

Call for evidence: Separate pay spine for nursing

April 2024

Department of Health and Social Care

The government has published this call for evidence to consider the benefits and challenges of a separate pay spine for nursing staff, and to explore other potential approaches to supporting the career progression and professional development of nurses.

Understanding the problems

1. **Is there any evidence to suggest that the current AfC pay structure is creating issues for the career progression and professional development of nursing staff in the NHS?**

- Yes
- No
- Don't know

Please explain your answer and provide any evidence you have to support your views. (Maximum 500 words)

The advancement of nursing roles has changed significantly since the introduction of Agenda for Change (AfC) in 2004. In our view, AfC pay grades do not reflect the level of advanced practice required to fulfil nursing roles and the professional demands on nurses working in the NHS.

2. **Is there any evidence to demonstrate that issues with career progression and professional development are impacting the recruitment and retention of nursing staff in the NHS?**

- Yes
- No
- Don't know

Please provide any evidence you have to support your answer. (Maximum 500 words)

Registered nurses and health visitors make up around a quarter (26%) of FTE roles in NHS trusts¹, yet nursing vacancies accounted for almost a third (31%) of all vacancies in the quarter to December 2023². The high rate of nursing vacancies in recent years is indicative of the recruitment and retention challenges facing the NHS.

An employment survey conducted by the Royal College of Nursing (RCN) in 2021 found that, among those thinking about or planning to leave, the most common reason was because they felt undervalued (69.9%).³ Feeling undervalued in the workplace can be driven by a variety of reasons, and these reasons

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/november-2023>

² <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---december-2023-experimental-statistics>

³ <https://www.rcn.org.uk/Professional-Development/publications/employment-survey-report-2021-uk-pub-010-216>

will differ from person to person. However, it is well recognised that a lack of opportunities for professional development can leave employees feeling unappreciated.

Nurses themselves are highlighting this issue and demanding change. “Greater investment in nurse wellbeing and continuing professional development” is one of the key calls within Nursing Times’ manifesto for the forthcoming General Election, which has been informed by both nurses and nursing students.⁴ This echoes the RCN’s 2019 manifesto, in which “investing in our nursing education and professional development” was one of five priority areas for action.⁵

3. To what extent could existing AfC arrangements accommodate changes to the nursing profession, including changing responsibilities within roles and the introduction of new nursing roles?

- Fully
- Partially
- Not at all
- Don’t know

Please explain your answer and provide any evidence you have to support your views. (Maximum 500 words)

There is potential for existing AfC arrangements to accommodate changes to the nursing profession. However, this cannot be done in isolation. Any changes must be considered within the context of the wider AfC workforce.

4. Is there any evidence to suggest that issues with career progression and professional development in the NHS are unique to nursing, and would therefore require a solution that is exclusive to nursing?

- Yes
- No
- Don’t know

Please explain your answer and provide any evidence you have to support your views. (Maximum 500 words)

Separate pay arrangements for nursing staff

5. Do you think the introduction of a separate nursing pay spine would improve the career progression and professional development of nursing staff?

- Yes
- No
- Don’t know

Please share any relevant experiences or evidence to support your views. (Maximum 1,000 words)

⁴ <https://emap-moon-prod.s3.eu-west-1.amazonaws.com/wp-content/uploads/sites/3/2023/12/Workforce-chapter-of-nursing-manifesto-in-print.pdf>

⁵ <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2019/november/007-939.pdf>

If you answered 'yes', please explain how you think a nursing pay spine would achieve this.

If you identified issues for nursing staff in the section 'Understanding the problems', please consider whether you think a separate nursing pay spine would directly address these issues and explain the reasons for your view.

Roles within nursing are extraordinarily varied and complex. It is not uncommon for different NHS Trusts to employ nurses with the same job title and within one organisation the role is a Band 5, whereas it's a Band 8b elsewhere. There is currently a lack of oversight or monitoring, which allows for such inconsistencies.

A separate nursing pay spine could create greater consistency between job titles and pay bands. This would in turn support professional development, as nurses would have more clarity about where each role sits within the wider structure and what is required of each role. There would also be less ambiguity about whether a vacancy at another NHS Trust is a promotion, which would support career progression and seamless movement between NHS Trusts.

6. Do you think there are any additional benefits to introducing a separate nursing pay spine that are not directly related to career progression and professional development?

- Yes
- No
- Don't know

Please share any relevant experiences or evidence to support your views. (Maximum 500 words)

Recognition of the advancement of the nursing profession, a primarily female workforce that are highly qualified.

7. Do you think there would be risks or potential unintended consequences of separating nursing staff from the current AfC pay arrangements?

- Yes
- No
- Don't know

Please share any relevant experiences or evidence to support your views. (Maximum 1,000 words)

If you are responding as a membership organisation, please include a view of how this would be received by your membership or profession, and any potential consequences of this.

The charitable hospice sector recruits from the same pool as NHS England and, consequently, recruitment and retention of nursing staff is directly linked to our ability to keep pace with NHS pay, benefits and professional development opportunities. Offering equitable pay and benefits is often difficult due to the current funding model, in which hospices receive around a third of the funding required to deliver their services from government, and rely on charitable fundraising to cover the remainder. Any changes to the NHS nursing pay spine will therefore undoubtedly impact hospices.

The charitable hospice sector is an essential component of the healthcare system. Hospices are the main providers of specialist palliative and end-of-life care (PEoLC) in the UK, supporting 300,000 people at the

end of life and their families annually. There is a risk that, if hospices are not appropriately considered throughout this process, recruitment and retention of nursing staff will become more challenging. This could result in patients not getting the PEOLC they need, as there will not be enough staff to provide this care.

With the demand for specialist palliative care services in England projected to rise by 55% over the next decade⁶, the Government should be supporting the charitable hospice sector to adequately staff services and secure the future of palliative care provision. Charitable hospices would need funding to be made available to help them meet the increased cost that a nursing pay spine would likely deliver, whether they are on AfC or not.

Hospices also employ allied health professionals, such as physiotherapists and occupational therapists, to support the delivery of specialist PEOLC. If we needed to make changes to our nursing terms and conditions in order to keep pace with the NHS, there would be potential for professional pay conflict between nurses and allied health professionals.

8. Do you agree or disagree with the principle of introducing a separate pay spine exclusively for nursing staff?

- Agree
- **Neither agree nor disagree**
- Disagree
- Don't know

Design of a separate nursing pay spine

If a separate pay spine for nursing was taken forward, there are two ways in which the pay arrangements for nursing staff could be separated from the rest of the AfC workforce.

Option 1 - introduce a separate nursing pay spine within the existing AfC contract

If we introduced a separate nursing pay spine within the existing AfC contract:

- all non-medical staff would remain on the same wider set of terms and conditions (covering matters such as annual leave, sickness absence and pay enhancements)
- there would be 2 pay spines within the AfC contract: one for nursing staff and one for other AfC staff
- the JES would continue to apply to both pay spines, meaning that nursing roles would continue to be evaluated against other AfC roles to ensure that equal pay was maintained
- the NHS Staff Council would retain responsibility for the AfC contract

Option 2 - introduce a separate nursing pay spine as part of a new contract for nursing staff

If we introduced a separate nursing pay spine as part of a new contract for nursing staff:

- a new national contract would be negotiated for nursing staff

⁶https://media.sueryder.org/documents/Modelling_Demand_and_Costs_for_Palliative_Care_Services_in_England_1.pdf

- this would include a pay spine, a mechanism for determining levels of pay, as well as a wider set of terms and conditions
- new contractual arrangements would need to ensure that pay equity continued to apply across the NHS workforce, and that there was a robust structure in place to support progression criteria for a new pay spine
- the NHS Staff Council would retain responsibility for the AfC contract, however a new national collective bargaining structure would be needed to take responsibility for the new nursing contract

We are looking for evidence and views on the practical considerations that would be needed to design and implement a separate nursing pay spine. This will help ensure the government's considerations are evidence based, and that if any further action is taken, it would be operationally possible.

9. What would be the benefits, if any, of option 1 / option 2?

10. What would be the challenges and wider implications, if any, of option 1 / option 2?

11. What practical steps and decisions would be needed to implement option 1 / option 2?

12. If a separate nursing pay spine were introduced, which of the following would you prefer?

- Introduce a separate nursing pay spine within the AfC contract (option 1)
- Introduce a separate nursing pay spine as part of a new contract for nursing staff (option 2)
- No preference - both options would work
- No preference - neither option would work
- Don't know

Please explain your answer. (Maximum 200 words)

It is difficult to make a solid judgement without the full detail of what each option would entail. While it would be positive to have the advancement of the nursing profession recognised through a separate pay spine, we cannot comment on which option is preferable and would have the least unintended consequences for charitable providers of essential care without further information.

13. If you have any views on which members of the nursing workforce should be in scope of a separate nursing pay spine, please outline them. (Maximum 500 words)

Please include how your suggested approach would best support the recruitment, retention and development of nursing staff in the NHS.

Any registered nurse/registered nursing associate.

14. If you have any views on how nursing roles should be assessed against a separate nursing pay spine, please outline them. (Maximum 500 words)

Please include how your suggested approach would best support the recruitment, retention and development of nursing staff in the NHS.

Other approaches

15. Are there any adjustments that could be made to the existing AfC pay structure, or any existing flexibilities within AfC that could be used more effectively, to address any issues you have identified in the 'Understanding the problems' section?

- Yes
- No
- Don't know

Please explain your answer and provide any evidence you have to support your views. (Maximum 500 words)

16. Are there other measures that could be considered to support any issues you have identified in the 'Understanding the problems' section?

- Yes
- No
- Don't know

Please explain your answer and provide any evidence you have to support your views. (Maximum 500 words)

17. Is there evidence of effective solutions that are currently in place within the NHS to support the issues you have identified in the 'Understanding the problems' section?

- Yes
- No
- Don't know

Please explain your answer and provide any evidence you have to support your views. (Maximum 500 words)