

SUBMISSION FROM RCN SCOTLAND

Given the predominance of women in our profession, we are delighted to put forward suggestions for how to overcome some of the difficulties faced by the nursing workforce.

The RCN is both a trade union and professional body, representing nurses, nursing students and health care support workers. We have a UK membership of over 400,000, and more than 39,000 members in Scotland.

Summary of key points

Economics is, above all, about values. Classical economists say that value is determined by supply and demand – and this is certainly a factor. But more important are the underlying cultural values, and these are so taken for granted that they are often unconscious¹.

At a time of global financial uncertainty there is **an opportunity for us all to re-assess the fundamental values underpinning national economic decisions**. Too often, caring – for children, for the ill, for our older people, whether in the professional or private sphere – is not valued highly. Before many of the issues we raise in this evidence can be fully addressed, there will need to be a fundamental shift in our appreciation of what matters to our society. We encourage you to read the rest of this evidence in light of this key point.

- Nursing is a caring profession dominated by women. The UK-negotiated terms and conditions agreement for the NHS, Agenda for Change (AfC), has been an important step forward for women in ensuring equality in the workplace. **To maintain a level playing field, AfC, as well as Scottish-specific policies promoting gender equality, must be maintained, however great the financial pressures to re-introduce local variation to nursing pay in the current economic climate.**
- Recent NHS pay freezes, and the need to rely on additional working hours to make ends meet, are placing increased pressure on nursing staff at work and at home. This disproportionately affects women and their families in the female dominated nursing profession. **The erosion of NHS pay for nursing staff must be reversed and the vital contribution of staff providing essential care in our communities recognised.**
- Outside of the NHS, pay is an even greater issue, particularly as procurement of care by the public sector seems too often to be based on budget limitations, not quality. **The introduction of a Living Wage for all public sector contracted health and care services would help ensure a basic level of income to the high number of women in caring support roles in the third and independent sector.**

¹ Eisler, R. "The inadequacy of economics: economics as if caring matters "(2012)
<http://www.partnershipway.org/12%20Challenge%20eisler-REV.pdf>

- Reforms in health and social care are quite rightly focusing on an “asset-based” and “co-production” approach, in which individuals will be expected to take an active role alongside professionals in improving their own health, wellbeing and recovery. **However, the Scottish Government should consider how best to assess the possible disproportionate impact on women of health and social care reforms which rely heavily on the unpaid support of family and other community resources.**

An overview of the nursing profession

At September 2012, 89% of NHS Scotland-employed nursing and midwifery staff were women². This headcount includes staff working across all levels, from healthcare support workers through to senior nurses³. Almost eight times as many women as men work in nursing in the Scottish NHS. Any decisions affecting nursing staff as a whole will therefore have a disproportionate impact on women.

Of the 20 Directors of Nursing in NHS Scotland Boards, 90% are women, in line with the general gender demographic of the Scottish nursing workforce. This is one welcome indication of the opportunities for women to take on senior appointments within the profession. However, this should be balanced by views expressed in a 2011 RCN member survey which demonstrated that just over 70% of NHS respondents believe it will be very difficult for them to progress from their current grade⁴. Anecdotal evidence also points to a large proportion of men in middle and other senior management nursing positions. As nursing numbers are cut and resources stretched thin, opportunities for women to progress into professional leadership and management roles in nursing may well reduce.

Fifty-one per cent of female nursing and midwifery staff in NHS Scotland are employed on part time contracts, compared to just thirteen per cent of male staff. Twenty-six per cent of the total nursing and midwifery staff employed in NHS Scotland are unregistered healthcare support workers earning a maximum £21,798 per annum, full time in 2012-13. Almost forty-one per cent of all NHS Scotland nursing staff are on the first pay band for registered nurses earning basic pay between £21,176 and £27,625 per annum, full time in 2012-13. This compares poorly to a median gross annual earnings for full time staff in 2011 of £26,200 (£22,900 for women; £28,400 for men)⁵. Scottish Government figures do not provide detail on the gender balance or contracted hours of nursing staff by pay grade⁶.

² See: <http://www.isdscotland.org/Health-Topics/Workforce/Nursing-and-Midwifery/> All NHS-employed nursing and midwifery figures used are based on headcount and taken from the September 2012 data provided by ISD.

³ This figure excludes senior nurse managers who are not included in Agenda for Change bandings

⁴ See:

http://www.rcn.org.uk/_data/assets/pdf_file/0020/408206/Members_employment_survey_Sept_11_FIN_AL.pdf

⁵ See: http://www.ons.gov.uk/ons/dcp171778_241497.pdf (latest available figures)

⁶ See: <http://www.isdscotland.org/Health-Topics/Workforce/Nursing-and-Midwifery/>

This total headcount of 58,434 female nurses, midwives and healthcare assistants, however, accounts only for those employed directly by NHS Scotland. The figure does not take account of nursing staff employed by GP practices, the armed forces, the third sector, independent providers such as care homes or those employed by nursing agencies, for which we do not have national statistics. As such the number of women in Scotland employed to provide essential nursing services to the population will be much higher.

The impact of approaches to pay, terms and conditions on nursing staff

The UK-negotiated Agenda for Change (AfC) terms and conditions package for NHS staff has, now that it is fully implemented, helped to ensure a more level playing field in terms of pay scales and benefits. It is the case that the NHS in Scotland is still facing a large number of historical equal pay claims. The most recent reports⁷ are that NHS Boards across Scotland have more than 10,000 live equal pay claims against them. The vast majority of these claims are equal value claims (where women in predominantly female occupations are comparing themselves to higher paid men in predominantly male occupations) and relate to the period *prior* to the introduction of AfC on 1 October 2004.

A much smaller number of claims have been made against some NHS Boards since the introduction of AfC by individuals who feel that their AfC pay banding has resulted in them being paid less than male comparators. These claims now represent a very small percentage of the total number of equal pay claims against the NHS in Scotland.

Additionally to the improvements brought in at a UK level through AfC, in Scotland a set of Partnership Information Network (PIN) policies, negotiated between the Scottish Government, NHS employers and trades unions have set out clear best practice around significant areas of employment practice, such as 'Gender-Based Violence' and 'Supporting the Work-Life Balance'. The Scottish Government has also committed to introduce the Living Wage to all NHS employed staff. And the UK Government's programme of auto-enrolment in employer pensions will result in more women planning for their retirement⁸. All of these initiatives are welcome.

However, any UK decisions on AfC pay and conditions for nursing will disproportionately affect women earners by the simple fact of the very high proportion of women in the nursing workforce. This includes the impact of the two year pay freeze (2011-2013) imposed on NHS staff earning above £21,000, which has taken a damaging toll, with a majority of staff experiencing a 9% cut in living standards over those two years. At least 30% of the nursing workforce are at the top of their pay band and therefore have not seen any incremental pay increase on top of the freeze on annual inflationary rises⁹.

⁷ See: <http://www.bbc.co.uk/news/uk-scotland-scotland-politics-20900775>

⁸ However, we would note that NHS employers in Scotland have recently attempted to defer auto-enrolment from April 2013 to April 2016. The RCN, with our trade union partners, rejected this request.

⁹ See: http://www.rcn.org.uk/_data/assets/pdf_file/0003/483402/RCN_2013_PRB.pdf

Outside of the NHS, terms and conditions for nursing staff, and other professional colleagues in the care sector, are simply not protected in the same way. The RCN is particularly concerned by how cost-driven public sector procurement contracts may impact negatively on the ability of third and independent sector providers to pay fair and equitable salaries to the high number of women employed in care settings. Following a recent FOI request, The Coalition of Community Care Providers Scotland stated that:

According to the returns submitted, at least 50 care services throughout Scotland are being funded by councils at a rate of less than £10 per hour, which CCPS contends is inadequate to cover all the costs necessary to deliver complex care successfully: these costs include staff salaries and related employer costs; training, qualifications and workforce development; regulatory and compliance fees; and organisational overheads¹⁰.

We agree wholeheartedly with CCPS' conclusions. Good care costs and requires well trained and valued staff. Contracts must realistically reflect the true costs of delivering high quality, compassionate care, including the costs of wages appropriate to such important work. We contend that the costs to the shared public purse of delivering poor care will, over time, far outweigh the perceived burden of paying a decent basic wage to a largely female workforce in contracted third parties – although we appreciate that public sector budget processes are currently not designed to account for long-term public benefit in such a way.

The impact of these pressures on the female-dominated nursing profession is real. The 2011 RCN report *Views from the Frontline*¹¹ found that “over half (58%) of survey respondents [were] the main or sole breadwinner in their households”. If this were reflected in the demographic of Scottish NHS nursing staff alone, over 33,900 women would be contributing 50% or more to their household's income. Over 67% of respondents to our survey noted working more than two additional hours in their job on average each week, with 11% clocking more than eight hours of additional work. Half of these hours were usually unpaid. In addition, a fifth of respondents undertook paid work on top of their main job, with two-thirds of these doing so to bring in extra income.

Bearing all of this in mind, it is not surprising that 23% of RCN members who responded to our survey said that additional hours worked conflicted with their domestic arrangements frequently or always, and over half experienced such conflict occasionally. It is also worth noting at this point that many nursing staff work shift patterns, which excludes the use of traditional nursery provision and often requires reliance on the goodwill of family and friends to make work possible.

¹⁰ See: <http://www.ccpscotland.org/policy/tendering-and-procurement>

¹¹ A survey of nearly 8,000 RCN members from across workplaces. See: http://www.rcn.org.uk/_data/assets/pdf_file/0020/408206/Members_employment_survey_Sept_11_FIN_AL.pdf

The squeeze on take home pay and the need to increase hours at work to sustain family income will result in a large number of women employed in nursing becoming increasingly cash and time poor. Costs in terms of the impacts on childcare responsibilities, commitments as unpaid carers to other adults, and their own health are not adequately included in pay equations.

Recognising the impact of care reforms on unpaid carers and employability

The Equality and Human Rights Commission's first Triennial Review of Gender Inequality (2010) found that women have a 50:50 chance of being a carer by the age of 59 (men reach this position only by the age of 75) and that in Scotland 62% of unpaid carers are women (compared to 58% in England). Only 26% of female carers who provide more than 50 hours of unpaid care also work full time, compared to 37% of men; 25% of female carers work part-time, compared with 15% of male carers¹². Many of our nursing members will be carers themselves, juggling the pressures of professional and personal commitments.

Beyond the impact on nursing professionals who are also unpaid carers, we note that health and social care reforms in Scotland are, quite rightly, encouraging a significant culture shift in the delivery of public services. A far greater emphasis is being placed on sharing the responsibility for enjoying good health between users of services, carers and professionals, drawing on the strengths and resources available within local and family networks. The RCN supports the ethos of empowerment and resilience behind this approach, but is concerned that in times of financial austerity the spirit of this change may be lost in a drive to save money through an increased reliance on unpaid carers. It is essential that assumptions made about the availability of family and community supports to co-produce health and wellbeing are openly tested to ensure they do not inadvertently disadvantage or impoverish women as carers. The Scottish Government could usefully support local partners in such analysis and take a role in challenging plans which may impact negatively on women's ability to participate in paid work or wider community life.

Theresa Fyffe
Director
RCN Scotland
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¹² <http://www.equalityhumanrights.com/human-rights/human-rights-celebrations/international-womens-day-2011/how-fair-is-britain-for-women/autonomy-voice-and-power/>