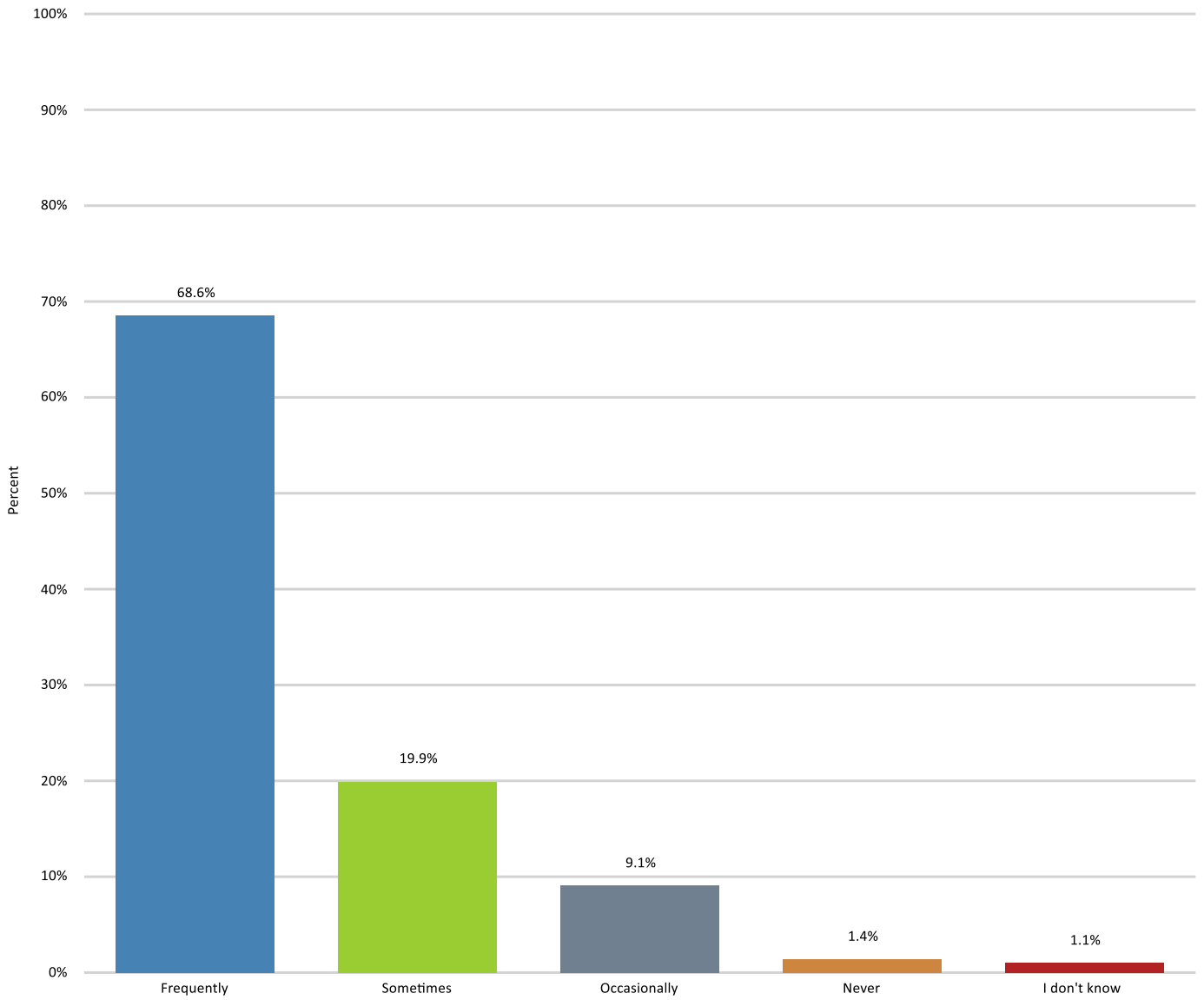
4. In a typical week, how often do you work through your lunch break?



Name	Percent
Never	14.6%
Sometimes	33.1%
Frequently	33.1%
Always	19.2%
N	2622

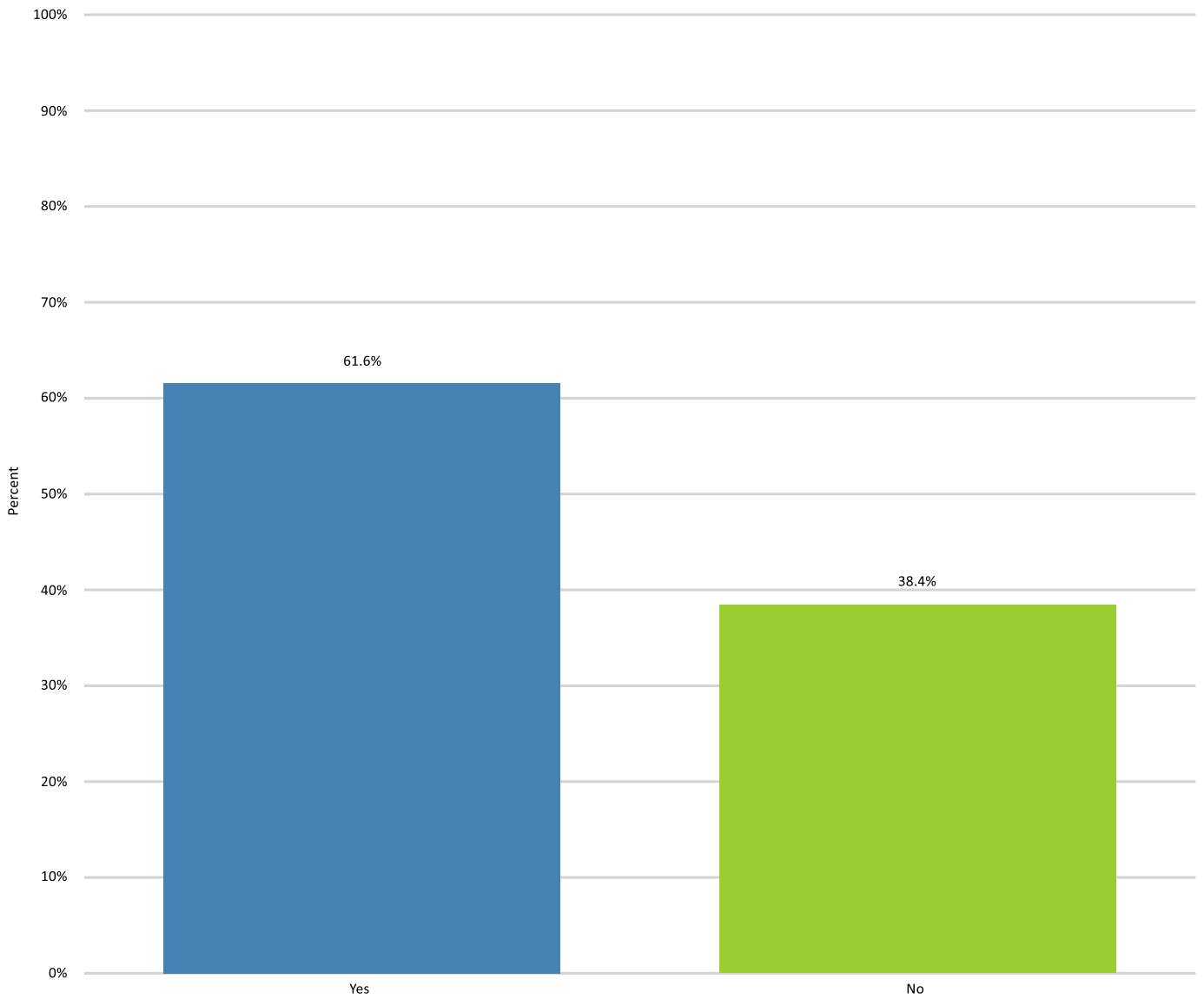
Service quality

5. Over the last year have you experienced staff shortages in your workplace?



Name	Percent
Frequently	68.6%
Sometimes	19.9%
Occasionally	9.1%
Never	1.4%
I don't know	1.1%
N	2625

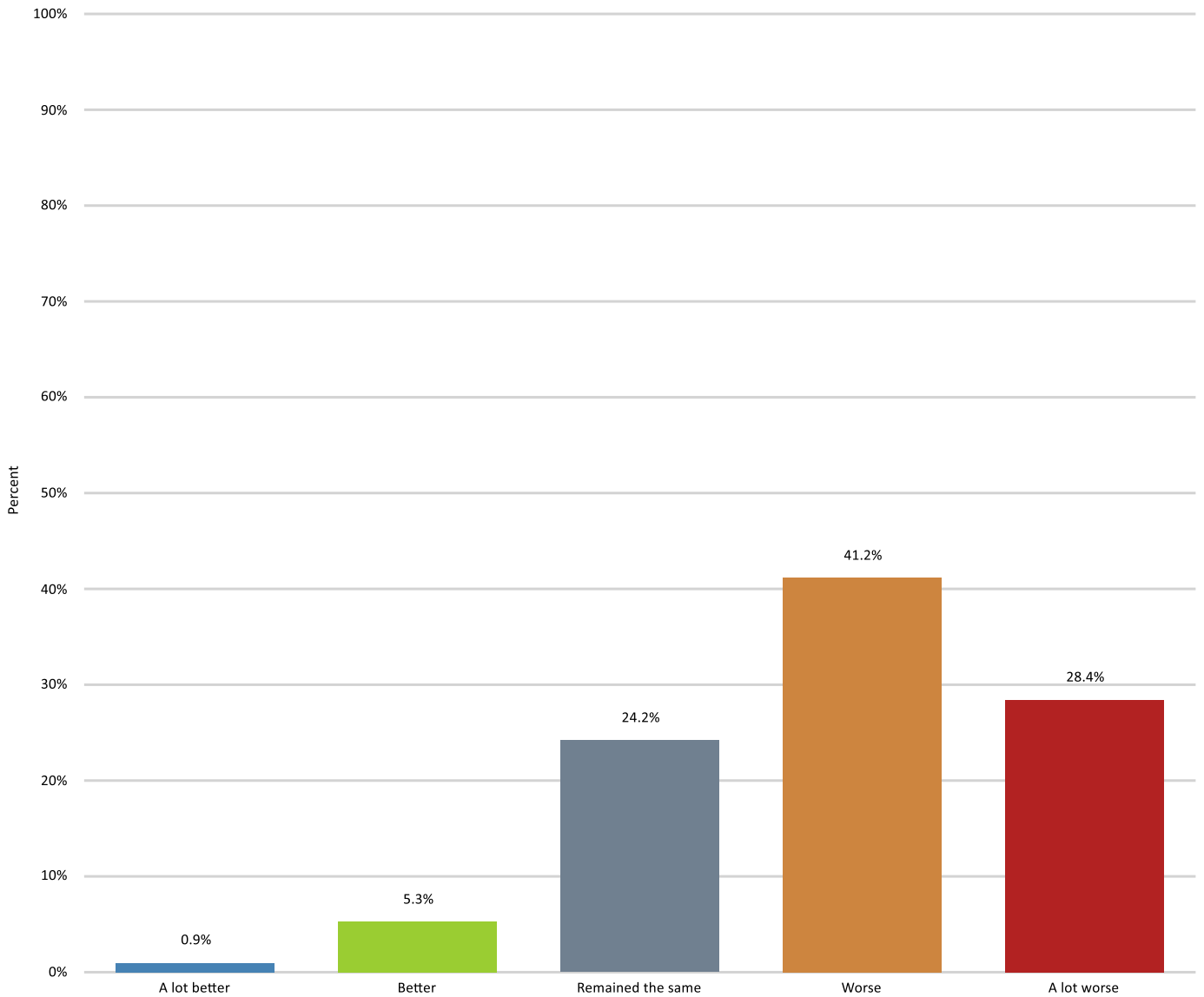
6. In the last 12 months, have you raised concerns about safe staffing levels in your working area/department?



Name	Percent
Yes	61.6%
No	38.4%
N	2621

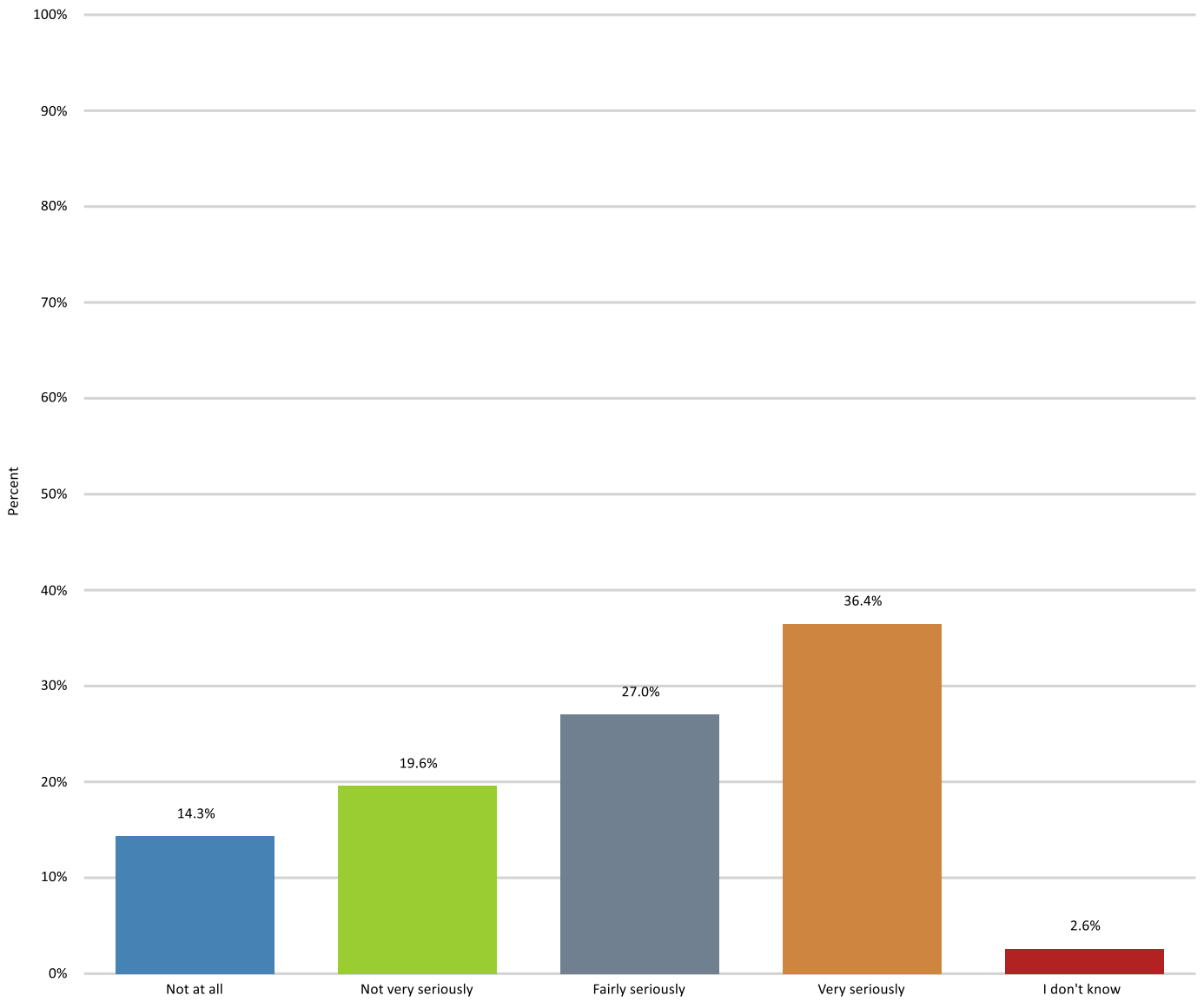
Morale/Motivation

7. Compared to a year ago is morale/motivation in your workplace:



Name	Percent
A lot better	0.9%
Better	5.3%
Remained the same	24.2%
Worse	41.2%
A lot worse	28.4%
N	2621

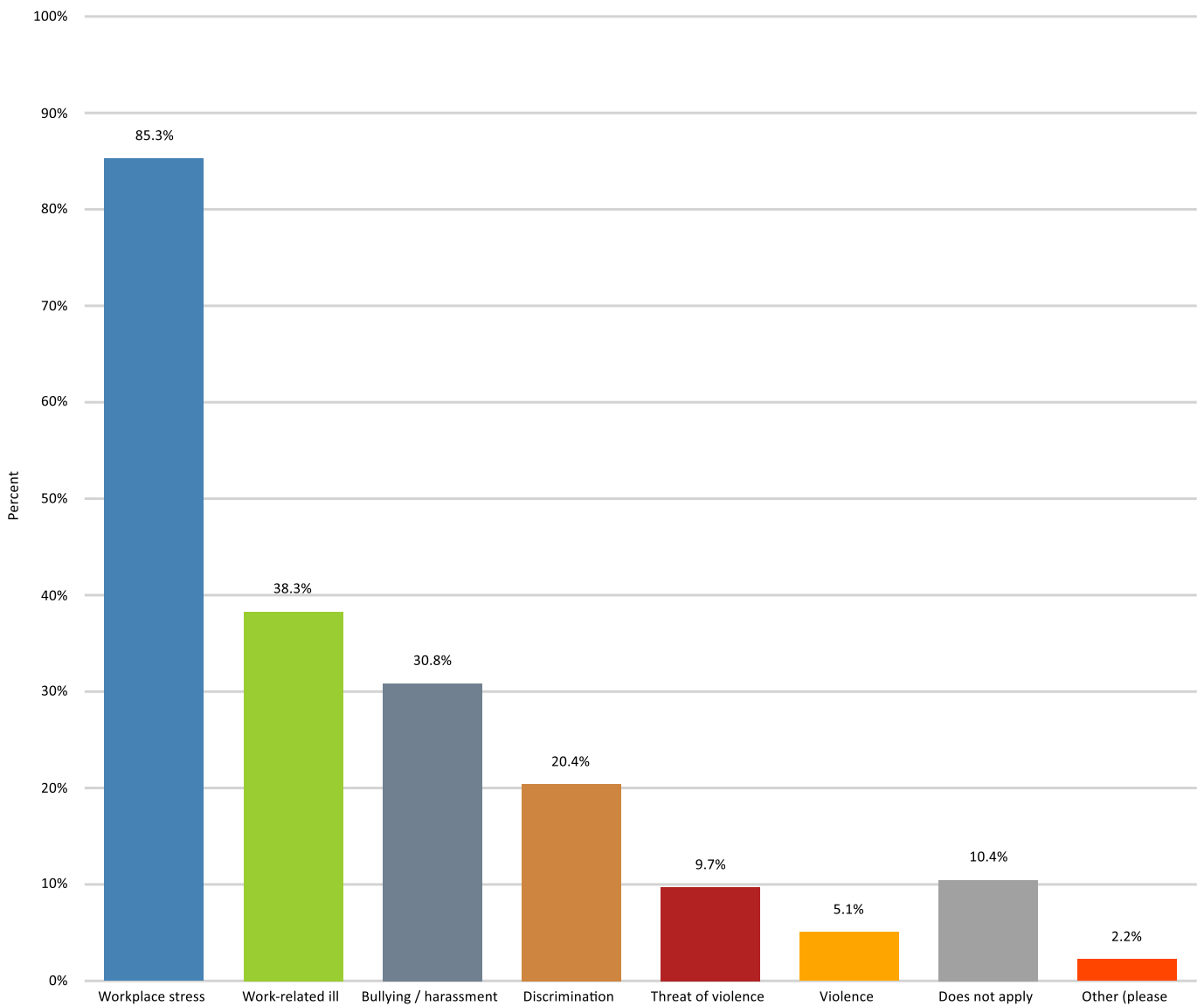
8. Over the last 12 months how seriously have you considered leaving your current position in the NHS?



Name	Percent
Not at all	14.3%
Not very seriously	19.6%
Fairly seriously	27.0%
Very seriously	36.4%
I don't know	2.6%
N	2623

Working environment

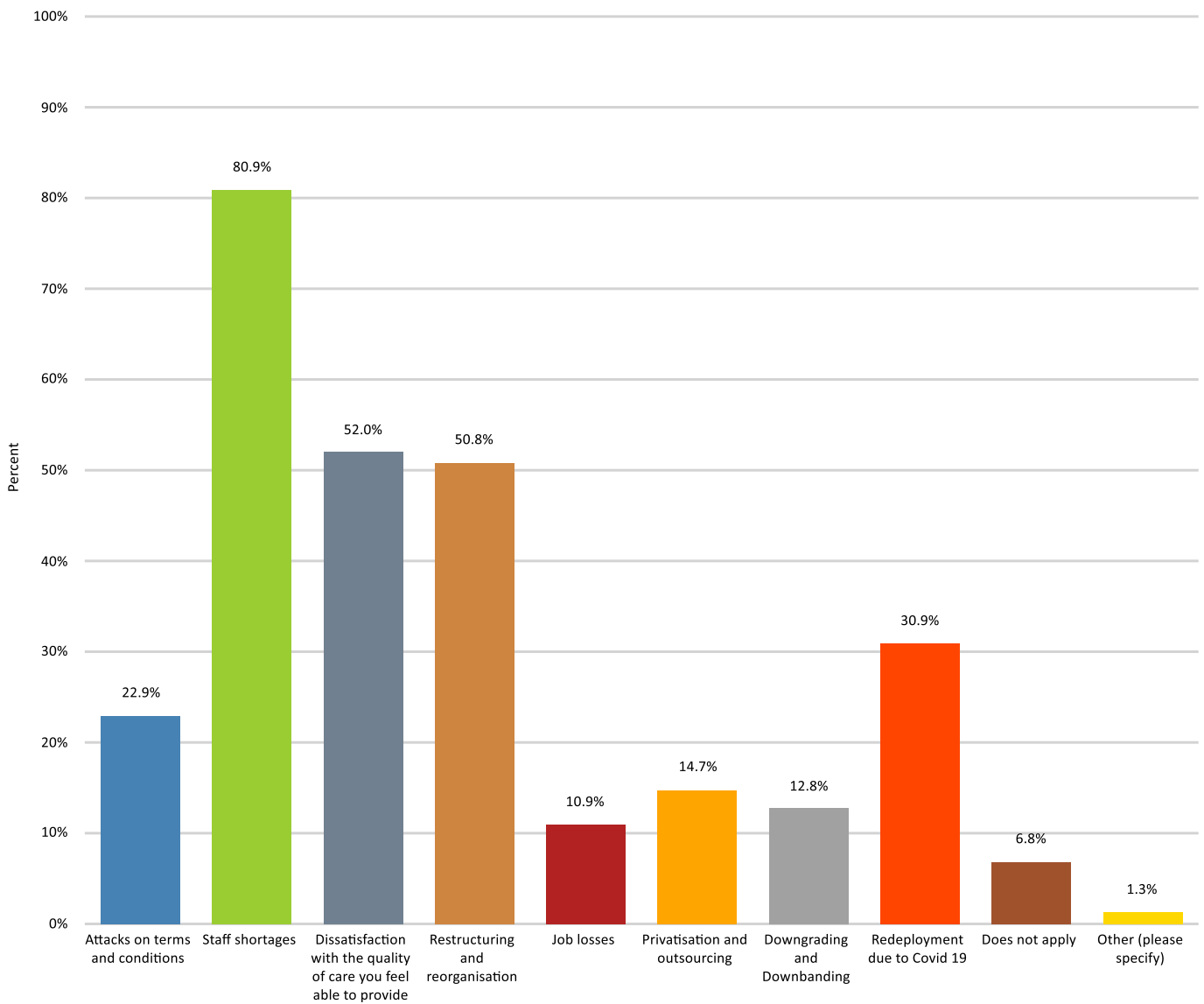
9. Over the last 12 months have you experienced any of the following issues in your workplace? (Tick as many as apply)



Name	Percent
Workplace stress	85.3%
Work-related ill health	38.3%
Bullying / harassment	30.8%
Discrimination	20.4%
Threat of violence	9.7%
Violence	5.1%
Does not apply	10.4%
Other (please specify)	2.2%
N	2550

NHS restructuring and reform

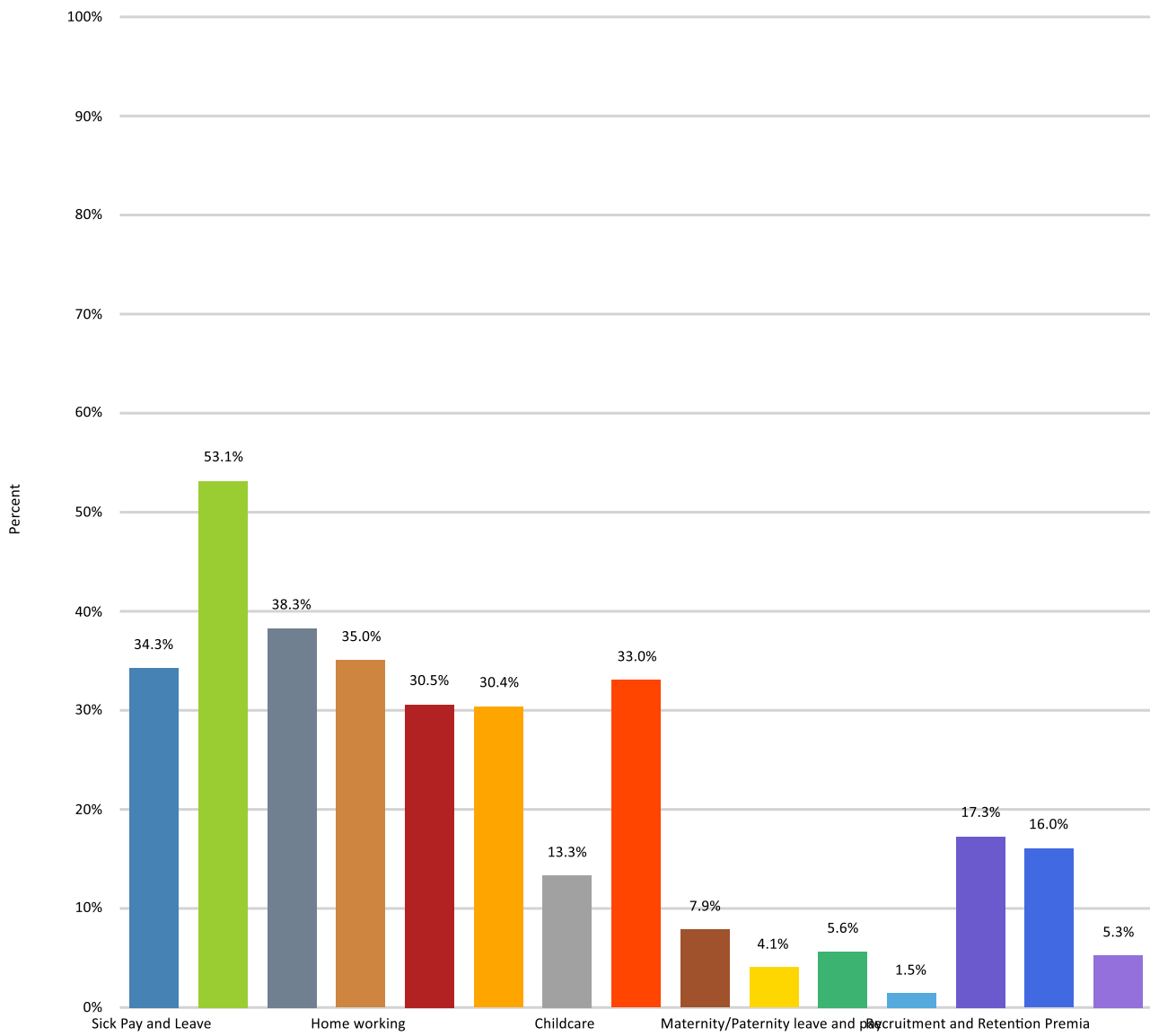
10. Over the last 12 months have you experienced any of the following issues in your workplace? (Tick as many as apply)



Name	Percent
Attacks on terms and conditions	22.9%
Staff shortages	80.9%
Dissatisfaction with the quality of care you feel able to provide	52.0%
Restructuring and reorganisation	50.8%
Job losses	10.9%
Privatisation and outsourcing	14.7%
Downgrading and Downbanding	12.8%
Redeployment due to Covid 19	30.9%
Does not apply	6.8%
Other (please specify)	1.3%
N	2595

NHS terms and conditions

11. Over the last 12 months have you had reasons to be concerned about the following NHS Agenda for Change terms and conditions? (Tick as many as apply)



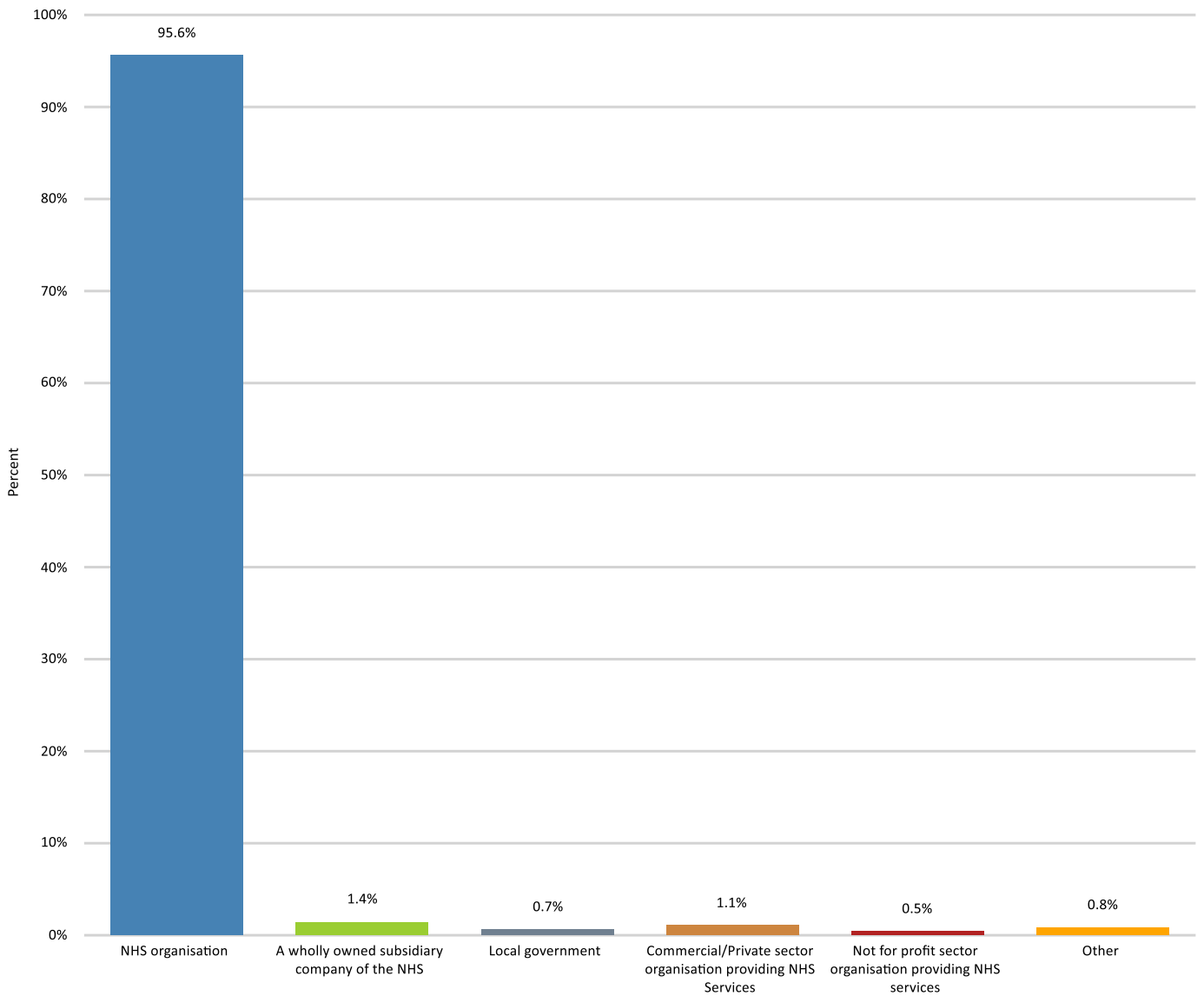
Name	Percent
Sick Pay and Leave	34.3%
Car parking for NHS Staff	53.1%
Flexible working	38.3%
Home working	35.0%
Out of hours and social hours working	30.5%
Overtime	30.4%
Childcare	13.3%
Annual leave	33.0%
Parental leave	7.9%
Maternity/Paternity leave and pay	4.1%
Subsistence allowances	5.6%
Child Bereavement leave and pay	1.5%
Recruitment and Retention Premia	17.3%
Pay in high cost of living areas	16.0%
Other	5.3%
N	2046

Occupational information

12. What is your occupation?

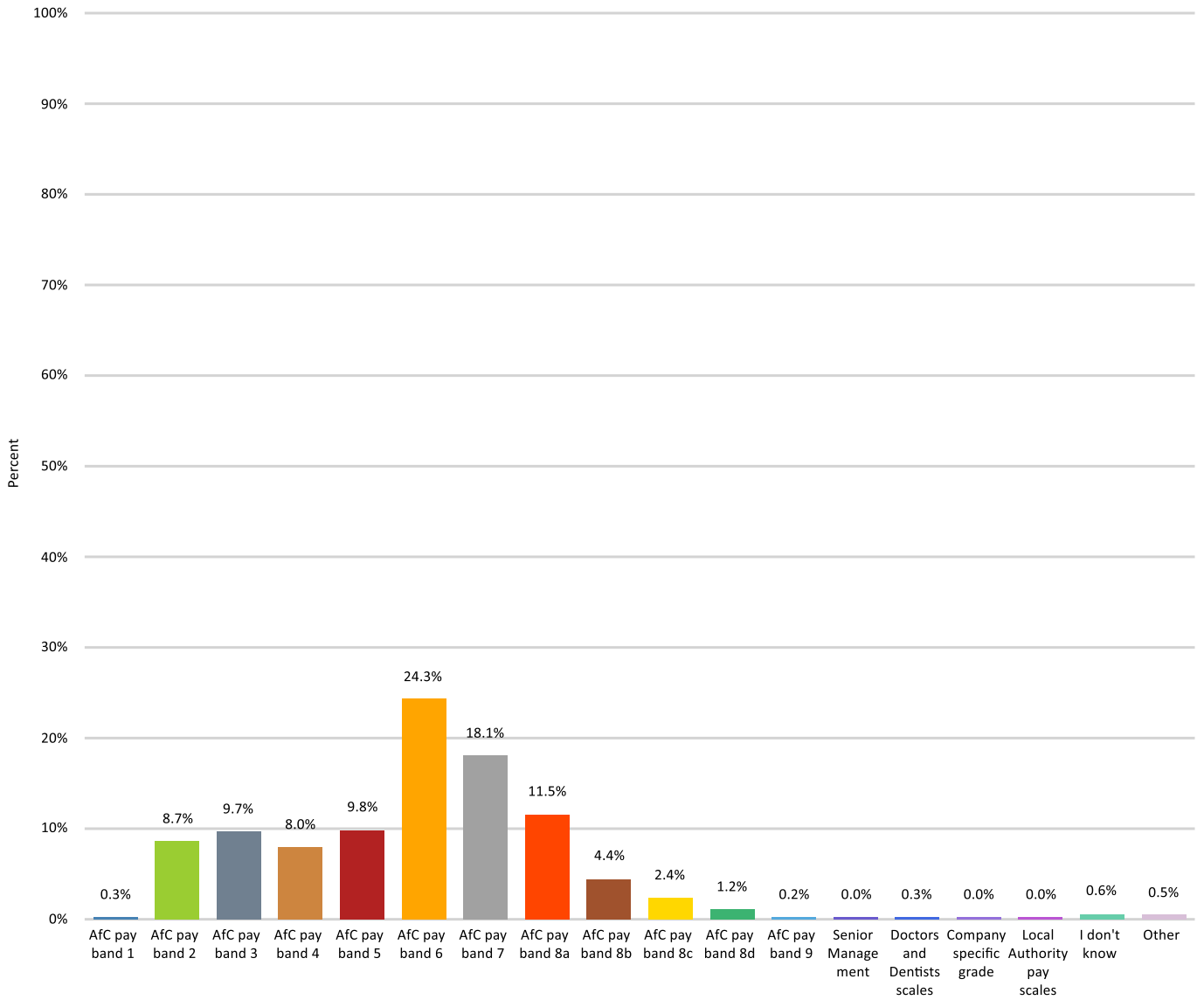
Name	Percent
Administrative or clerical	11.5%
Allied Health Professional	8.4%
Ambulance staff	5.3%
Ancillary (porter, cleaner, caterer etc)	1.7%
Arts therapist	0.3%
Assistant practitioner	0.5%
Biomedical scientist	7.8%
Chaplain	1.9%
Clinical psychologist	5.2%
Clinical support worker	1.4%
Counselling Psychologist	0.6%
Dental services (Dentist, Nurse, Assistant or Technician)	0.4%
Doctor	0.4%
Estates and maintenance	5.6%
General manager	0.6%
Health care assistant	3.8%
Health care scientist	3.8%
Health visitor	7.8%
Mental health nurse	3.4%
Nurse	7.2%
Operating department practitioner	1.2%
Personal social services (day, home/residential care, and social work)	0.0%
Pharmacist	4.7%
Pharmacy technician	1.2%
Prosthetist/Orthoptist	0.0%
Public health specialist	0.3%
School nurse	0.4%
Senior manager	1.0%
Sexual health adviser	0.3%
Speech and language therapist	2.8%
Other, please specify	10.5%
N	2627

13. What type of organisation do you work for?



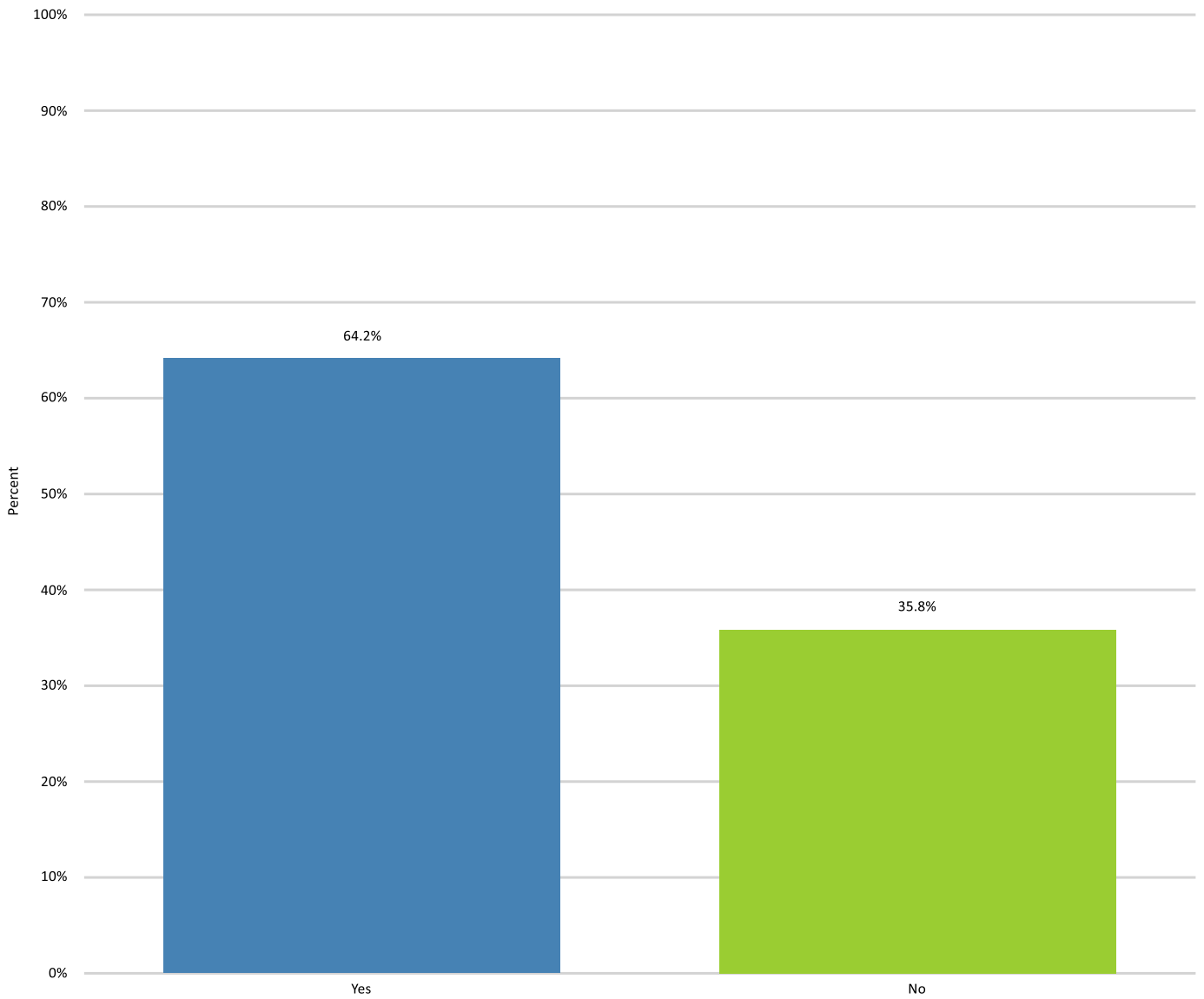
Name	Percent
NHS organisation	95.6%
A wholly owned subsidiary company of the NHS	1.4%
Local government	0.7%
Commercial/Private sector organisation providing NHS Services	1.1%
Not for profit sector organisation providing NHS services	0.5%
Other	0.8%
N	2615

14. On which AfC grade or pay band are you CURRENTLY employed? (If you are on a different pay scale please indicate the equivalent grade or pay band, if possible)



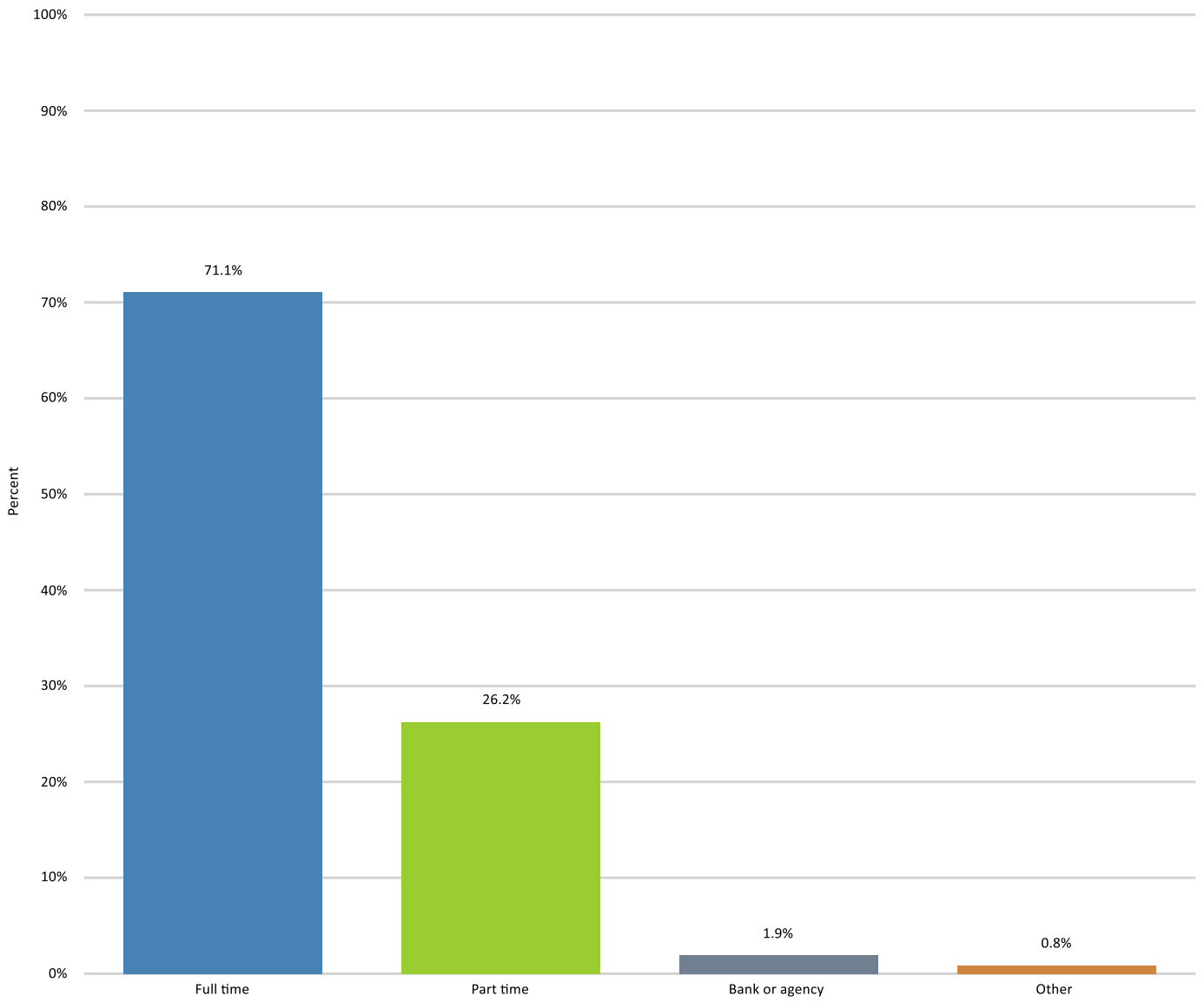
Name	Percent
AfC pay band 1	0.3%
AfC pay band 2	8.7%
AfC pay band 3	9.7%
AfC pay band 4	8.0%
AfC pay band 5	9.8%
AfC pay band 6	24.3%
AfC pay band 7	18.1%
AfC pay band 8a	11.5%
AfC pay band 8b	4.4%
AfC pay band 8c	2.4%
AfC pay band 8d	1.2%
AfC pay band 9	0.2%
Senior Management	0.0%
Doctors and Dentists scales	0.3%
Company specific grade	0.0%
Local Authority pay scales	0.0%
I don't know	0.6%
Other	0.5%
N	2605

15. Are you at the top point of your pay band/grade?



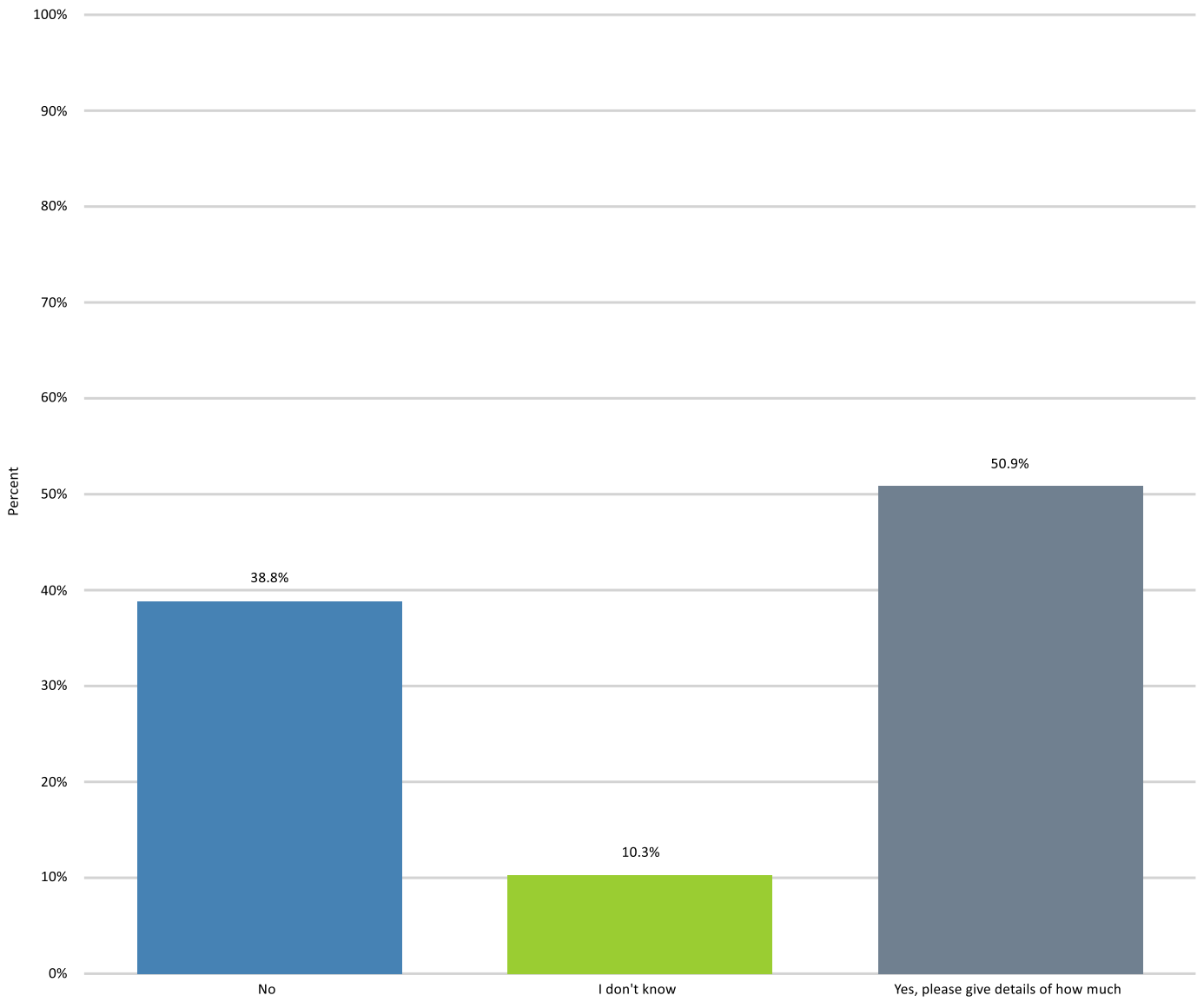
Name	Percent
Yes	64.2%
No	35.8%
N	2597

16. Do you work:



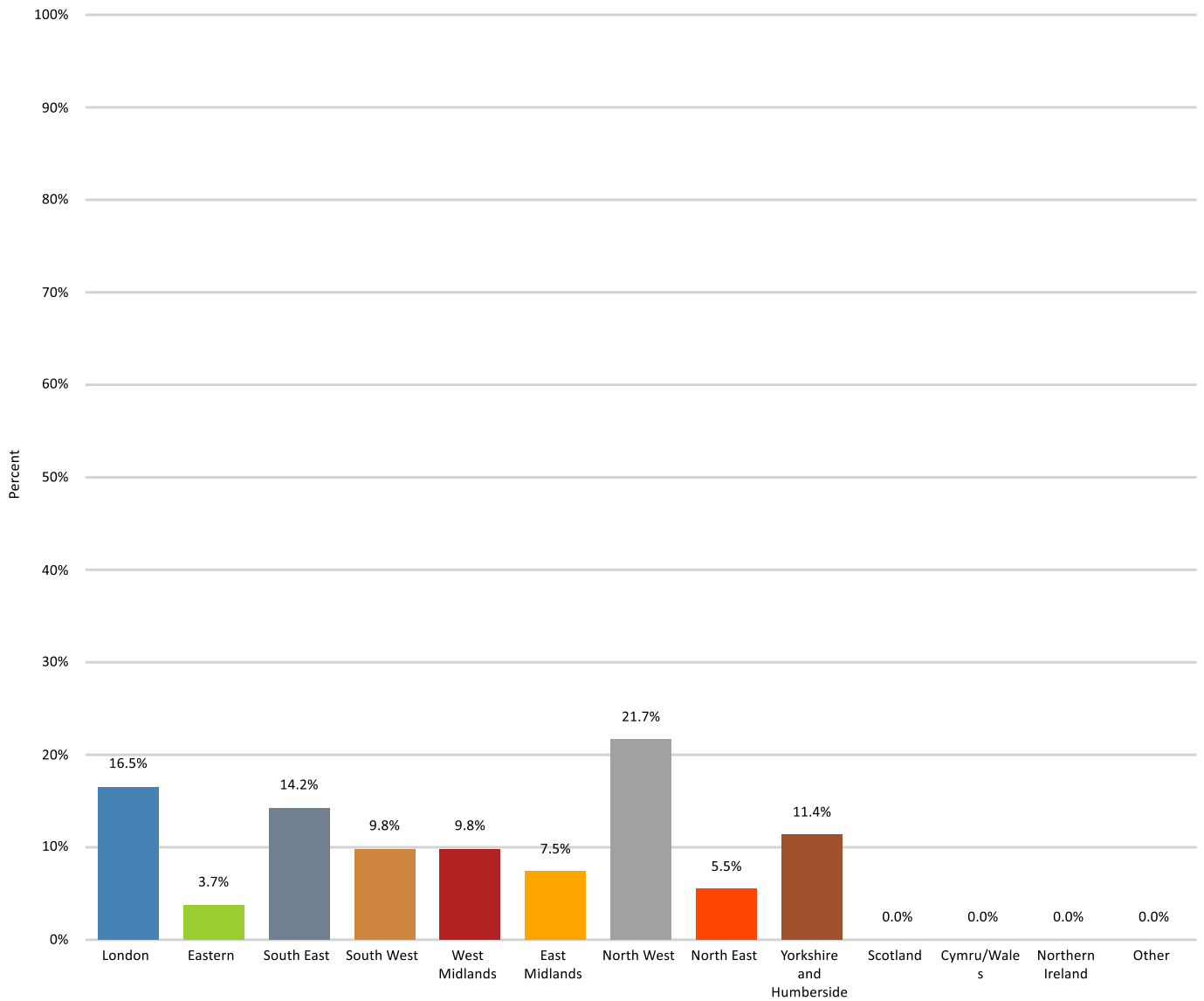
Name	Percent
Full time	71.1%
Part time	26.2%
Bank or agency	1.9%
Other	0.8%
N	2622

17. In normal times do staff have to pay for car parking in your workplace?



Name	Percent
No	38.8%
I don't know	10.3%
Yes, please give details of how much	50.9%
N	2609

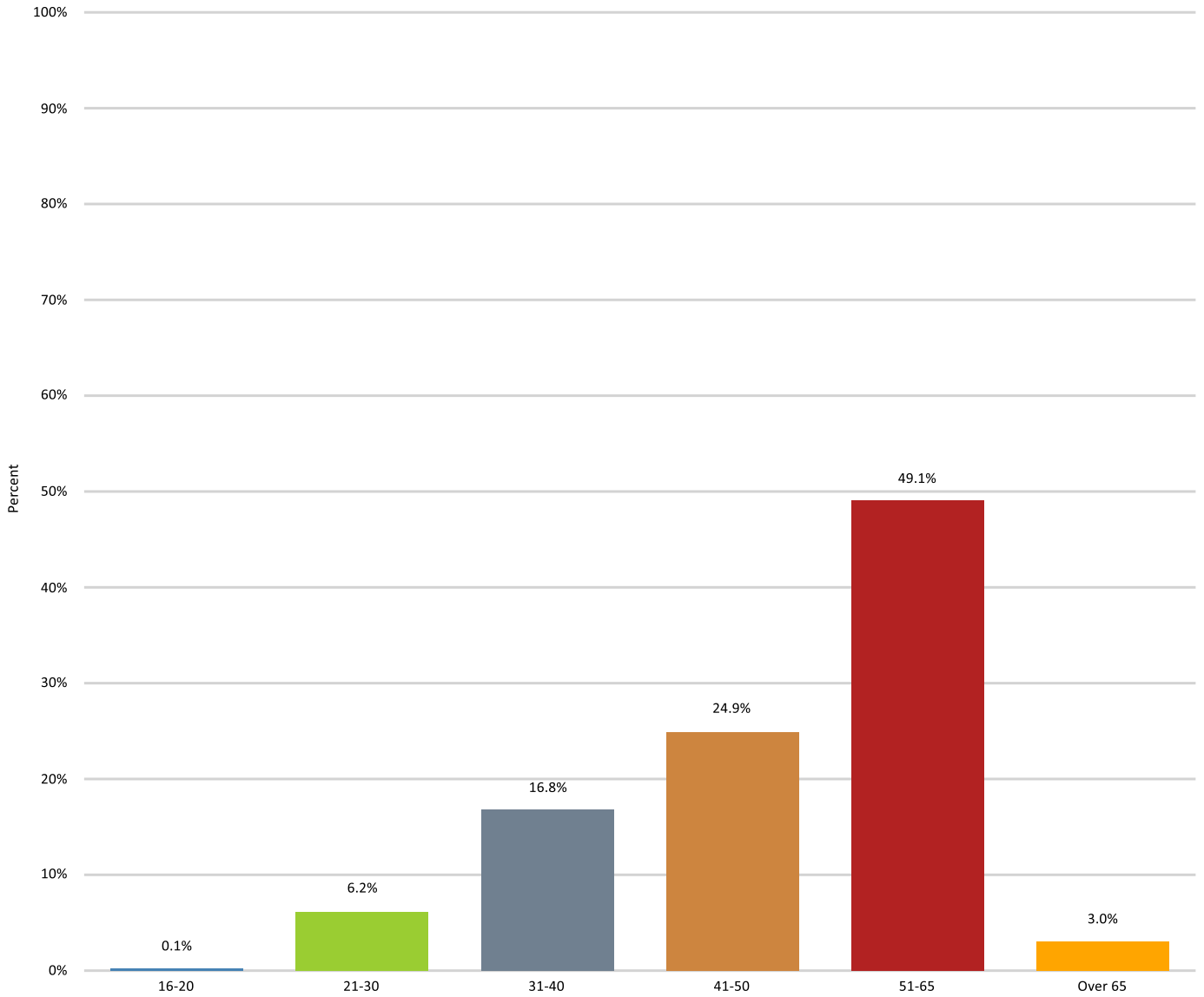
18. In which region/country do you work?



Name	Percent
London	16.5%
Eastern	3.7%
South East	14.2%
South West	9.8%
West Midlands	9.8%
East Midlands	7.5%
North West	21.7%
North East	5.5%
Yorkshire and Humberside	11.4%
Scotland	0.0%
Cymru/Wales	0.0%
Northern Ireland	0.0%
Other	0.0%
N	2629

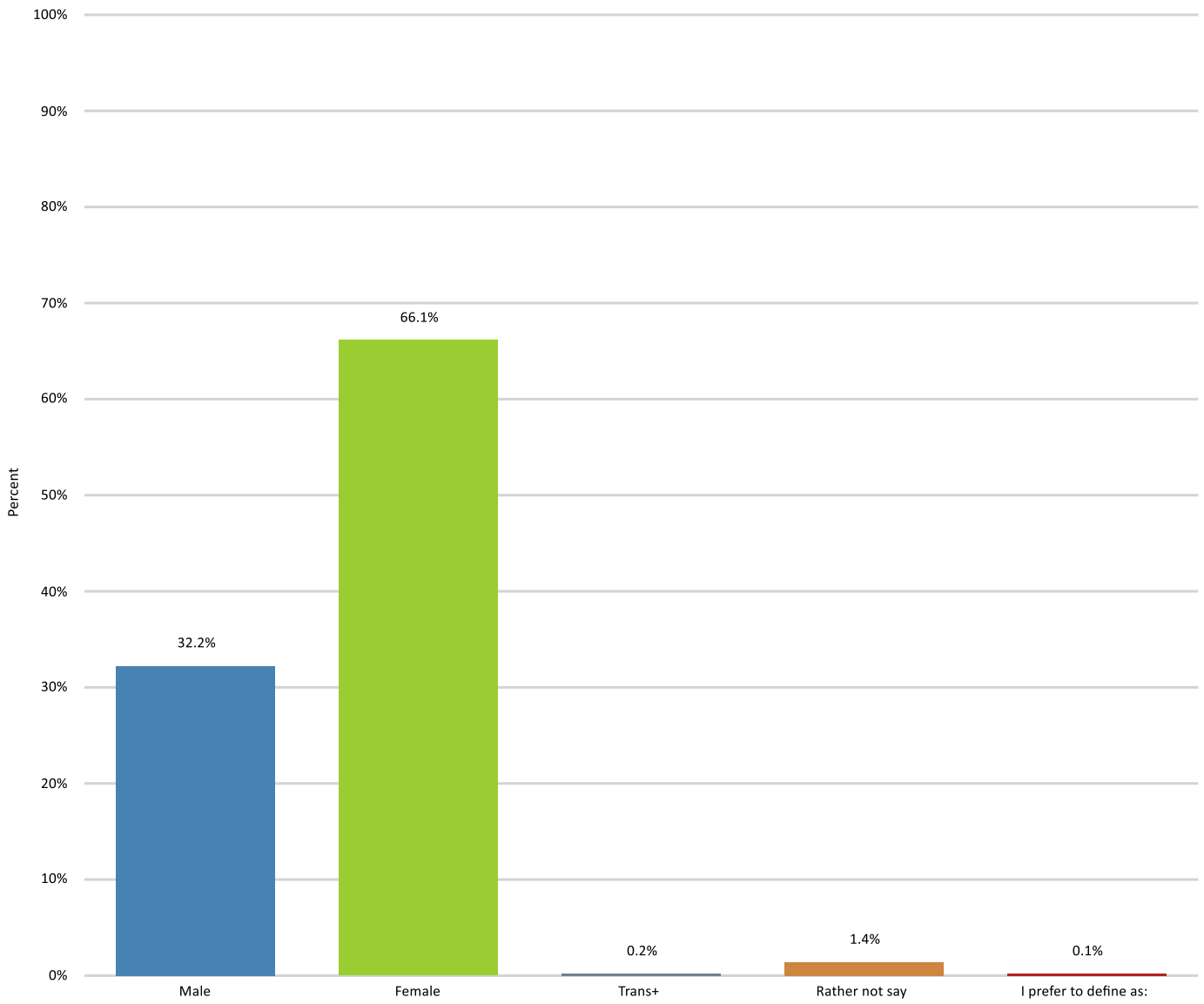
Equality monitoring

19. What age are you?



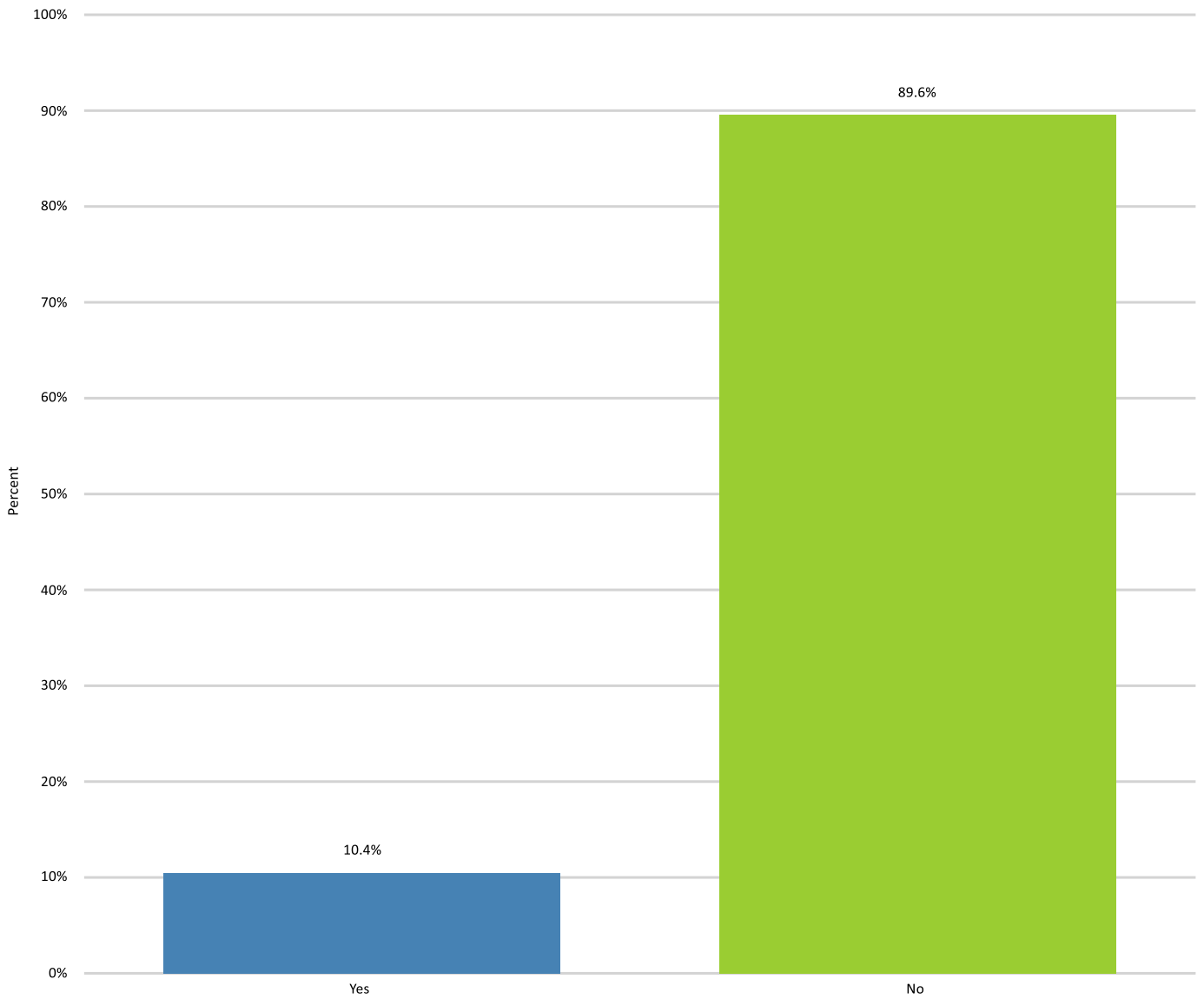
Name	Percent
16-20	0.1%
21-30	6.2%
31-40	16.8%
41-50	24.9%
51-65	49.1%
Over 65	3.0%
N	2617

20. Are you:



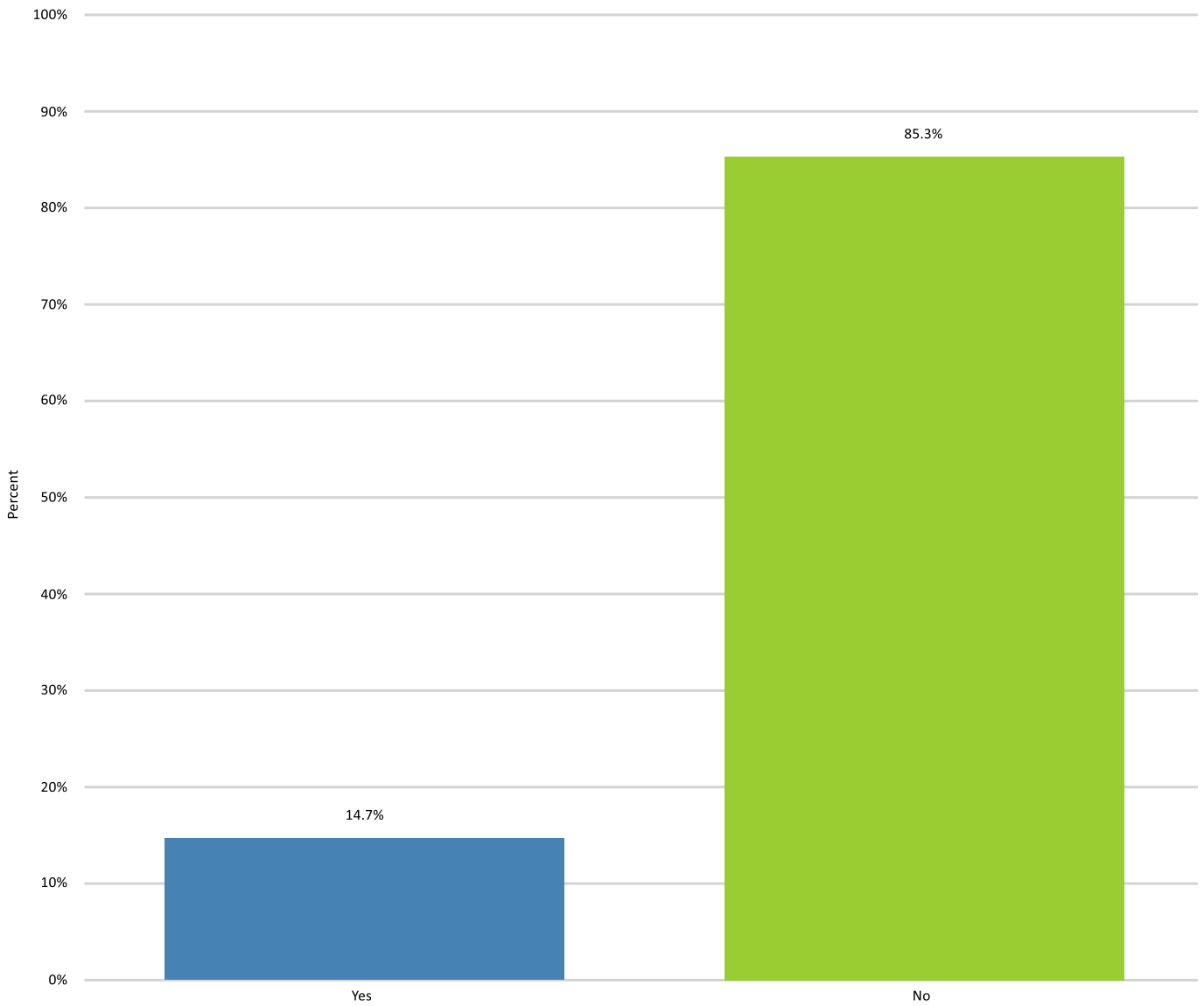
Name	Percent
Male	32.2%
Female	66.1%
Trans+	0.2%
Rather not say	1.4%
I prefer to define as:	0.1%
N	2602

21. Do you consider yourself disabled?



Name	Percent
Yes	10.4%
No	89.6%
N	2570

22. Are you Black, Asian or from a Minority Ethnic background?



Name	Percent
Yes	14.7%
No	85.3%
N	2568