

# NURSING UNISON



**What  
nursing  
needs:**  
UNISON  
priorities for  
the nursing  
workforce in  
England



**UNISON**  
*Health Care*

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UNISON is the UK's largest trade union, representing members across all public services. The largest trade union for NHS staff, UNISON represents nurses, midwives, nursing associates, healthcare assistants, paramedics, other allied health professionals and occupational groups.

Elected nursing and midwifery representatives from every part of the United Kingdom sit on UNISON's national nursing and midwifery committee, which oversees our professional policy and strategy.

## Context

The nursing workforce in the England is at a critical turning point.

Demand on healthcare continues to outstrip supply, despite some growth in the nursing workforce. The huge scale of international recruitment in England has kept the NHS and social care services afloat for now, but is clearly unsustainable in the longer term. The Long Term Workforce Plan for England **(1)** has modelled clear, evidence-based projections of the dramatic workforce growth required to cope with demand, yet the comprehensive investment to begin this journey has yet to materialise.

There is a pressing need to be clear about the urgent problems facing the nursing workforce. The next government will need to make an urgent, serious investment to stabilise and renew the nursing workforce; with a clear nursing strategy coherent with plans to rebuild wider health and social care services. We cannot afford distractions.

The main issues affecting nurses: poor pay; lack of career progression; unsafe staffing levels; inadequate support for new registrants and the failure of workforce supply – are primarily caused by chronic under-investment, as well as the lack of focus on long-term planning and the deployment model of nurses.

UNISON, led by our elected nursing and midwifery representatives, has been leading a programme of work to tackle these issues. This includes:

- Leading the national review of nursing and midwifery job profiles through the NHS Job Evaluation Group
- Advocating for better career progression opportunities through negotiations with NHS England
- Empowering nurses and other care staff to challenge unsafe staffing levels through the ‘Only Enough is Enough’ campaign **(2)**
- Supporting Internationally Educated Nurses (IENs) with policy change, peer-support and growing our Overseas Nurses Network
- Campaigning for better financial support for nursing and wider healthcare students

The strategy to tackle these issues has been informed by the expertise of UNISON elected representatives and extensive survey work, including:

- Nearly 5700 nurse and midwife responses to a survey on job roles and priorities

- Professional discussions through a series of online seminars for UNISON nurses
- Thousands of nurse respondents to surveys on early career support in collaboration with the Florence Nightingale Foundation and the Nursing Times **(3)**
- Over 40,000 UNISON members, including many nurses and healthcare assistants, who shared their views on NHS pay and conditions in 2024
- Regular survey work undertaken with hundreds of healthcare students, as well as in-depth discussions with UNISON healthcare students on union programmes
- Extensive survey work on 'non-pay' issues in the NHS

Nurses need meaningful pay increases; appropriate recognition and reward for the complex roles they undertake; and the support to fairly access opportunities to develop their careers, skills and knowledge. These will be best achieved by working collectively, renewing the NHS agenda for change agreement and pursuing realistic, meaningful policies to overcome the serious challenges facing nurses.

This report explores the key challenges facing the nursing workforce, analysing current evidence and in-depth consultation with nurses. Ambitious, realistic actions to tackle these challenges and deliver what nursing needs at this critical time are outlined.

Whilst the nursing workforce across the UK faces similar challenges, health is a devolved matter. This report focuses therefore on the challenges and priorities that the next Westminster government will face.

## What are the current problems for nursing?

There are a number of serious, chronic problems afflicting the nursing workforce. These are the result of long term under-investment, the lack of pay system maintenance and the failure to develop better career opportunities and pathways.

### Low pay

Similar to all other NHS staff, nurses have struggled with low rates of pay as the cost of living has increased dramatically in recent years. Since 2010, government policy has largely held back NHS pay, which has seen a decline relative to other occupations and jobs.

The starting salary in 2023/24 for qualified teachers was £30,000 while the starting salary for nurses and other graduates in the NHS was only £28,407. NHS pay has grown slower than pay in the private sector in recent years.

Energy and food inflation has eaten up a much higher chunk of salaries in the last few years; as a result in 2023 only 19% of nurses and midwives were satisfied with their pay (**4**), down from 28% in 2021.

When pay settlements are reached with NHS staff unions, as the government did following industrial action in 2023, significant improvements in satisfaction with pay are possible. Whilst still low, the percentage of NHS nurses and midwives satisfied with their pay rebounded to 28% in the most recent staff survey.

Increasing core pay remains the number one priority for all of the UNISON member staff groups in the NHS, more than 40,000 of whom contributed to the union pay setting process for 2024/2025.

### Under-valuing nursing roles

A UNISON 2022 survey of nursing and midwifery staff found that the job roles and complexity of most have significantly evolved in recent years. Strong majorities agreed that:

- “My role has required me to deliver more complex care” (90%)
- “My role has required me to assess and interpret more complex needs” (89%)
- “My role has required me to undertake a greater deal of responsibility for supervising and assessing learners and junior staff” (85%)
- “My role has required greater autonomy from me” (85%)

However, there has been a failure to recognise these growing challenges, which would require the updating and implementation of a modern strategy for professional development and more standardised models of deployment for the nursing workforce.

Nurses, and other occupational groups, have not been properly supported to have their job descriptions updated nor to access changed job banding reviews. This is particularly the case in lower bands, with band 5 nurses the most likely to tell us that their job description *‘greatly understates the complexity of their work’*.



*“The real problem for nurses is more than a decade of pay cuts, job descriptions not being updated, and not enough investment in local job evaluation and banding processes”*

Gamu Nyasoro, RN

In the 2023 UNISON pay setting survey, nurses and Healthcare Assistants were the group most likely to prioritise action for staff to achieve the correct banding for their role, indicating this is a more acute problem for NHS staff in these roles.

These banding issues have been also been exacerbated by insufficient investment in continuing professional

development (CPD) and career development pathways.

### **Lack of progression opportunities**

Serious issues exist with career progression opportunities for nurses at their entry point in the NHS. A significantly higher proportion of nurses remain at band 5 for a prolonged time than in other comparable professions **(5)**, despite the significant complexity and responsibility that the role of a newly registered nurse entails.

There are significant financial pressures preventing the proper maintenance of correct banding for nurses because of the size of the workforce. This means many nurses are not supported to have their roles re-evaluated as their role evolves. Many will leave their organisation to pursue better opportunities elsewhere; without sufficient investment to address this, the crisis in the nursing workforce will only get worse. The lack of funding and capacity for job evaluation processes at a local level has, however, also affected other NHS professions.

There is a widespread perception amongst nurses that in order to progress you must move into a managerial role with less patient contact. Barriers to progression are even more pronounced for Black\* nurses, who make up almost a third of the nursing workforce **(5)**. They are much less likely to progress in a timely manner into a band 6 role after commencing employment in the NHS.

The lack of investment also means there are barriers to employers making use of local provisions such as recruitment and retention premia when they are experiencing shortages of certain professional roles, particularly acute in nursing.

On a system level there is currently no mechanism for the NHS Staff Council to undertake the regular negotiations needed on maintenance of the pay structure. This maintenance is necessary to ensure that staff are able to be properly rewarded for the roles that they do.

### Unsafe staffing levels

Practicing in nursing teams without enough staff isn't just bad for patients, it's bad for clinicians as well. Substantial evidence links poor staffing levels with staff burnout and job dissatisfaction **(6)**. With over 35,000 listed nurse vacancies across the NHS in England **(7)**, and many more present in the system, too many nurses are constantly grappling with unsafe staffing levels.

UNISON branches are leading campaigning efforts in hospitals across the UK to challenge unsafe staffing levels and hold employers to account. In just year 1 of our 'Only Enough is Enough' campaign we collected shift data on nearly 1400 shifts across 6 hospitals. We found that:

- 63% of the shifts didn't have enough staff to deliver safe patient care
- This had a dangerous effect on patient care, with staffing 'red-flag' events occurring frequently and nursing care often left undone
- When staff escalated their concerns, 75% of the time they didn't receive a satisfactory response from their employer **(2)**

UNISON branches are now working with nurses to collate this information and take action locally.

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\* In UNISON, Black is used to indicate people with a shared history. Black with a capital 'B' is used in its broad political and inclusive sense to describe people in Britain who have suffered colonialism and enslavement in the past and continue to experience racism and diminished opportunities in today's society.

The chronic understaffing of NHS teams is a significant contributor to burnout and loss from the workforce, with NMC data showing ‘workload’ and ‘staffing’ are reasons frequently cited by many nurses leaving the register **(8)**. It is also no doubt a contributory factor to the many thousands of nurses on sickness absence with anxiety and stress.

### Skill-mix and inadequate support for newly registered nurses

Whilst the number of nurses, midwives and nursing associates on the NMC register has grown to a record size **(9)**, the NHS continues to lose too many experienced staff members. The demands of the COVID pandemic and ongoing NHS pressures mean there are more challenges than ever facing newly registered nurses. The NHS has recruited large numbers of nurses from overseas in recent years but this also means that the skill mix in many clinical settings is precarious, as many will require time to adjust to new clinical environments and pressures.



UNISON has been working with the Nursing Times and Florence Nightingale Foundation to campaign for better preceptorships for newly registered nurses. Over 5000 nursing staff, students and educators responded to our 2022 survey on the issue **(3)**. This revealed an overwhelming consensus that the transition into qualified practice has become more challenging; and showed how workplace pressures were preventing access to quality preceptorships.

Following on from this campaign, and the improved standards implemented across the NHS, a subsequent survey has shown significant improvements, though there is much work still to do. A significant majority of respondents felt their workplaces did not have sufficient qualified staff to act as mentors and supervisors to new staff **(3)**.

### Exploitation of overseas nurses

The NHS has become hugely reliant on overseas recruitment. Over the last year for which data is available, roughly 50% of new joiners to the NMC register came from outside the EU **(9)**. Without the skills and expertise of tens of thousands of overseas nurses (or ‘internationally educated nurses’), NHS care would have long since collapsed.

However, many overseas nurses are experience exploitation and discrimination during their recruitment and employment in the UK. Numerous reports and investigations have uncovered shocking abuses that must be addressed.

UNISON has built an overseas nurses network and is acutely aware of the challenges facing them. More than 60% of overseas nurses who responded to a recent UNISON survey indicated they had been expected to work at a level below that at which they are qualified to practice. Our network has shared with UNISON teams significant evidence of the challenges faced by overseas nurses in the NHS and social care.

A recent report by the Health Foundation found that many thousands of recently arrived nurses are now leaving the UK for other countries, most notably the USA **(10)**. Without serious investment and action we risk losing many of these expert nurses recruited to support our NHS and social care services.

### Routes into nursing – the failure of workforce supply

Despite the ambitions in the NHS Long Term Workforce Plan to dramatically expand the numbers of nurses educated domestically, year on year applications to nursing university courses dropped by 19% in 2023 **(11)**. Following a peak in interest in the profession early in the COVID pandemic, OECD analysis now shows that interest amongst young people in studying nursing has since declined significantly in the UK **(12)**.

Continuing to rely on international recruitment to overcome staffing shortfalls is not ethical or sustainable. The UK competes in a global market for healthcare professionals. A combination of toxic immigration policy and poor pay is now contributing to the significant flow of nurses from the UK and NHS to other countries **(10)**.

Even amongst the existing numbers studying nursing, the drop out rate remains stubbornly high, with many failing to complete their course and move into a job in health or social care. Nursing students must complete 2300 hours in supervised clinical practice during their courses, a huge challenge when it comes to increasing student numbers. UNISON healthcare students report that obtaining support on clinical placements, such as reasonable workplace adjustments for those with disabilities, can be frustratingly challenging.

Nursing students in England pay their own tuition fees, resulting in a punishingly high level of debt and interest re-payment when they move into paid employment. Maintenance grants have not



*"There will be no sustainable workforce if we cannot solve the challenge of educating enough nurses with quality support and supervision."*

Stuart Tuckwood, RN,  
PDTN, MSc Public Health

kept pace with the dramatic inflationary pressures of the last two years. 88% of UNISON healthcare students claimed their financial situation had deteriorated over the previous year in a recent survey. 35% said they may not be able to afford to complete their course and 45% agreed that their increasing level of debt made them consider dropping out.

There will be no sustainable workforce if we cannot solve the challenge of educating enough nurses with quality support and supervision.

Workforce innovations such as the Nursing Associate role are providing some support to nursing teams in practice. The apprenticeship route in nursing has significant potential but remains hamstrung by technical and financial barriers preventing widespread uptake.

## What nursing needs: UNISON priorities for the nursing workforce

### Priority 1 – Putting NHS pay right

The significant, real-terms decline in total NHS pay since 2010 is the most serious issue for nurses, and all NHS staff.

Increasing core NHS pay was the number one priority for all staff groups and bands, across the 40,000 UNISON members who contributed to setting UNISON's pay priorities for 2024/25. The pay award for 2024 is already overdue and will be delayed further by the General Election.

When pay is set through direct negotiation with unions, such as in 2018-2019 and following industrial action, for 2022-2023, we see improvements in staff satisfaction with pay **(4)**. When the government unilaterally decides awards through the pay review body process, setting artificial limits on increases, pay is held back and dissatisfaction rises.

Instead of a separate pay spine, the next government must commit to an overhaul of the pay setting process, focussing on working in partnership with health trade unions. It is essential that the process ensures meaningful annual pay increases; delivers on time for all working within the scope of NHS services; and provides funding for negotiations through the staff council to address and fix the problems occurring in the pay structure. These include:

- Addressing 'compression' issues, particularly in Bands 2-4. For example, the promotion incentive from Band 2 to Band 3 is currently only 1.9%, which needs to be more than doubled in order to remove disincentives. The temporary move to a

spot rate in Band 2 in 2023 needs to be revisited in order to restore pay progression.

- Ensuring experience and promotion are well rewarded, looking at particular pressure points – for example progression within Band 5 and Band 6, and promotion incentives including Band 7 to 8a.
- Making all salaries within the NHS competitive among comparable public sector jobs. For example, the starting salary in 2023/24 for qualified teachers was £30,000 while the graduate starting salary in the NHS was £28,407.

## **Priority 2 – Improving career progression opportunities**

NHS England must produce a new progressive deployment model for the nursing workforce, clarifying the level of skills and experience required of modern NHS nurses, as well as the career development and professional development pathways they should follow.

NHS England should immediately explore the implementation of a system of supported career progression for nurses; supporting more to undertake professional development and the move from the entry point into a more developed role, recognised at band 6, upon the completion of key learning and role competencies. Such systems are already successfully operated for midwives and paramedics. Evidence suggests that a much higher proportion of nurses will already be working at this level than is officially recognised.

NHS Providers, the membership organisation for NHS hospitals, mental health, community and ambulance services, recognise that more can be done to improve career progression within AfC.

*‘there is scope for changes to be made within the existing AfC framework to improve career progression and professional development for all staff under its scope. For nursing staff specifically, this includes a consideration of progression from band 5 to 6 and opening up opportunities for nursing staff to increase their seniority without having to step back from direct patient care’ NHS Providers (14)*

This is possible without any changes to the pay structure and would help greatly to overcome the career progression barriers for nurses. The NHS Long Term Workforce Plan **(1)** for England acknowledges such ‘flexibilities’, possible within national terms and conditions, should be used to improve opportunities for staff.

UNISON is leading on discussions to improve nursing career progression in joint negotiations with the Department of Health and Social Care, NHS employers and fellow unions.

Improving career progression for nurses requires:

- Recognising the under-investment in local JE in recent years, an invitation for current band 5 registered nurses to be invited immediately to have their job description up dated and their banding upgraded if necessary.
- Implementing a model for supported progression from bands 5 to 6 for early career nurses, upon the completion of key competencies and the gaining of the necessary experience
- Funding for the implementation of the other recommendations of the nursing career progression workstream emanating from the 2022-23 pay deal – in addition to resourcing any implications of the nursing and midwifery profile review

### **Priority 3 – Investing in job evaluation**

Equal pay for work of equal value is fundamentally important in our NHS. Job evaluation, within AfC, is legally robust and well understood across the health system, despite being underfunded in recent years. It is groundless to claim that nursing roles are somehow impossible to fairly and consistently evaluate against other NHS roles.

NHS unions, through the NHS Staff Council, have consistently highlighted the urgent need for investment to resource and rebuild job evaluation capacity at local employers. Following the conclusion of the 2022-2023 pay deal this was agreed as a top priority and has been subject to intensive work to develop an agreed set of recommendations, through a partnership group in which UNISON has played a leading role.

Rebuilding job evaluation requires:

- National investment to modernise job evaluation infrastructure and increase capacity in every NHS trust
- Restoring a full partnership approach to JE through formal employer and staff side partnership working, recognising the shared commitment to ensuring equal pay
- Allocating sufficient funding to resource the outcomes of the Job Evaluation Capacity workstream from the 2022-2023 pay deal

### **Priority 4 – Creating better support for new registrants**

Evidence shows that the transition into registered practice has become much more challenging in recent years **(3)**; 85% of registered nurses stated this in the 2022 survey by UNISON, the Nursing Times and Florence Nightingale Foundation.

UNISON has since been calling for and leading improvements to preceptorship programmes for nurses; sitting on the steering group which set ambitious new standards in England.

This has delivered significant improvements in the last two years. 93% of newly registered nurses who responded to the 2024 survey received a preceptorship and the proportion of newly registered nurses receiving sufficient protected time to fully benefit from this more than doubled between 2022 and 2024 **(3)**.

Much more needs still to be done, however, to support new nursing registrants, along with other newly registered healthcare professionals. A new task and finish group, focussed on the issue, has been established between NHS England and the NHS staff council and is considering recommendations for improvements to legacy mentoring and preceptorship programmes.

Data shows a worryingly high number of young nurses quitting jobs in the NHS **(15)**. The significant expansion in training and recruitment outlined in the NHS LTWP will fail unless new registrants are adequately supported in their first roles.

Getting support right for newly registered nurses will need:

- The maintenance of funding for the national preceptorship programme in England
- Resourcing of the outcomes of the task and finish group on support for new registrants following the 2022-2023 pay deal
- Preparation and support for sufficient numbers of experienced nursing mentors and assessors to support less experienced colleagues

### **Priority 5 – Strengthening policy and regulation for safe staffing levels**

Improving staffing levels in the health service is a top priority for UNISON. As well as our calls for national action, many UNISON Health branches are engaged in local campaigning activity to engage with nurses and force employers to improve staffing levels.

UNISON Scotland, UNISON Cymru / Wales and UNISON Northern Ireland have all had close involvement with the development of safe nurse staffing legislation in their devolved administrations. In England, UNISON nursing representatives are contributing to the refreshing and further development of safe staffing guidance for critical care, maternity and mental health services.

A further joint task and finish partnership group has been convened on the issue of safe staffing, led by NHS England with trade union input.

Using data from nursing members and the Only Enough is Enough campaign, UNISON is calling for the further strengthening of guidance and regulation around staffing levels.

This will require:

- Strengthening the policy framework on safe staffing, ensuring meaningful accountability for employers to provide safe staffing levels. In particular there must be a focus on staffing at night, which our data shows is more stretched and unsafe than during the day.
- Reviewing and improving escalation policies and procedures so nursing staff can be confident of support when reporting shortages. Hospital staffing escalation policies and procedures must be strengthened and made meaningful so that when nurses raise safety concerns they can be confident they will be supported.
- Ultimately, implementing a meaningful legislative framework to ensure safe staffing levels in health and care services

### **Priority 6 – Supporting overseas nurses**

Nurses recruited from overseas require pastoral support and comprehensive workplace inductions to adjust to working in the NHS. The International Nursing and Midwifery Associations (INMAs) in England have provided a huge amount of vital support and development to nurses from their diaspora groups. They must be funded and supported to continue doing so.

overseas nurses also deserve to be recognised and paid appropriately for their level of qualification and experience.

Properly supporting our colleagues from overseas will need:

- Improvements to build on programmes to induct and support overseas nurses, funding the activity of INMAs to support their colleagues.
- Reviewing of the existing policies for fairly recognising IEN experience and qualifications, rolling out these in a consistent and fair manner across the NHS.
- Specific action to improve career opportunities for nurses recruited from overseas

### **Priority 7 – Expanding routes into the profession**

Renewing the nursing workforce will not be possible without securing sustainable supply routes into the profession.

Whilst reform and improvement are needed in many areas of nursing education, the most urgent priorities must be:

- Reviewing healthcare student financial arrangements; raising financial support at-least in line with inflation to ensure liveable bursaries for all studying to become nurses
- Extending support with childcare to meet the needs of healthcare students; recognising that many are mature students
- Demolishing the barriers to the extension of nursing apprenticeships, to ensure all with the desire can pursue their nursing studies whilst remaining in employment and with no financial detriment
- Ensuring Nursing Associates are well supported and integrated safely into clinical teams, whilst enabling all who wish to become nurses to do so.

#### **The Government is considering the policy of introducing a separate pay spine for nurses in England. UNISON Health believes this policy:**

- Would not increase the overall commitment to spending on NHS pay, nor would it necessarily mean a greater share of overall funding going to nurses.
- Would lead to greater inequalities in NHS pay. Current arrangements ensure equal pay for equal jobs. Separate, complex arrangements for nurses could lead to unjust and unequal pay between different staff groups.
- Would collapse collective pay bargaining in the NHS. Other occupational groups would likely also demand separate arrangements, ending our One Team approach to pay and dividing the workforce irreparably.

Please see Annex 1 for more detail.

## Annex 1: Splitting up 'one team' in the NHS – Why a separate pay spine is not what nursing needs

NHS nurses are banded and paid through a collective structure known as 'Agenda for Change' (AfC). NHS AfC job roles are evaluated consistently and assigned a band to ensure that different staff groups are fairly recognised and consistently rewarded.

In early 2024 the Department for Health and Social Care (DHSC) published a call for evidence exploring the possible introduction of a separate pay arrangement for nurses in the NHS in England **(13)**. This followed on from an offer made to the Royal College of Nursing in 2023. This policy would mean the splitting up of the NHS team and the ending of current pay arrangements through AfC. UNISON members, led by elected nursing and midwifery representatives, have voted unanimously at Health Conferences to oppose the policy.

A separate pay spine:

- Would not increase the overall commitment to spending on NHS pay.
- Would be extremely resource intensive and complex to introduce.
- Would result in unjust pay inequalities between different NHS staff groups.

### What is Agenda for Change?

AfC exists to ensure that jobs in the NHS are evaluated consistently and to allocate gradings. It does not determine the total level of NHS pay or dictate the nursing roles and career opportunities that exist in the NHS. Claiming that AfC itself is holding nursing back is seriously misleading; it is the responsibility of the NHS and nursing leaders to develop and implement better nursing job roles and career opportunities.

*'Within the NHS, existing AfC arrangements – specifically the use and application of the AfC job evaluation system – do not prevent the development of new roles and/or changes being made to existing roles, including the assessment of the impact of additional responsibilities on the banding of post(s).'* NHS Staff Council, submission to the Separate Pay Spine consultation

AfC was introduced in 2004 to replace the Whitley Council system of pay determination, which had been in place from the inception of the NHS. This system was viewed as complex, inconsistent, inflexible and responsible often for lower pay.

Determining pay by job title or clinical grading, as a separate nursing pay spine would, previously resulted in a lack of transparency and left staff unable to determine how their pay had been decided. A series of equal pay cases in the 1990s, including the landmark Enderby speech therapists case, demonstrated the approach to be entirely unsustainable.

There was a need for a new, simplified pay system, based on equal pay for work of equal value, capable of meeting the needs of the 21st century healthcare workforce. This was only achieved through intensive and constructive negotiations between unions, employers and government, backed by significant funding and resources to aid implementation.

AfC promotes a one-team ethos: pay based not on job titles, but on the value of the work. It is a flexible system that can accommodate innovations and changes to the NHS workforce, new roles such as Nursing Associates, and new ways of working in multi-disciplinary teams, because it is not fixed to job titles.

A number of additional flexibilities exist within AfC which have not been fully utilised. These include the high cost area supplement, currently paid only to staff in Greater London, and recruitment and retention premia which can be used for occupational groups with particular recruitment challenges. The government has been unwilling to engage in constructive negotiation with NHS staff unions on implementing these flexibilities and improving the system. With a new government, a real opportunity to negotiate and collectively refresh the AfC system would exist.

*'It is now 20 years since the AfC pay and TCS was introduced, and there are compelling arguments emerging for refresh activities'* NHS Staff Council

### **The dangers of a separate nursing pay spine**

Pursuing the option of a separate pay spine would divert time, resources and attention away from renewing AfC and the achievable action on nursing workforce challenges, which could in the short term greatly improve prospects for nurses in the NHS. NHS Providers recognise that the policy would require 'significant resource' **(14)**

The NHS Staff Council, made up of 14 NHS trade unions representing NHS staff, submitted a response to the Department of Health articulating the various reasons why implementing such a policy would have negative consequences. The Royal College of Nursing, part of the NHS Staff Council, did not join this submission.

As evidenced, AfC is a legally robust and well-evidence structure for ensuring equal pay. The introduction of a separate spine would undermine the access to fair pay across the NHS, as well as diverting huge resources into the creation and ongoing management of the new system.

None of the devolved UK administrations have indicated any interest in pursuing this policy, which would lead to an unequal playing field across the UK.

*‘There is no evidence that a separate pay spine would address the existing inequalities across the nursing profession, which are particularly of concern with regards ethnicity’ NHS Staff Council*



*“This proposal would cause havoc in job evaluation and lead to inequities across the UK and with the devolved administrations.”*  
Trudie Martin,  
assistant practitioner

The possibility of other healthcare professions in the NHS requesting similar treatment would be opened up. Prior to the implementation of AfC this competition often meant female dominated professions, such as nursing, receiving poorer pay. Renewing AfC, a robust, well understood system, to ensure equal access and fair opportunity for nurses, is more likely to deliver better pay for nurses.

UNISON represents a wide range of other staff across the NHS in other occupational groups. Across these other staff groups the proposal to split up the NHS team is seen as hugely divisive and considered likely to lead to animosity, grievances and equal pay claims within departments. NHS Providers believe there is a risk that the policy would *‘would fracture relationships between staff groups’ (14)*. At a time when the morale of NHS staff is stretched extremely thin, the risk of undermining team working with such a policy is very high.

Re-building the health service will require NHS staff to work together and support each other to overcome our challenges.

UNISON Health is ambitious but realistic about the opportunities available to improve pay, terms and conditions for nurses. There are a number of immediate opportunities to do so which, rather than the complex, distant and unworkable option of splitting nurses from the collective, could be delivered in the short term. These will require collaboration between unions, employers and the government, which must show the necessary commitment and ambition to support NHS nurses.



*"As a paramedic I believe that the issue isn't with Agenda for Change but rather the lack of decent pay rises over the past decade and a half. All NHS staff, regardless of their role deserve to be paid a salary which accurately reflects the very important roles that they do. We will work together with our nursing colleagues to overcome the barriers they face."*

Bryn Webster, paramedic

*"A separate nursing pay spine is not the solution; rather we should be working collaboratively within Agenda for Change, and collectively as a multi-disciplinary team, to address the fundamental workforce challenges to the valuable clinical contribution we all make to patient care. It is essential for the future of all healthcare professionals that we work together to challenge low pay and overcome the barriers of limited career progression and poor staff wellbeing."*

Cathryn Holding, occupational therapist



*"Whether you are a nurse, physiotherapist, cleaner or doctor, we all are facing the same struggles and should not be divided further"*

Victor Tapah,  
critical care nurse

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