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18 June 2012

Christine Chapman AM
Chair of the Children and Young People Committee
National Assembly for Wales
CF99 1NA

Dear Christine

Thank-you for your request for further information and clarification (via the Deputy Clerk of the Committee) about nurses self-funding their own education and training in the field of neonatal care.

There are three educational issues here which should not be confused; the formal university offered courses in neonatal care in Wales, continuous professional development (CPD) generally for nurses which in neonatal services might be in such areas as involving the family, counselling and community liaison and 'mandatory training' a term which usually refers to continuous professional development required by the employer such as health & safety, equipment etc.

Formal university courses in neonatal care are offered in Wales by the University of Glamorgan and the University of Bangor. It is also important to note that the University of Bangor also has the ability to teach students within a bilingual Welsh medium framework. The information provided to the Committee about the funding of nurses on these courses on was provided by questioning those of our members working in higher education in this field who estimated that around 10% of nurses on these courses were either funding the course themselves or required to take annual leave for study or the placement.

Continued.....

The clear majority of students *were* funded and supported. We have returned to our members to confirm this information and certainly 3 of the 32 students at the University of Glamorgan (or 9.4%) are undertaking the course in their own time.

However whilst this is an important issue I would like to take this opportunity to reiterate the central message of both our written and oral evidence, that capacity in level 2 and 3 neonatal care must be increased and in order to do this the number of nurses being trained in neonatal care should rise. In addition the likely workforce demands of neonatal services should be taken into account when the Welsh Government commissions pre-registration children's nursing education.

The issues around general access to CPD and mandatory training for nurses are similar in theme but of course here the training and education is more likely to be a day or two or even half a day in duration.

Registered Nurses are required by the regulatory body (the Nursing and Midwifery Council) to undertake continuous professional development and by the Code of Practice to be competent for the role they are undertaking.

Unlike medical colleagues however, nurses employed by the NHS do not have guaranteed time for CPD built into their contract. It is also important to note that from the perspective of the employer such as the LHB the cost of releasing a nurse to undertake CPD is not merely the cost of the course in question but also the cost and availability of the nurse required to backfill the vacancy on the ward.

The Royal College of Nursing in Wales offers CPD courses in varied topics of usually a day's duration. From April 2011 to April 2012 339 attendees (over 15 courses) were surveyed, of these 169 nurses (50%) had come to the course in their own personal time. A separate survey was also undertaken of 731 attendees (over 29 courses), this found 254 nurses (35%) to be paying personally.

The RCN 2011 Employment Survey is an independently commissioned survey of membership across the UK which takes place every 2 years. It is the only major source of reliable data about the nursing workforce aside from official government statistics. The full report for Wales is supplied with this letter and the most relevant tables demonstrating access to CPD and mandatory training for Welsh nurses are extracted below. The evidence this provides about mandatory training and CPD can be summarised as follows:

- access to mandatory training for nurses in Wales is lower than elsewhere in the UK
- access to CPD for welsh nurses has sharply fallen between 2009 and 2011
- the issue of employers paying (or not) for CPD is UK wide

I do hope this additional information and evidence regarding CPD and mandatory training is helpful to the Committee. I would also like to take this opportunity to thank the Committee for inviting us to provide evidence and I am happy to assist with any further queries members may have.

Kind regards

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Tina Donnelly'.

TINA DONNELLY
DIRECTOR, RCN WALES

Appendix 1 – Charts extracted from the RCN Wales Employment Survey 2011 (also attached in full)

Chart 8a Mandatory training received in the last year, Wales compared to the UK

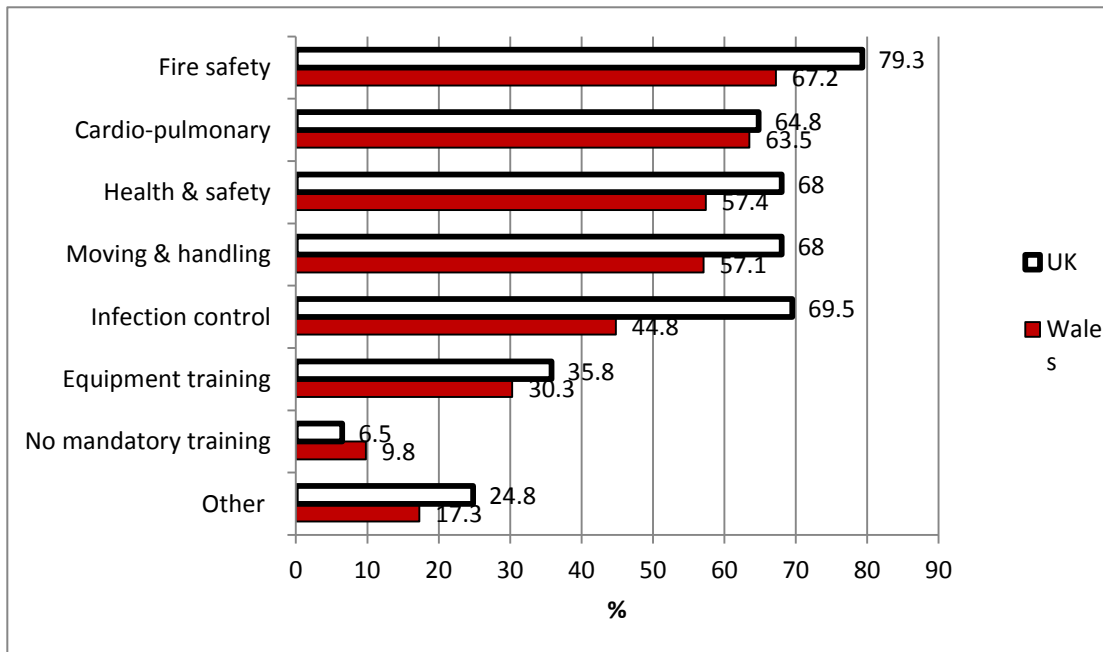


Chart 8b Other than mandatory training, how much training has your employer provided or paid for over the last year, Wales compared to the UK

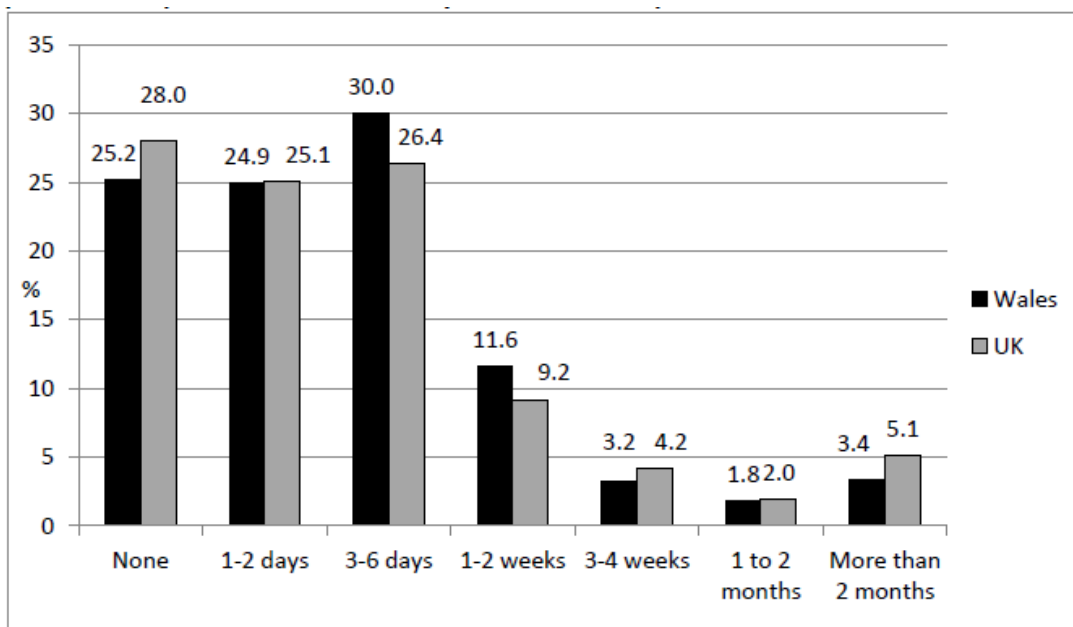
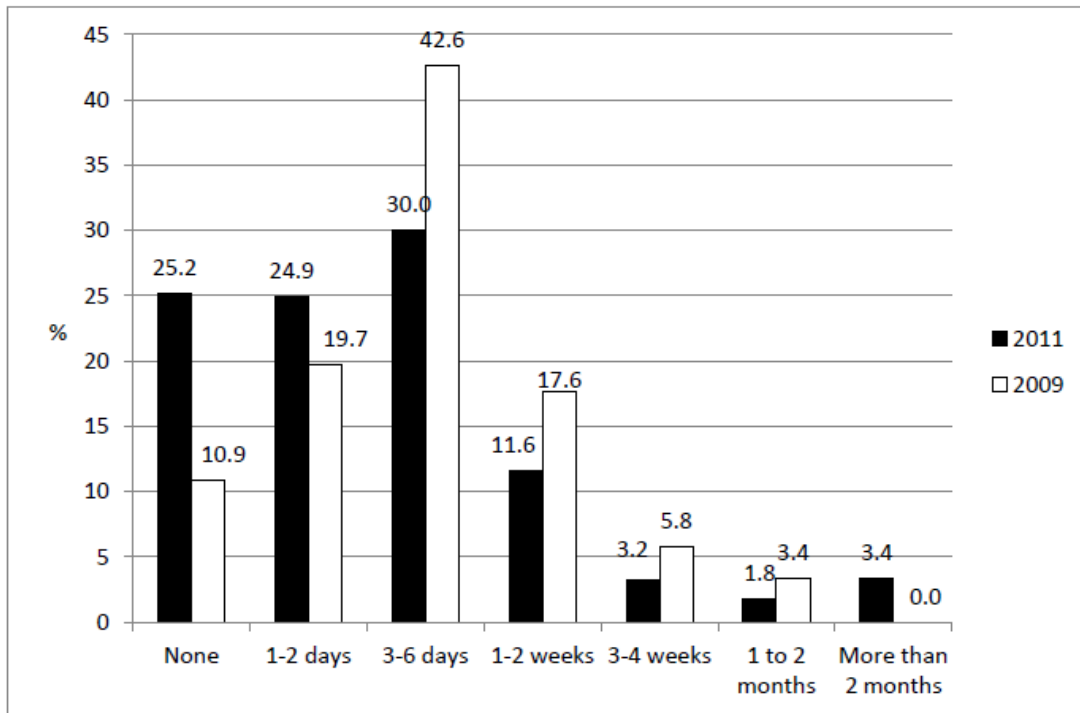


Chart 8c: Other than mandatory training, how much training has your employer provided or paid for over the last year, 2011 compared to 2009 (Wales)



RCN Employment Survey 2011 Wales



Royal College
of Nursing

The Fragile Frontline

RCN Employment survey 2011 for Wales

1. Introduction

The report is based on the results from the RCN Welsh membership of an on-line survey sent out to a stratified random sample of the whole RCN membership. The survey achieved a total of 514 usable responses¹, which represents a response rate of 8 per cent.

The proportion of participants from Wales represents 9 per cent of the total survey sample, which includes usable responses from 7,904 RCN members.

IDS was commissioned by the RCN to administer the survey in March 2011, and the research was conducted during May and June.

The RCN membership survey has been ongoing since the 1980s and this is the 23rd survey in the series. It has been a key feature of the survey approach that some of the same questions have been included over time, in order to measure changes and key trends. This year's survey also incorporates some new lines of questioning, however, and we discuss the questionnaire more fully in our methodology section in Appendix 1.

Broadly, the 2011 survey includes questions around members' current employment status, other personal information (eg gender, ethnicity, qualifications) and the following six key areas:

- Pay and grading
- Pension arrangements
- Working hours
- Training
- Workload and staffing
- Views about nursing as a career

¹ The survey link was originally sent out to approximately 5,504 RCN members in Wales.

Key Findings

On average each respondent to this survey was providing 4 extra hours a week and a third were not being paid. This means that the NHS receives over **132,000** extra hours of nursing services from its loyal staff in Wales.

This illustrates very clearly the level of commitment that nursing staff put into their very personal public service.

Respondents to this survey reveal a picture of a fragile frontline under a great deal of pressure. Half have seen the numbers of registered nurses decline and over a quarter have seen the number of Health Care Assistants and support workers decline over the last year. This is clearly impacting on the ability to deliver care, with 53% stating they are just too busy to provide the level of care to patients they would like.

The Welsh Government needs to pay particular attention to the very low levels of Continuing Professional Development in Wales compared with the rest of the UK (e.g. 45% reported to have received training in infection control in Wales compared with 70% in the UK). There is no doubt that this is an indicator of the investment (or lack of investment) being made in ensuring the quality of patient care. Numerous reports and investigations into the patient experience have identified the need for improved training and education in areas such as continence management, awareness of learning disabilities and public health interventions. A sustained improvement in the quality of care cannot be made without investing and valuing staff. It is therefore particularly disappointing to find that just 45% of nursing staff had received an appraisal in the last year.

These pressures have led to a sharp drop in morale and motivation. Just 37% now believe nursing is a secure career compared to 72% in 2009 and fewer see nursing as rewarding career.

2. Political, Social and Economic Context

2.1 Introduction

Responsibility for health policy, the operation of the NHS and powers over health legislation are devolved to the National Assembly for Wales. A referendum held in March 2011 was passed which altered the legislative process of the National Assembly, meaning that the Welsh Government can now legislate in 20 specified areas, including health and social services, without recourse to the UK Parliament.

The Welsh economy appears one of the weakest of the UK regions. Looking at Gross Value Added (a measure of the output of goods and services), between 2008 and 2009 Welsh GVA dropped by 2.2 per cent and Wales currently has the lowest GVA per head of all the UK regions². Wales is also highly reliant on public sector employment. In the fourth quarter of 2010, the public sector employed 342,000 people, accounting for 26.4 per cent of the total workforce in Wales, compared to 21.4 per cent for the UK as a whole. This is the second-highest of all the UK regions³.

Public health is generally poor with a high incidence of chronic disease. Rurality combined with a poor road and transport infrastructure adds to the cost of delivering health care. Wales has the lowest life expectancy at birth of all four UK countries and the largest proportion of older people in the UK⁴.

Over the next four years the Welsh block grant is forecast to reduce by £2 billion, or 12 per cent in real terms. Capital allocations are set to fall by over 40 per cent, while revenue will reduce by 8 per cent in real terms. Of all the devolved countries Wales has faced the most severe cut to its block grant.

The Office for Budget Responsibility estimated that public sector employment across the whole of the UK will fall by around 400,000 between 2010/11 and 2015/16⁵. Prior to the May 2011 election, the Welsh Government estimated that around 30,000 public sector jobs would be lost in Wales as a result of reductions to public spending⁶.

The baseline for allocations for 'devolved services' to the devolved countries (used in the Barnett Formula) is determined by the level of allocations for these services in England. The global allocations for 'devolved services' in the devolved countries are then determined by the Barnett Formula and bilateral negotiations with the Treasury.

² www.statistics.gov.uk/pdfdir/gvanr1210.pdf

³ www.statistics.gov.uk/pdfdir/pse0611.pdf

⁴ <http://new.wales.gov.uk/topics/health/ocmo/publications/annual/report09/?lang=en>

⁵

http://budgetresponsibility.independent.gov.uk/wordpress/docs/economic_and_fiscal_outlook_23032011.pdf

⁶ www.bipsolutions.com/docstore/pdf/29497.pdf

In 2010, the independent Holtham Commission was set up to look at the present formula-based approach to the distribution of public expenditure resources to the Welsh Government. The Commission produced its final report in July 2011, which demonstrated the impact of the Barnett Formula's drive to convergence (given higher public spending) with the average level of funding in England despite relatively higher Welsh needs. The report stated that if Wales was funded as an English region it would receive an extra £300 million a year. This cumulative underfunding of Wales over the next decade would total £5.3 billion under a low-spending growth scenario or £8.5 billion under an historic average spending growth scenario.

The Commission recommended that in the future funding arrangements for Wales should be based on relative needs. As an interim measure, it recommended a modification to the existing formula that would place a 'floor' under the block grant, preventing any further convergence towards the average English level of funding per capita⁷.

The UK Government has announced a Commission into fiscal responsibility for Wales although the precise remit of this has yet to be announced at the time of writing. Further discussions on funding reform between the two Governments will apparently continue, although they will undoubtedly be dominated by the context of the Scottish fiscal and constitutional debate.

2.2 The NHS in Wales: structure, finance and policy

Health services in Wales are delivered in a very different way to England. Restructuring in 2009 has established seven geographical Local Health Boards responsible for the operation of primary, community and secondary NHS care. The Welsh Government is committed to state provision of NHS health services and emphasises planning and cooperation of public services over market competition as a driver of improvement. Universal benefits such as free prescriptions were a priority for the last Welsh Government although it is too early to tell whether this emphasis will continue in the new Government (elected May 2011).

NHS Wales employs around 90,000 staff, making it Wales's biggest employer. It employed around 33,000 nursing staff as at September 2010, a figure largely unchanged since 2009. Health Spending accounts for around 44 per cent of the overall budget. This high share of the budget demonstrates the difficulty the Welsh Government would have in committing to ringfence this spending.

The Annual Operating Framework (AOF) for 2009/10 and 2010/2011 sets out priorities for the NHS in Wales:

- shifting patient care into community settings
- reducing waste, harm and variation
- efficiency and productivity
- operating within available financial resources

⁷ <http://wales.gov.uk/icffw/home/?lang=en>

- delivering through an effective workforce
- improving patient care and safety through the use of ICT
- improving the quality of core services and delivering the national targets
- upstream prevention and well-being

The AOF requires that Health Boards include plans in their Local Delivery Plans to achieve the following:

- shifts from acute services to community care, for example establishment of consistent chronic disease services
- repatriation of some services
- workforce development and staffing increases and reductions as appropriate by discipline
- week by week saving plans ranging between £1 and 1.5million
- managing down of non-core pay costs
- increasing focus on shared services
- strengthened Local Authority and Health Board partnership working

In addition the *1000 Lives Plus Programme* run by the National Leadership and Innovation Agency is a significant agent of change and improvement in the overall system.

2.3 The health policy direction of the new Welsh Government

The Welsh Labour Manifesto of the 2011 election emphasised increasing access to GPs and health visitors. However, this is expected to be done without an increase in health visitor numbers or any substantial change to the General Medical Services (GMS) contract which covers medical services provided by General Practitioners.

Shortly after the May elections, the Welsh Government began a study of current health visiting provision across Wales, with plans to further develop this into a review of service potential for the future. The RCN has made it clear that any expansion of provision must be supported by an increase in capacity and skills investment.

2.4 Health and Social Care Bill

While the Health and Social Bill substantively covers the NHS in England, it also includes provisions to abolish certain NHS bodies, some of which will have an impact on Wales where these bodies operate in the NHS outside England. For example, the Health Protection Agency (HPA) is to be abolished in its current form and become part of the new Public Health Service (PHS) for England.

3. How to use this report

3.1 Presentation of results

This report details the results for Wales from the 2011 RCN membership survey across the following chapters:

- Chapter 4: Key respondent characteristics
- Chapter 5: Pay and grading
- Chapter 6: Pension arrangements
- Chapter 7: Working hours
- Chapter 8: Training
- Chapter 9: Workload and staffing
- Chapter 10: Views about nursing as a career

For each chapter, we present the findings through a combination of tables and charts. We have *italicised* our commentary where comparisons are drawn with results from the 2009 report for Wales. We have also *italicised* our commentary where comparisons are drawn with results from the 2011 report for the UK.

All tables and charts presented in the report include both the percentage and number of RCN members from Wales responding to the question. In the case of 'tick all that apply' questions the size stipulated refers to the number of *total respondents* answering the question, rather than the *total number of responses* given.

The use of routing questions in the survey also means that sample sizes vary across the results shown.⁸

When analysing the tables it is important to focus not only on the *percentage* of respondents that have answered a question in a particular way, but also the *number* of respondents. Some of the sample sizes are quite small, and where necessary we have highlighted this in our analysis. It should also be noted that where numbers from the tables are featured in the text they have been rounded up or down accordingly.

All data collected from district nurses have been weighted, although this does not affect the overall results to any extent. Further information is given in Appendix 2.

⁸ Routing questions are those that direct respondents to different questions throughout the survey, depending on responses given. Further information is given in Appendix 1.

4. Key respondent characteristics

This section summarises the main characteristics of respondents to the 2011 survey from the Welsh RCN membership. Information requested by this year's survey includes:

- current employment situation
- job title
- main area of practice
- length of service with current employer
- age range
- gender
- country of work
- qualifications
- ethnicity

The tables featured in this sector are for 'all respondents' in each case. Please note that all results are weighted to take into account the oversampling of district nurses. Further details are set out in Appendix 2.

4.1 Employment information

4.1.1 Current employment situation

The majority of respondents to the survey describe their current employment situation as 'employed and working' (table 4a). Some respondents describe themselves as employed but either currently on sick leave (2 per cent) or on maternity leave (1 per cent).

Table 4a: Current employment situation

| | No. | % |
|---------------------------------------|------------|-------------|
| Employed and working | 471 | 92.3 |
| Employed, but currently on sick leave | 12 | 2.4 |
| Retired, but still in paid employment | 9 | 1.8 |
| Self-employed | 7 | 1.4 |
| Employed, but currently on maternity | 6 | 1.2 |
| Unemployed | 3 | 0.6 |
| Fully retired | 1 | 0.2 |
| Student | 1 | 0.2 |
| Total | 510 | 100 |

4.1.2 Main employer and location of work

In respect of main employer, the majority of members are employed by the NHS, at 80 per cent, a further 13 per cent are employed by an independent or private healthcare provider and 6 per cent by other non-NHS employers.

Within the NHS the majority of respondents (67%) work directly for the NHS, while 7 per cent work in a GP practice and 4 per cent for other NHS employers. A small number are employed by other non-NHS employers, with the largest proportion being employed by a university.

Table 4b: Employer for main job

| | No. | % |
|--|------------|-------------|
| All NHS | 414 | 80.3 |
| NHS (excluding GP practices) | 341 | 66.6 |
| GP practice | 33 | 6.5 |
| Other NHS employer (eg SHA/health board) | 21 | 4.2 |
| NHS Bank | 6 | 1.8 |
| NHS Direct/NHS 24/help-line | 4 | 1.2 |
| | | |
| Independent and voluntary sector | 66 | 12.9 |
| Independent/private health care provider | 51 | 10.0 |
| Charity/voluntary group | 12 | 2.3 |
| Private contractor | 3 | 0.6 |
| | | |
| Other | 35 | 6.8 |
| University | 22 | 4.3 |
| Nursing agency | 4 | 0.8 |
| Local authority/other public body | 4 | 0.8 |
| Private company | 1 | 0.2 |
| Self-employed | 1 | 0.2 |
| Education/research | 1 | 0.2 |
| Not currently working | 1 | 0.2 |
| Other | 1 | 0.2 |
| Total | 511 | 100 |

In respect of the primary location of work, around half (54 per cent) of all respondents spend most of their time in a hospital setting, most commonly on a ward (22 per cent) or a hospital unit (22 per cent). A further 46 per cent spent most of their time in another setting, such as working in the community (12 per cent), a GP practice (7 per cent) or care home (6 per cent).

Table 4c: Where do you currently spend most of the time in your main job?

| | No. | % |
|--|------------|-------------|
| All hospital settings | 277 | 54.3 |
| Hospital ward | 114 | 22.3 |
| Hospital unit (e.g. A&E, ITU specialist units) | 112 | 22.0 |
| Hospital outpatients/day care | 28 | 5.5 |
| Other hospital setting | 17 | 3.3 |
| Across different hospital departments | 6 | 1.2 |
| | | |
| Other settings | 233 | 45.7 |
| Community | 63 | 12.4 |
| GP practice | 34 | 6.7 |
| Care home | 30 | 5.9 |
| Various (across organisation/s) | 28 | 5.5 |
| University | 20 | 3.9 |
| Office/research/education setting | 16 | 3.1 |
| Hospice | 12 | 2.4 |
| Call centre | 8 | 1.6 |
| Prison service | 8 | 1.6 |
| Industry/workplace | 5 | 1.0 |
| Not currently working | 3 | 0.6 |
| Ambulance trust | 3 | 0.6 |
| Private clinic/hospital | 2 | 0.4 |
| School | 1 | 0.2 |
| Total | 510 | 100 |

4.1.3 Main job title and area of practice

Overall 41 per cent of respondents from Wales are staff nurses, 11 per cent are sisters, charge nurses or ward managers and 10 per cent are clinical nurse specialists.

Health care assistants and nursing auxiliaries make up 2 per cent of the respondents from Wales. This compares with 3 per cent for UK respondents as a whole.

Table 4d: Main job title (all respondents)

| | No. | % |
|---|------------|-------------|
| Staff nurse | 207 | 40.5 |
| Sister/charge nurse/ward manager | 54 | 10.6 |
| Clinical nurse specialist | 49 | 9.6 |
| Nurse practitioner | 29 | 5.7 |
| Senior nurse/matron/nurse manager | 27 | 5.3 |
| Researcher/lecturer/tutor | 27 | 5.3 |
| Practice nurse | 26 | 5.1 |
| Manager/director | 16 | 3.1 |
| Community nurse | 14 | 2.7 |
| Health care assistant/nursing auxiliary | 12 | 2.3 |
| Health visitor/SCPHN | 8 | 1.6 |
| Occupational health nurse | 8 | 1.6 |
| District nurse | 7 | 1.4 |
| Non-nursing job/work | 7 | 1.4 |
| Community psychiatric nurse | 6 | 1.2 |
| Educator | 5 | 1.0 |
| School nurse | 3 | 0.6 |
| Consultant nurse | 2 | 0.4 |
| Public health practitioner | 2 | 0.4 |
| Midwife | 1 | 0.2 |
| Not currently working | 1 | 0.2 |
| Total | 511 | 100 |

In terms of practice area, 27 per cent work in acute and urgent care, 15 per cent in primary and community care and 10 per cent with older people. Similar proportions report working in mental health (7 per cent) and with children and young people (7 per cent).

Table 4e: Main area of practice (all respondents)

| | No. | % |
|------------------------------------|------------|--------------|
| Acute and urgent care | 135 | 26.5 |
| Primary and community care | 78 | 15.3 |
| Older people | 52 | 10.2 |
| Mental health | 38 | 7.5 |
| Children and young people | 35 | 6.9 |
| Long-term conditions | 29 | 5.7 |
| Education | 23 | 4.5 |
| Cancer care | 15 | 2.9 |
| Management/leadership | 15 | 2.9 |
| Palliative care | 14 | 2.7 |
| Adult general/medical/surgical | 13 | 2.5 |
| Learning disabilities | 10 | 2.0 |
| Workplace and environmental health | 10 | 2.0 |
| Other specialties | 8 | 1.6 |
| Quality improvement and research | 7 | 1.4 |
| Surgery/operating theatre | 5 | 1.0 |
| Public health | 4 | 0.8 |
| Women's health | 4 | 0.8 |
| School nursing | 4 | 0.8 |
| Outpatients | 4 | 0.8 |
| Neonatal | 4 | 0.8 |
| e-health/telecare | 2 | 0.4 |
| Not currently working | 1 | 0.2 |
| Total | 510 | 100.0 |

4.1.4 Length of service with current employer and time in current post

Respondents were asked how long they have been employed both with their current employer and in their current post. Two-fifths (42 per cent) of members have worked for their employer for 10 years or more and nearly a quarter have between 5 and 10 years' service with their current employer.

In terms of time in post, similar proportions of members report being in their current post for between 5 and 10 years and for between 2 and 5 years, at 28 and 27 per cent respectively.

Table 4f: How long have you worked for your current employer? (all respondents)

| | No. | % |
|------------------------------|------------|------------|
| Less than 1 year | 53 | 10.3 |
| Over 1 year, up to 2 years | 28 | 5.5 |
| Over 2 years, up to 5 years | 96 | 18.7 |
| Over 5 years, up to 10 years | 120 | 23.4 |
| Over 10 years | 215 | 42.0 |
| Total | 512 | 100 |

Table 4g: How long have you worked in your current post? (all respondents)

| | No. | % |
|------------------------------|------------|------------|
| Less than 1 year | 68 | 13.8 |
| Over 1 year, up to 2 years | 60 | 12.1 |
| Over 2 years, up to 5 years | 133 | 26.8 |
| Over 5 years, up to 10 years | 138 | 27.9 |
| Over 10 years | 96 | 19.5 |
| Total | 495 | 100 |

4.2 Respondent profile

4.2.1 Gender, age, ethnicity and disability

Overall, 84 per cent of respondents are female, compared with 92 per cent in 2009. *However, since the gender balance in the overall RCN membership has not changed over this period, we are unsure why this ratio has changed.*

The majority of respondents are aged 45 and over, with 44 per cent in the age range 45-54 and 17 per cent aged over 55, reflecting a wider trend of an increasing age in the nursing workforce.

When asked about disability, 8 per cent responded that they consider themselves to have a disability. *This compares to 7 per cent of all UK respondents.*

Table 4h: Analysis of survey respondents by age (all respondents)

| | No. | % |
|--------------|------------|-------------|
| 18-25 | 11 | 2.1 |
| 26-34 | 64 | 12.5 |
| 35-44 | 122 | 23.7 |
| 45-54 | 227 | 44.1 |
| 55-64 | 86 | 16.8 |
| Over 65 | 4 | 0.8 |
| Total | 514 | 100 |

Half of all respondents from Wales describe their national identity as Welsh, a further 32 per cent British and 11 per cent English.

Table 4i: Analysis of survey respondents by national identity

| | No. | % |
|-------------------|------------|--------------|
| Welsh | 259 | 50.3 |
| British | 162 | 31.5 |
| England | 55 | 10.7 |
| Scottish | 9 | 1.8 |
| Northern Irish | 4 | 0.8 |
| Prefer not to say | 4 | 0.8 |
| Other | 21 | 4.2 |
| Total | 514 | 100.0 |

By ethnic group, 95 per cent of respondents identified their ethnic group as White. This is a similar profile to 2009, when 92 per cent described their ethnic group as White.

Table 4j: Analysis of survey respondents by ethnic group

| | No. | % |
|------------------------------|------------|------------|
| White | 485 | 94.7 |
| Black/African/Caribbean | 8 | 1.6 |
| Asian/Asian British | 8 | 1.6 |
| Mixed/multiple ethnic groups | 1 | 0.2 |
| Prefer not to say | 6 | 1.2 |
| Other ethnic group | 4 | 0.8 |
| Total | 512 | 100 |

4.2.2 Qualifications held

Survey respondents were asked about the types of registration and qualifications held and the findings illustrate both the different routes taken by nursing staff into the profession and the different descriptions used.

Almost two-thirds of respondents (63 per cent) have completed their first-level registration nursing qualifications and 13 per cent hold second level registration. In addition, 43.5 per cent hold a nursing diploma, 38.5 per cent also have a nursing degree and 15 per cent a higher degree (table 4j).

In 2009, 42 per cent of respondents held a degree. The 2009 figures similarly represented an increase from earlier surveys and confirmed the fact that the level of qualification held by nurses has been rising steadily in recent years.

Table 4k: Nursing qualifications held*

| | No. | % |
|--|-----|------|
| First level registration | 326 | 63.4 |
| Second level registration | 66 | 12.9 |
| | | |
| Nursing degree | 224 | 43.5 |
| Nursing diploma | 198 | 38.5 |
| Masters/PhD | 77 | 15.0 |
| NVQ/SVQ level 2, 3 or 4 | 33 | 6.5 |
| Other | 56 | 11.0 |
| Others include: Advanced diploma, Cert Ed., City and Guilds, management diploma, district nursing certificate, ENB, independent prescribing | | |

* Respondents were asked to tick all that apply

Respondents were also asked about their whether they spoke Welsh and 18 per cent (n=94), said they did. Of those who speak Welsh, 70 per cent said they would be able to speak it professionally and 33 per cent are required to speak Welsh in their current role.

5. Pay and grading

5.1 Overview

This section of the report sets out to establish pay arrangements for respondents in Wales, including current pay grade, and how RCN members feel about their current grading. We continue to find that nursing staff are more dissatisfied with their pay and remuneration than any other aspect of their working lives.

We also examine how RCN members are coping financially and find a growing sense of anxiety. Nursing staff are faced with decreased household incomes at the same time as rising household expenditure – on top of mounting concerns about redundancies and job security.

5.2 Current pay and grading arrangements

Overall, the majority of respondents are employed on the Agenda for Change (AfC) pay structure (77 per cent), with a further 7 per cent on clinical grades.

Among respondents working in the NHS, the majority (90 per cent) are employed on AfC scales, compared to just 22 per cent in the independent and voluntary sectors. The majority of respondents working outside the NHS are employed on local grades or organisational pay structures.

Table 5a: On which pay system/scale are you currently being paid? (by sector)

| | All NHS | | Independent & voluntary | | Other employer | | All respondents | |
|-----------------------|---------|------|-------------------------|------|----------------|------|-----------------|------|
| | No. | % | No. | % | No. | % | No. | % |
| AfC | 369 | 90.0 | 14 | 22.2 | 3 | 9.7 | 387 | 76.6 |
| Clinical grade | 23 | 5.6 | 12 | 19.0 | 1 | 3.2 | 36 | 7.1 |
| Other | 18 | 4.4 | 37 | 58.7 | 27 | 87.1 | 82 | 16.2 |
| Total | 410 | 100 | 63 | 100 | 31 | 100 | 505 | 100 |

Table 5b shows that the distribution of AfC pay bands is similar among Wales and all UK respondents, with 39 per cent of respondents in Wales employed on pay band 5 and a quarter each employed on bands 6 and 7.

Table 5c shows the distribution of clinical grades and that among this year's respondents, a higher proportion are employed on relatively higher grades (grades F and G) in Wales than in England, with two-thirds (64 per cent) employed on these grades in Wales compared to 34 per cent in England.

Table 5b**Current AfC pay band (all Wales respondents)**

| AfC pay band | No. | % |
|--------------|------------|--------------|
| 1 | 0 | 0.0 |
| 2 | 3 | 0.7 |
| 3 | 4 | 0.9 |
| 4 | 1 | 0.2 |
| 5 | 166 | 38.9 |
| 6 | 105 | 24.6 |
| 7 | 111 | 26.0 |
| 8 | 37 | 8.4 |
| Total | 427 | 100.0 |

Current AfC pay band (all UK respondents)

| AfC pay band | No. | % |
|--------------|--------------|--------------|
| 1 | 16 | 0.3 |
| 2 | 68 | 1.1 |
| 3 | 105 | 1.7 |
| 4 | 58 | 0.9 |
| 5 | 2,293 | 36.2 |
| 6 | 1,670 | 26.4 |
| 7 | 1,463 | 23.1 |
| 8 | 653 | 10.3 |
| Total | 6,326 | 100.0 |

Table 5c**Current clinical grade (all Wales respondents)**

| Clinical grade | No. | % |
|----------------|-----------|--------------|
| A | 1 | 1.4 |
| B | 2 | 2.8 |
| C | 2 | 2.8 |
| D | 8 | 11.0 |
| E | 8 | 11.0 |
| F | 15 | 20.7 |
| G | 31 | 43.4 |
| H | 2 | 2.8 |
| I | 3 | 4.1 |
| Total | 72 | 100.0 |

Current clinical grade (all UK respondents)

| Clinical grade | No. | % |
|----------------|--------------|--------------|
| A | 24 | 2.2 |
| B | 16 | 1.5 |
| C | 19 | 1.8 |
| D | 205 | 19.0 |
| E | 215 | 20.0 |
| F | 210 | 19.5 |
| G | 254 | 23.5 |
| H | 90 | 8.3 |
| I | 45 | 4.2 |
| Total | 1,078 | 100.0 |

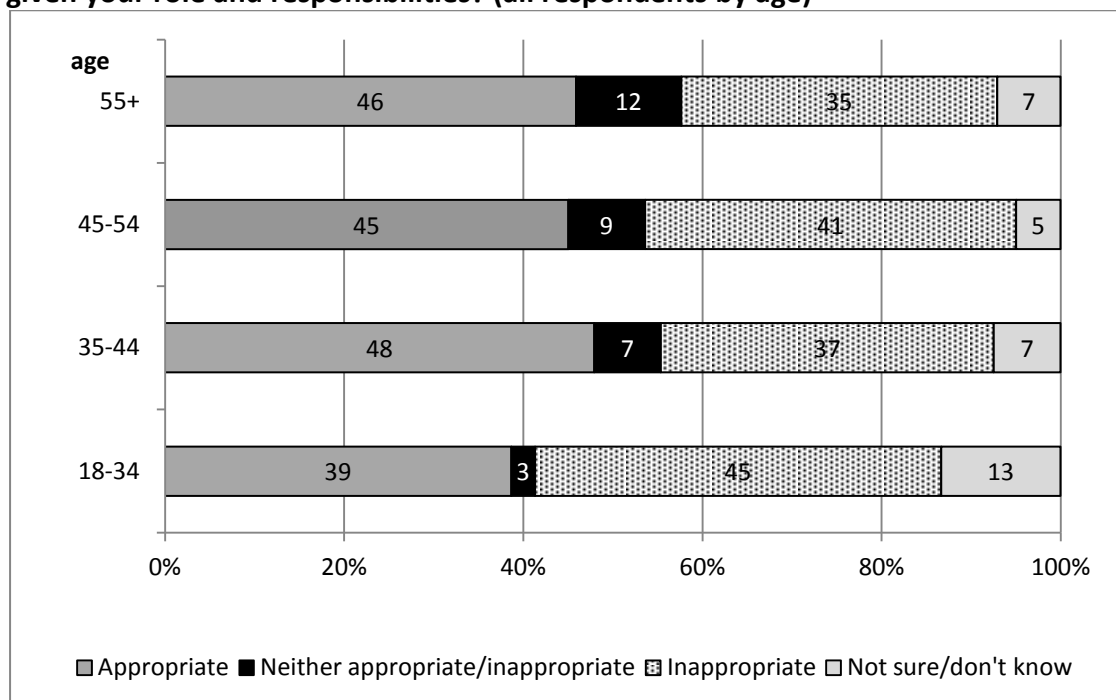
5.3 Views on current pay band or grade

We asked respondents on their views about the appropriateness of their current pay band or grade for their role and responsibilities. Almost half of respondents (45 per cent) said that it is appropriate compared with 40 per cent who said it is inappropriate. *These figures are broadly similar to 2009, with 45 per cent of respondents in Wales stating their pay band or grade was appropriate.*

These findings are also very similar to those for all UK respondents, among whom half (49 per cent) thought their pay band or grade is appropriate and just over a third (37 per cent) said it was inappropriate.

Analysis of responses by age in Chart 5a shows that older members are more likely to view their current pay and grading as appropriate compared to younger members, which possibly reflects their seniority relative to younger nursing staff.

Chart 5a: How appropriate do you consider your current pay band/grade to be, given your role and responsibilities? (all respondents by age)

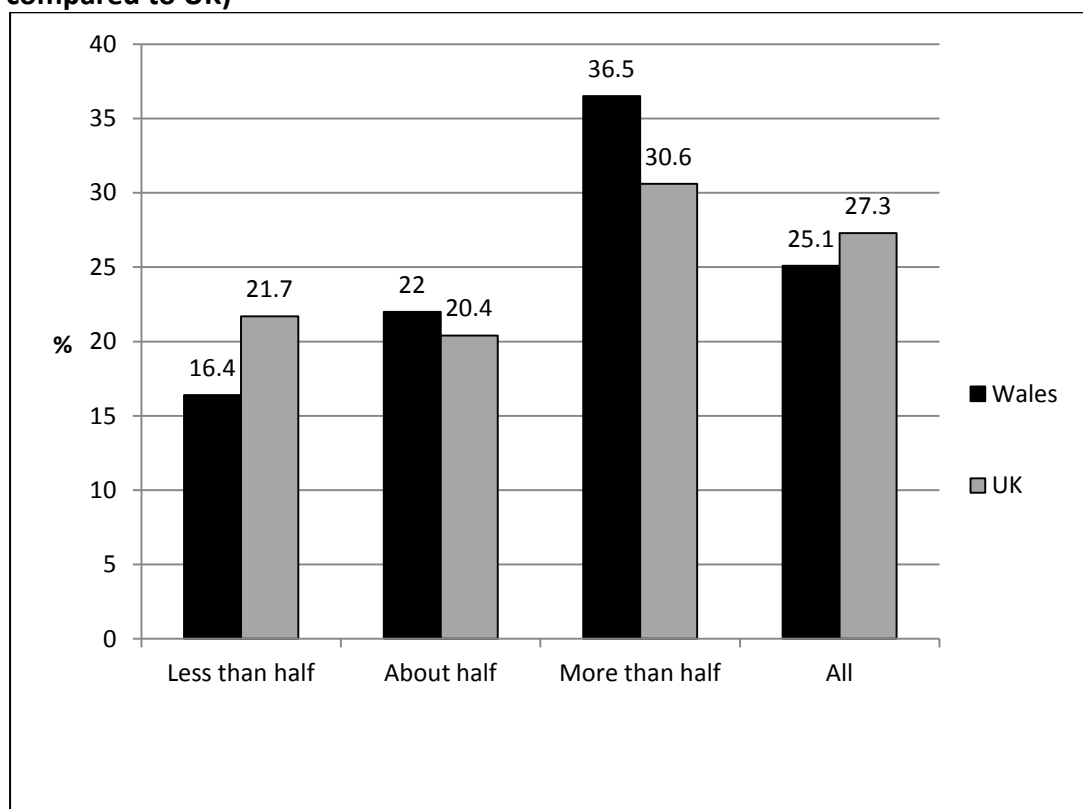


5.4 Pay and household income

Just under two thirds of all respondents (62 per cent) told us that they are the main or sole breadwinner in their households, with their income making up more than half of household income. *This is compared with 58 per cent of all UK respondents.*

One in ten (10 per cent) of all respondents in Wales stated they are in receipt of Working Tax Credits, compared to eight per cent of all UK respondents.

Chart 5c: Proportion of total household income that earnings represent (Wales compared to UK)



This year's survey asked for the first time about the impact of austerity measures and rising inflation on household incomes and financial concerns. Responses indicate that Wales respondents – in common with other UK colleagues – have felt the impact of rising costs and are increasingly concerned about their financial situation.

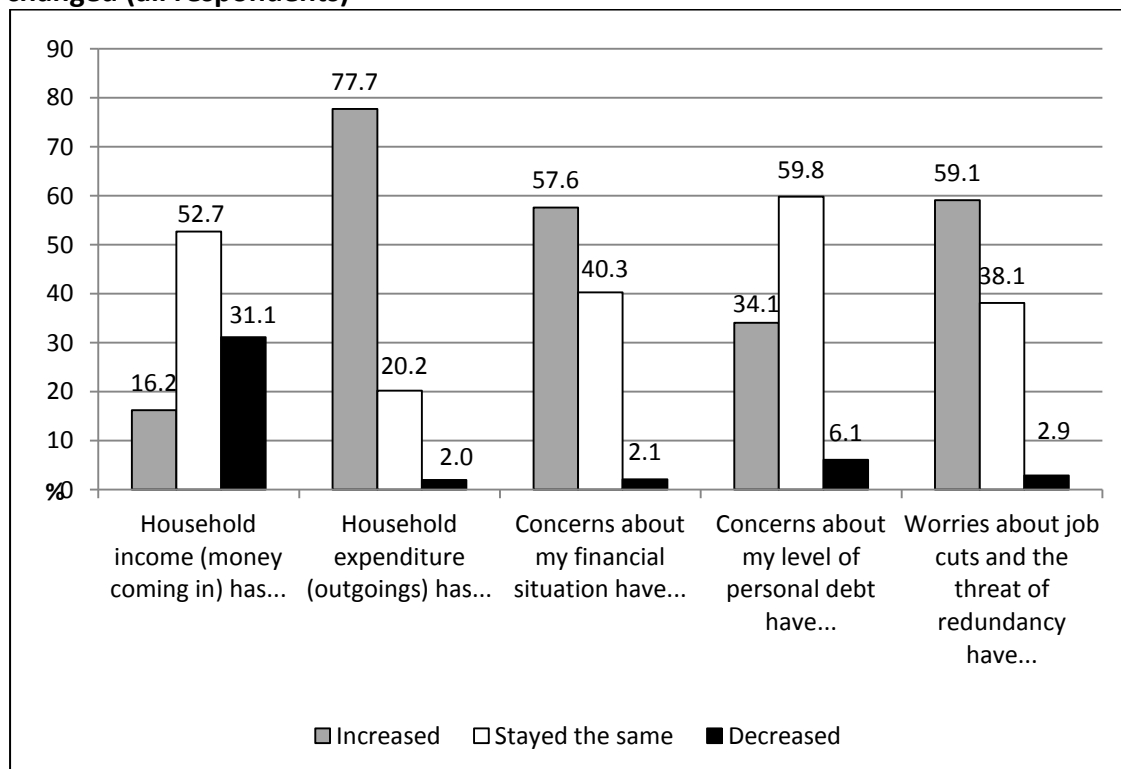
Chart 5b shows that three-quarters (78 per cent) report that household expenditure has increased over the last year, while a slightly higher number (84 per cent) said that household income was the same or lower.

Over half (58 per cent) told us that concerns about their financial situation had increased over the last 12 months and a third (34 per cent) reported heightened concerns about personal debt.

Six in ten (59 per cent) reported that worries about job cuts and redundancies have increased. *This is a similar number as all UK respondents – with 63 per cent reporting they were worried about job security.*

This paints a picture of increased stress and anxiety about household finances and job security. Furthermore, with two thirds of all Wales respondents reporting that they are the main or sole breadwinner in their household, and 10 per cent claiming Working Tax Credits, these concerns are likely to become ever more acute.

Chart 5b: Compared to this time last year, please describe how your situation has changed (all respondents)



5.5 Career progression

Respondents were asked whether they had applied for a job at a higher grade or band over the previous 12 months, in order to examine the extent of career progression.

Around one in six (16 per cent) reported that they had applied for a new job, with half (51 per cent) being successful. Among those taking up a job at a higher grade or band, 45 per cent did so with a new employer. *This compares with 13 per cent of all UK respondents who applied for a new job at a higher grade or band, with a 42 per cent success rate. Of these respondents, 35 per cent took up a new post with a new employer.*

Among the reasons cited by respondents in Wales for taking up a higher graded or paid position, the main ones included better pay or promotion, or to gain different experience or skills. Other reasons included better prospects and a change in working hours or better work-life balance.

5.6 Agenda for Change transition issues

This is the second RCN employment survey since almost all NHS nurses across the UK have been assimilated to the Agenda for Change pay structure. To continue the

review of this process, the survey asked members whether they had challenged their banding following assimilation. Just under a quarter (24 per cent) of Welsh respondents reported that they have had a review of their banding after assimilation to AfC, of which around a third subsequently had their banding uplifted.

In 2009, we found that 23 per cent of all Welsh respondents had requested a review of their AfC grading.

This year's Employment Survey shows that across all UK respondents, 28 per cent reported their banding had been reviewed, compared to 23 per cent in 2009.

This suggests that in Wales, applications for reviews are now starting to tail off – yet this is an ongoing issue which the RCN will continue to monitor.

Table 5: Did you have a review of your banding after assimilation to AfC?

| | No. | % |
|--------------|------------|--------------|
| Yes | 106 | 24.5 |
| No | 326 | 75.5 |
| Total | 431 | 100.0 |

Table 5: If so was your banding uplifted?

| | No. | % |
|--------------|------------|--------------|
| Yes | 37 | 35.5 |
| No | 68 | 64.5 |
| Total | 106 | 100.0 |

6. Pension arrangements

6.1 Overview

This chapter looks at current pension arrangements among RCN members and finds almost full membership of the NHS scheme among respondents working in the NHS. However, it also finds that a worryingly high number working for independent or voluntary sector providers belong to no pension at all.

This chapter goes on to look at the NHS pension scheme in more depth, in light of government proposals to reform public sector pension schemes and asks whether members would consider leaving the scheme.

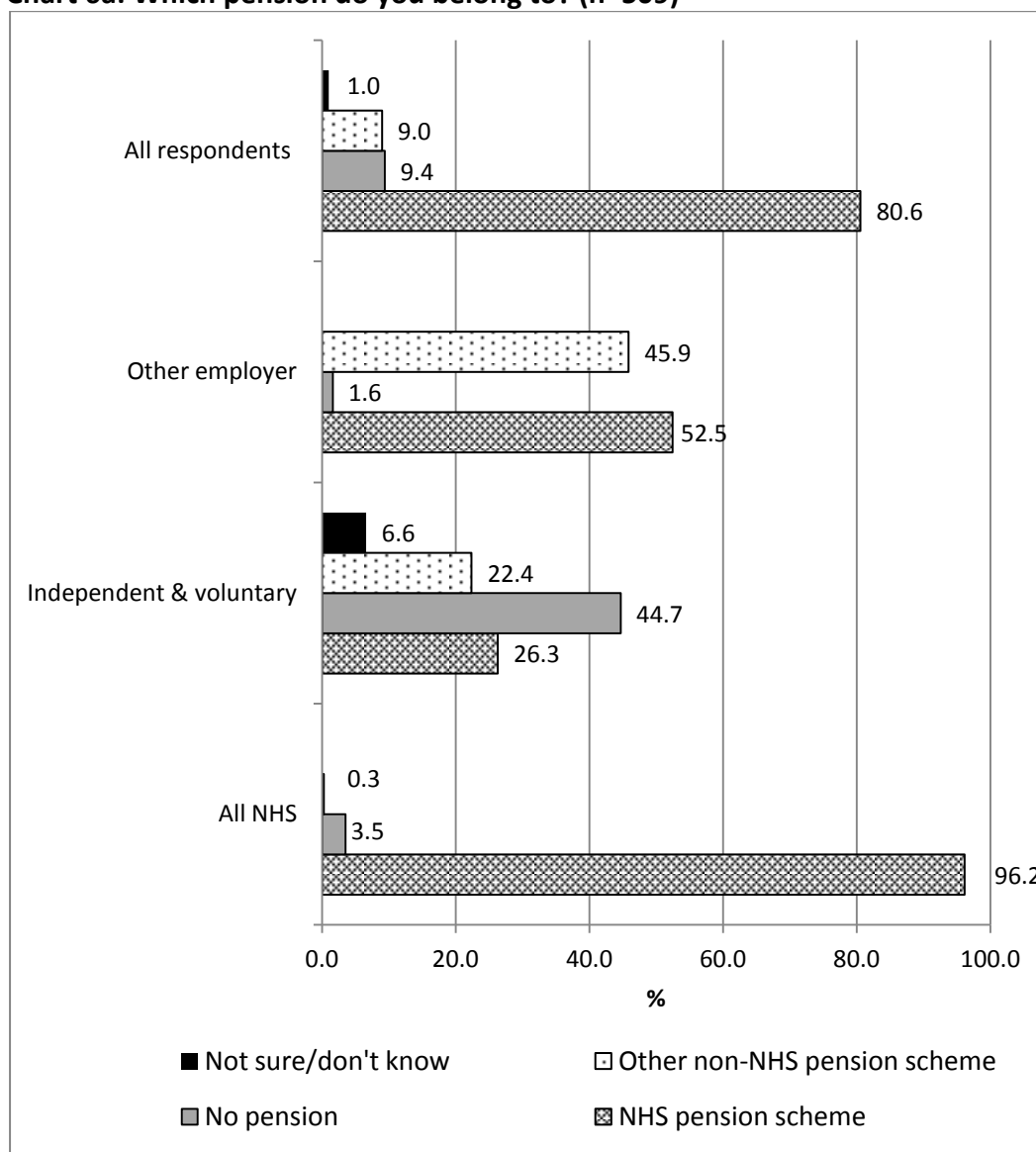
While a minority said that they would probably or definitely opt out of the NHS scheme if contributions were to rise or the final salary scheme were to be replaced by a career average, it is still too early to draw any firm conclusions about these kinds of decisions. However, these findings certainly suggest a growing sense of uncertainty and anxiety about pensions reforms which add to other concerns about job security, pay levels and workload.

6.2 Current pension arrangements

Overall, 81 per cent of all Welsh respondents are members of the NHS pension scheme and smaller numbers (around 9 per cent) either have no pension at all or are members of another occupational scheme.

Among respondents working in the NHS, the majority (96 per cent) belong to the NHS scheme. In the independent and voluntary sectors, just less than half (45 per cent) belong to no scheme at all.

Chart 6a: Which pension do you belong to? (n=509)



6.3 Pensions reforms

The survey asked respondents who belong to the NHS pension scheme to indicate, from a number of proposed changes, which would make them consider opting out of the scheme.

The three scenarios they were asked to consider were:

- an increase in pension contributions of 1 to 3 per cent,
- an increase in pension contributions of 3 per cent or more
- shift from final salary to a career-average scheme

While the results show that many respondents are unsure whether these changes would make them consider opting out of the NHS pension scheme, it is clear that a shift from a final salary scheme to a career-average scheme is likely to be the issue most likely to affect decisions about membership.

Chart 6b: Would any of the following make you consider opting out of the NHS pension scheme (all NHS respondents)

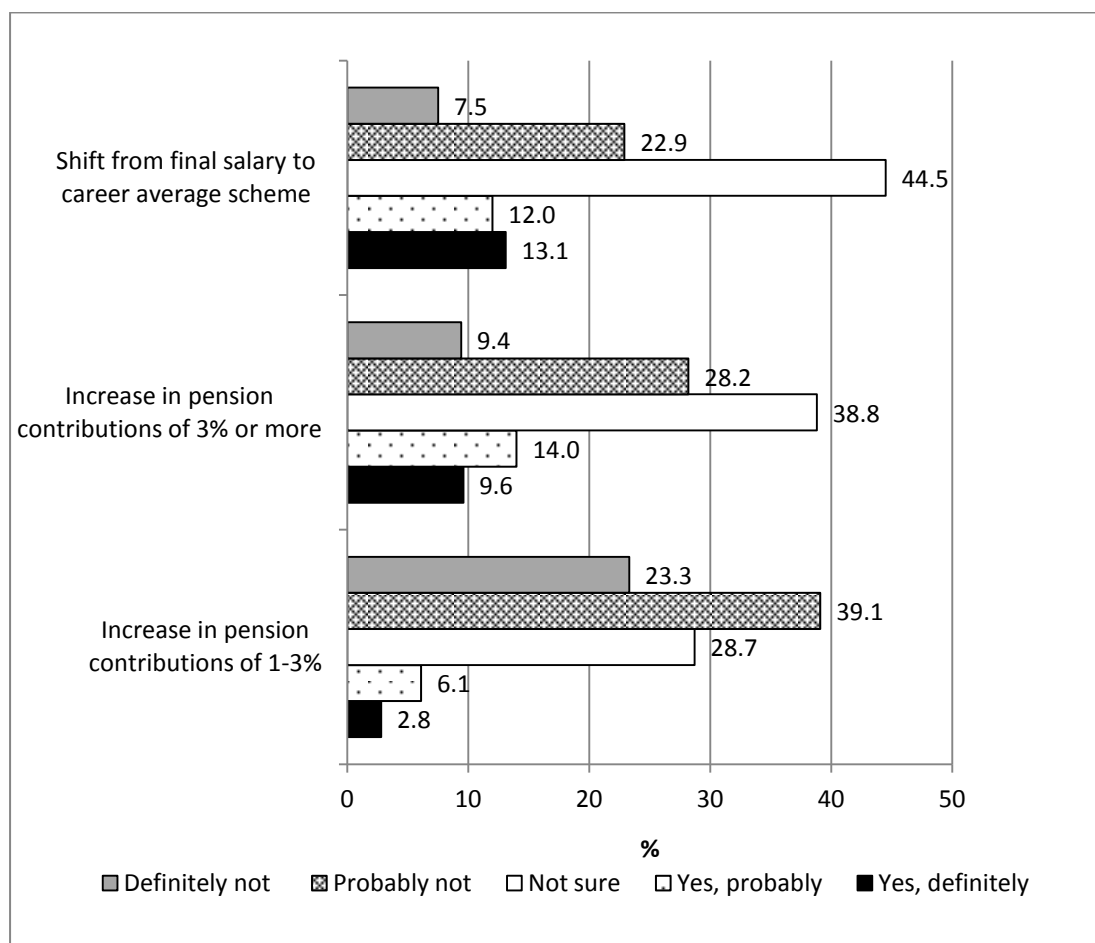


Chart 6b shows that 9 per cent of respondents said they would consider opting out of the NHS pension scheme if contributions rose by between 1 and 3 per cent. However, when faced with an increase of more than 3 per cent, almost a quarter (24 per cent) said they would either ‘definitely’ or ‘probably’ consider opting out of the NHS pension scheme if this change came into effect.

On the issue of a move from a final salary to career-average salary scheme, slightly more would consider opting out – at 25 per cent of respondents.

A closer look at the responses suggest that Wales respondents (in common with colleagues in Northern Ireland) are slightly less likely to indicate they would opt out of the NHS pension scheme than those in England or Scotland.

Table 6: Would any of the following make you consider opting out of the NHS pension scheme (by country)

| | England % | Scotland % | Cymru/ Wales % | Northern Ireland % | Total % |
|--|--------------|---------------|----------------------|--------------------------|--------------|
| Increase in pension contributions of 1 to 3 per cent | | | | | |
| Yes | 12.2 | 12.4 | 8.9 | 7.0 | 11.6 |
| No | 54.0 | 52.9 | 62.5 | 69.6 | 55.6 |
| Unsure | 33.8 | 34.7 | 28.7 | 23.5 | 32.8 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Increase in pension contributions of 3 per cent or more | | | | | |
| Yes | 29.5 | 30.2 | 23.7 | 20.4 | 28.5 |
| No | 35.3 | 34.8 | 37.5 | 38.3 | 36.0 |
| Unsure | 35.1 | 35.0 | 38.8 | 41.3 | 35.5 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Shift from final salary to career average scheme | | | | | |
| Yes | 31.1 | 35.8 | 25.1 | 11.8 | 29.9 |
| No | 28.6 | 27.4 | 30.4 | 35.3 | 29.0 |
| Unsure | 40.3 | 36.8 | 44.5 | 52.9 | 41.1 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

7. Working hours

7.1 Overview

This year's survey asked a series of questions around working hours including patterns of work, contracted hours, overtime working and additional paid work.

The findings show that a significant proportion of respondents in Wales regularly work more than their contracted hours and often unpaid.

Three-quarters of all respondents (72 per cent) report working additional hours on at least one shift each week and over a third (37 per cent) do so several times a week. Two-fifths (41 per cent) regularly work four or more hours a week overtime.

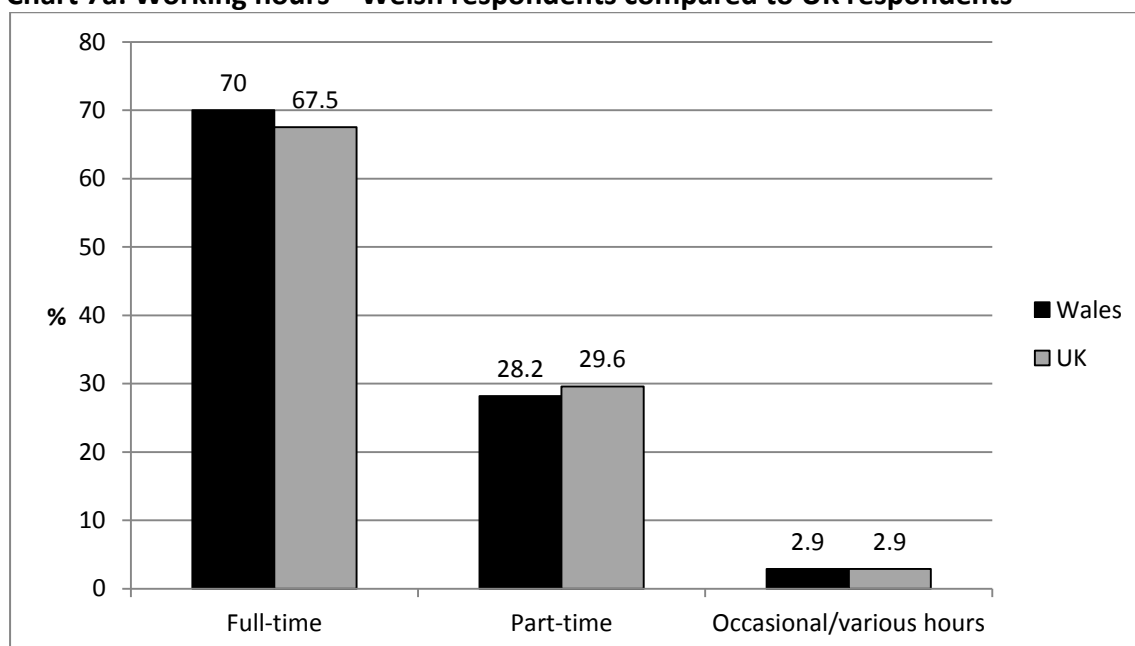
Given this tendency to work long hours, it is perhaps unsurprising that quarter told us that working hours frequently and always conflicted with their domestic arrangements and the same proportion said they are unable to balance their work and home lives.

7.2 Working patterns

Over two-thirds of respondents in Wales currently work full-time which is a slightly larger proportion than that for all respondents across the UK (70 per cent Wales; 67.5 per cent UK).

The proportion of respondents from Wales reporting they work full-time has been steadily increasing since 2003 when just 56% worked full-time. In 2009, we found that 67 per cent worked full-time.

Chart 7a: Working hours – Welsh respondents compared to UK respondents



Analysis of working patterns by age shows that respondents are more likely to work part-time later in their careers. Table 7a indicates that just 17 per cent of

respondents aged under 35 work part-time, rising to 40 per cent of those aged 45 and over.

Table 7a: Working patterns in main job (all respondents)

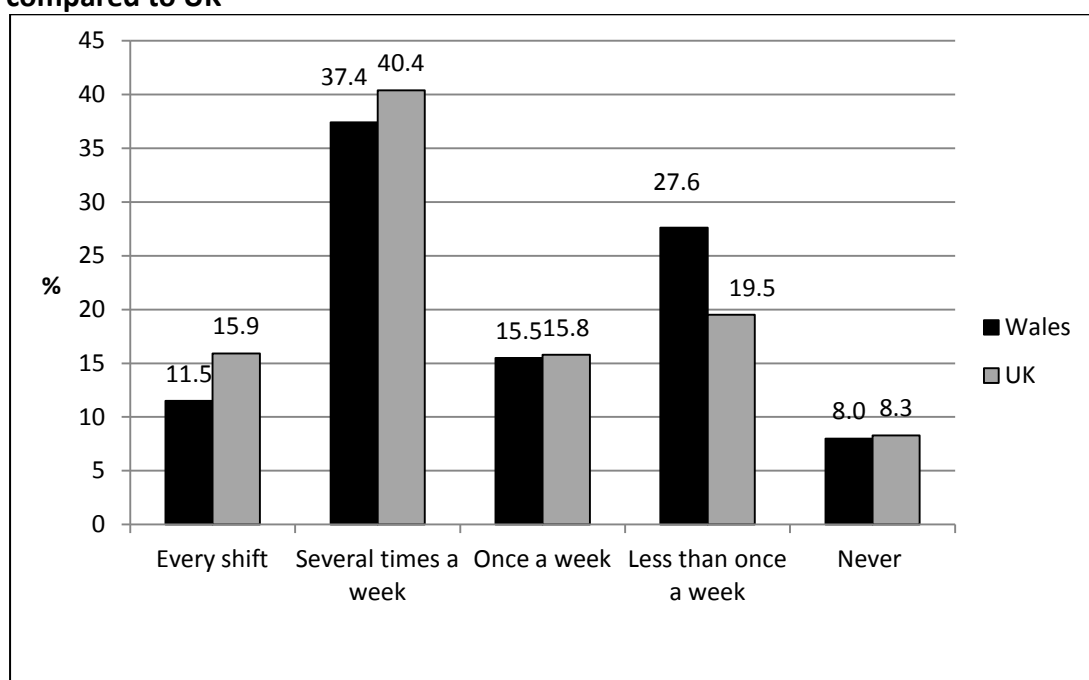
| | | 18-34 | 35-44 | 45-54 | 55 and over | All respondents |
|------------------|------------|-----------|------------|------------|-------------|-----------------|
| Full-time | No. | 60 | 83 | 164 | 48 | 355 |
| | % | 80.0 | 23.4 | 46.2 | 53.9 | 70.0 |
| Part-time | No. | 13 | 36 | 58 | 36 | 143 |
| | % | 17.3 | 25.2 | 40.6 | 40.4 | 28.2 |
| Occasional hours | No | 2 | 0 | 2 | 5 | 9 |
| | % | 2.7 | 0 | 22.2 | 5.6 | 1.8 |
| Total | No. | 75 | 119 | 224 | 89 | 507 |

7.3 Contractual and additional hours worked

In terms of normal hours worked, just over half (54 per cent) have a normal working week of between 30 and 37.5 hours a week, and a quarter (27 per cent) work more than 37.5 hours.

Chart 7b shows that in common with nurses across the rest of the UK, large proportion of respondents in Wales report that they work in excess of their weekly contracted hours several times a week (37 per cent), and every shift (11.5 per cent). Nine in ten (92 per cent, n=463) report regularly working in excess of contracted hours at least once a week.

Chart 7b: How often do you work in excess of your contracted hours? Wales compared to UK



Respondents also indicated that they typically between 2 and 6 additional hours a week (51 per cent in Wales compared to 47 per cent in the UK). A further 12 per cent (n= 38) indicated they worked on average over 8 hours a week as overtime.

Chart 7c: Number of additional hours worked on average each week (Wales compared to UK respondents)

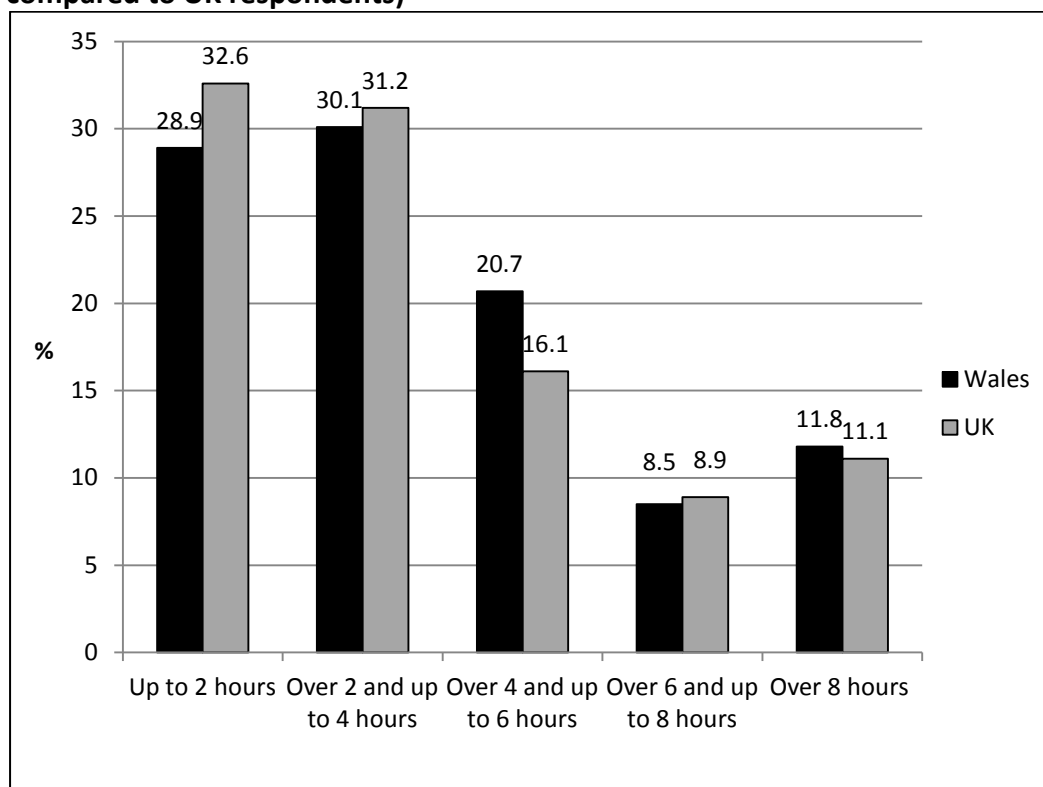
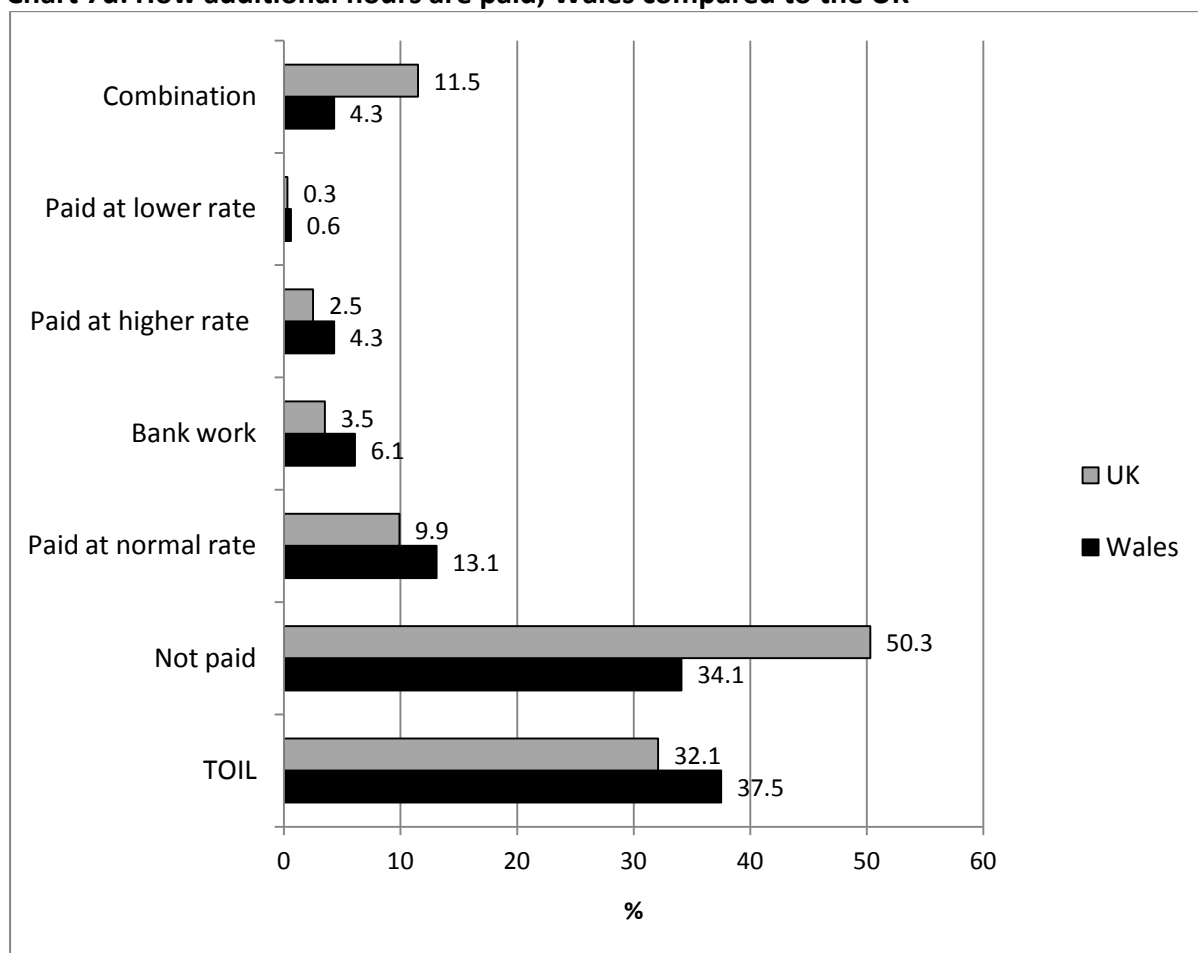


Table 7d indicates that around a third (37 per cent) of those working extra hours receive TOIL as compensation, however a similar proportion (34 per cent) are not paid at all. Respondents from Wales are about as likely to be offered TOIL as other colleagues across all the UK (32 per cent) but less likely to be unpaid (50 per cent).

A comparison with the 2009 survey shows a significant increase in the proportion of members saying they are not offered anything should they work extra hours. Just six per cent reported that they were usually unpaid for working additional hours. By contrast, 38 per cent said they were offered time-off-in-lieu.

The proportion stating that extra hours are paid at either the normal or a higher rate have fallen since 2009, with 13 per cent stating additional hours are paid at the normal rate, compared with 25 per cent in 2009. This year, just 4 per cent said additional hours are paid at a higher rate, compared to 15 per cent in 2009.

Chart 7d: How additional hours are paid, Wales compared to the UK

Some comments from individual respondents indicate that while they are offered TOIL or other flexible hours options as a means of compensation for working extra hours, in reality workloads mean that finding the time to do so is often difficult. For example, one respondent indicated that they are offered TOIL but stated, “*only if taken within 4 weeks, which we can never take, so I end up losing the hours*”, another told us they were offered flexible hours “*but I still lose a lot of this as we can only carry over 8 hours per month*”.

7.4 Additional paid work

Just less than a fifth (18 per cent) of respondents in Wales report undertaking additional paid work, mainly through working as a bank or agency nurse. *This compares with 24 per cent of respondents from Wales in the 2009 survey reporting to have a second job.*

Table 7e: If you have a second job, what are the other jobs you undertake apart from your main job? Tick all that apply (all respondents doing additional paid work, n=90)

| | No. | % |
|--------------------------------------|-----|------|
| Bank nursing with same employer | 36 | 39.7 |
| Agency nursing | 17 | 18.9 |
| Bank nursing with different employer | 12 | 13.3 |
| Non-nursing work | 9 | 10.5 |
| Care/nursing home | 6 | 6.7 |
| Other non-NHS nursing work | 5 | 5.6 |
| Non-NHS hospital | 2 | 2.2 |
| Other | 11 | 12.2 |

The key reason stated for undertaking extra paid work is to provide additional income (74 per cent). *This is the same proportion as in the 2009 Wales survey.*

Analysis by country shows that respondents from Wales are the most likely to report that supplementing their income is the main reason for having a second job (74 per cent Wales; 65 per cent England; 66 per cent Scotland; 72 per cent Northern Ireland).

Table 7f: What is the main reason for doing additional paid work? (all respondents doing additional paid work, n=89)

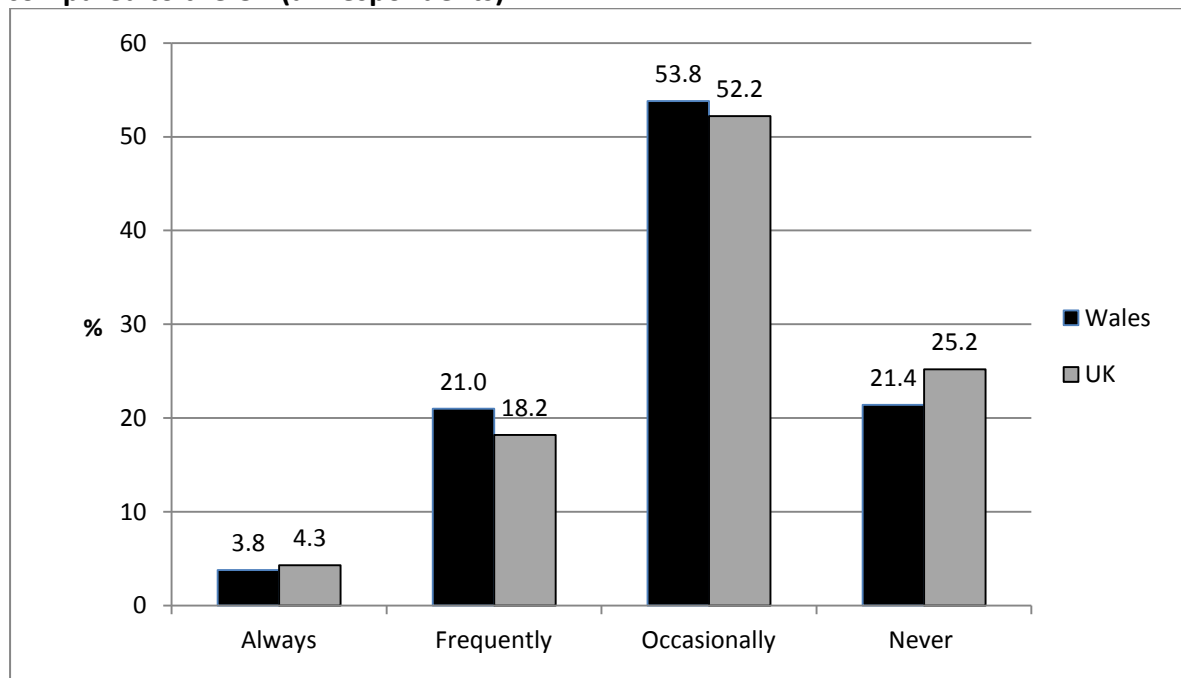
| | No. | % |
|--|-----------|--------------|
| To provide additional income | 66 | 73.7 |
| To maintain particular nursing skills | 6 | 6.7 |
| To maintain staffing levels where I work | 5 | 5.6 |
| To gain experience of other specialties | 1 | 1.1 |
| Other | 1 | 12.9 |
| Total | 89 | 100.0 |

7.5 Views on working hours and work-life balance

The survey also asked a series of questions about their views on certain issues relating to working hours and work-life balance. We asked respondents whether their hours of work, including shift patterns, conflict with their domestic commitments, for example childcare arrangements or looking after an older relative.

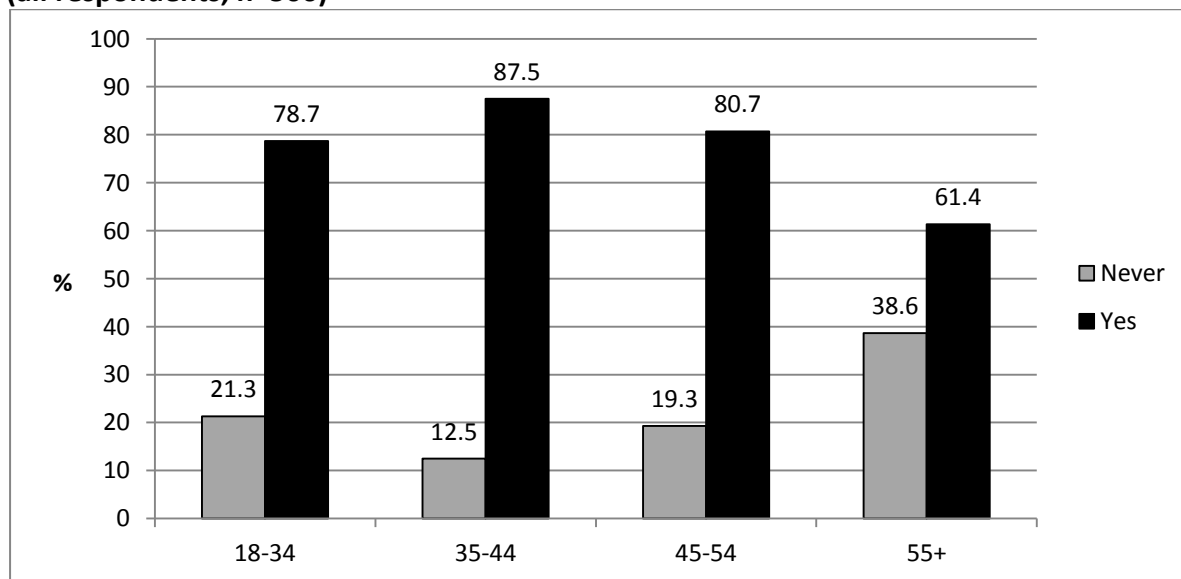
Chart 7e shows that findings for Welsh respondents roughly follow the pattern for those of all UK respondents, with half (54 per cent) of all respondents in Wales stating that domestic and work commitments conflict occasionally and a fifth (21 per cent) said they do so frequently. However, slightly fewer respondents in Wales stated that they never experienced a conflict than all UK respondents. (21 per cent compared to 25 per cent for the UK).

Chart 7e: Do additional hours of work conflict with domestic commitments, Wales compared to the UK (all respondents)



Perhaps unsurprisingly, given that younger nursing staff tend to work longer hours and have different domestic and caring responsibilities, we see from Chart 7f that respondents aged under 55 are more likely to report that their hours of work conflict with their domestic commitments compared to those aged 55 and over.

Chart 7f: Do your hours of work conflict with your domestic commitments - by age (all respondents, n=506)



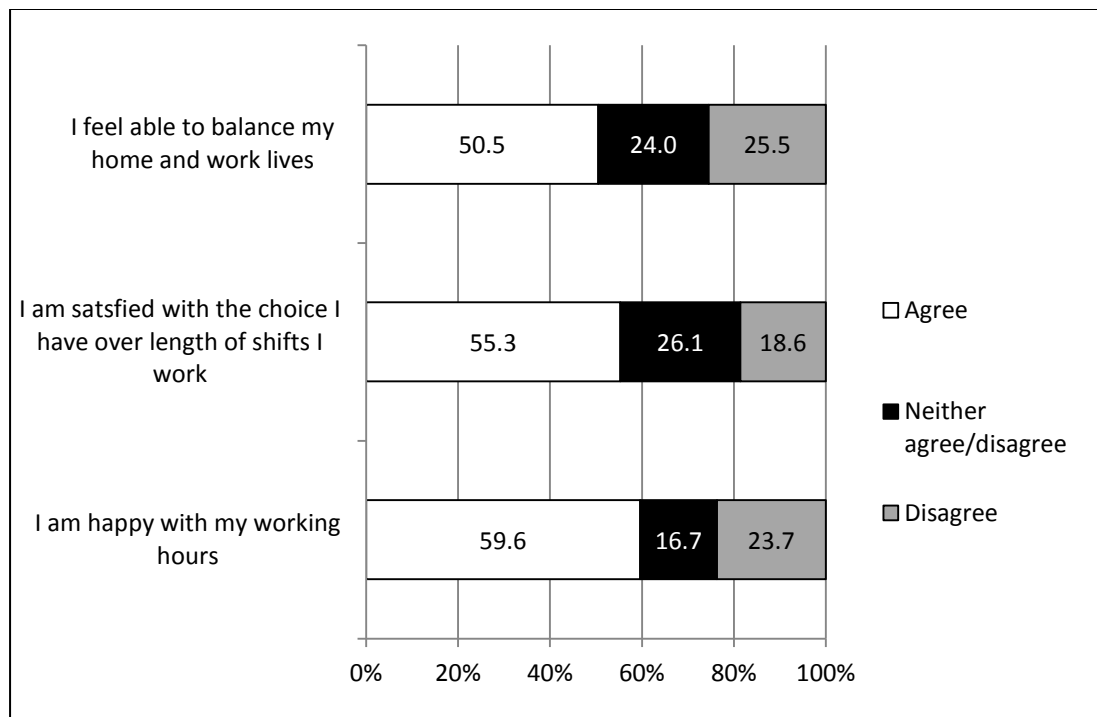
When asked whether respondents are happy with their working hours, the majority (60 per cent) said they were and a quarter (24 per cent) said they were not.

RCN Employment Survey 2011 Wales

However, the proportion happy with their hours has fallen since the 2009 survey, when 70 per cent stated they were satisfied.

Just over half (55 per cent) stated they are satisfied with the choice over the length of shifts they work, while 19 per cent are not. *In 2009, 59 per cent stated they were satisfied with the choice over shift length.*

Finally, just half said they feel able to balance their work and home lives, while a quarter said they could not. *In 2009, a slightly higher proportion (57 per cent) stated they felt able to balance work and home lives.*



8. Training and continuing professional development

8.1 Overview

Recent Employment Surveys have found that mandatory training had increased across the board since 2007, with a marked increase in infection control training particularly in NHS hospitals and independent care homes. However, this year we find that this trend has reversed, with fewer respondents from Wales reporting having undertaken mandatory training than 2009 – including infection control. These nursing staff are also less likely to have received mandatory training than other staff in the rest of the UK.

The outlook is equally pessimistic when it comes to continuing professional development, with fewer respondents telling us they had received any training in previous 12 months than we found in the 2009 survey. Three-quarters reported they had undertaken CPD training – compared to 89 per cent in 2009 and the duration of training is shorter, with more nursing staff reporting they received development lasting just 1 or 2 days.

The use of appraisals/development reviews and personal training and development plans also remains low. In fact, the use of these developmental tools in Wales is the lowest of all UK countries and little or no progress has been made since 2009.

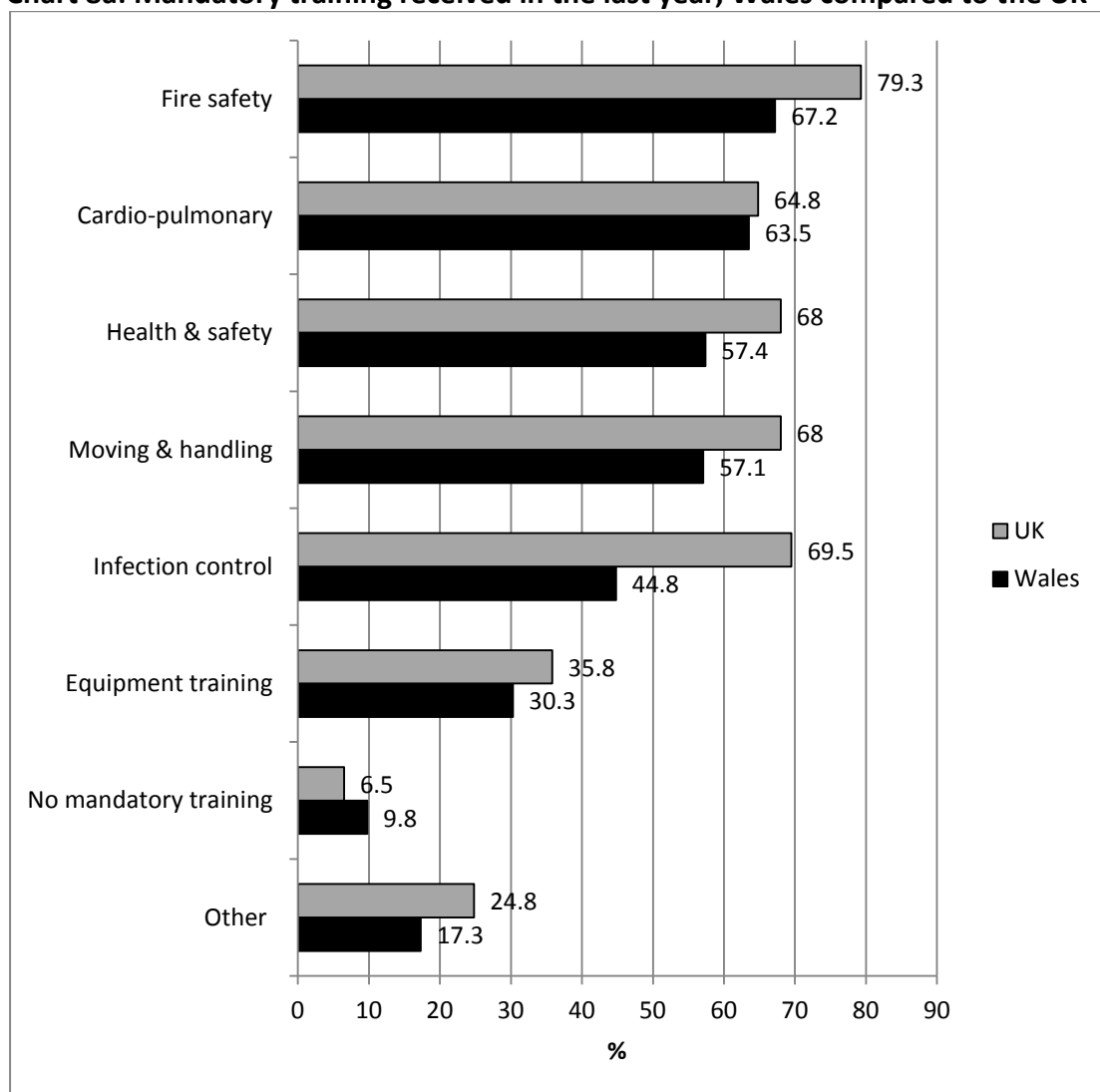
8.2 Mandatory training

Respondents were asked about any mandatory training they have received in the last year. Over half of all respondents in Wales have undertaken training in fire safety (n=309), cardio-pulmonary (n=292), health and safety (n=264), and moving and handling (n=263).

Just less than half have received infection control training (n=206) and around a third equipment training (139). One in ten (n=45) reported they had not received any training at all in the previous year.

Chart 8a shows that fewer respondents from Wales report having received training across all the categories than all UK respondents. The most striking finding is that just 45 per cent in Wales reported receiving infection training compared to 70 per cent across all the UK.

Chart 8a: Mandatory training received in the last year, Wales compared to the UK



Comparing 2011 findings with those for 2009, we see that across the NHS and the independent and voluntary sectors, fewer respondents reported they had received mandatory training across all categories than two years ago. We also find that not only did fewer respondents from Wales report having received infection control training than UK respondents, but the incidence of this training has dropped since 2009. This was also the case for the UK as a whole.

Tackling healthcare-associated infections has been a priority in recent years, yet these findings suggest that the provision of staff training has dropped since the last survey.

Table 8a: In the last year, what mandatory training have you received? 2011 compared to 2009

| | 2011 | 2009 | 2011 | 2009 |
|--------------------|------------------------------------|------------------------------------|---------------------------------------|---------------------------------------|
| | NHS excluding GP practices (n=341) | NHS excluding GP practices (n=424) | Independent & voluntary sector (n=63) | Independent & voluntary sector (n=47) |
| Fire safety | 62.5 | 71.0 | 69.8 | 89.3 |
| Health & Safety | 48.8 | 52.9 | 69.8 | 66.1 |
| Moving & handling | 53.2 | 67.2 | 61.9 | 83.9 |
| Infection control | 43.5 | 51.9 | 47.6 | 71.4 |
| Equipment training | 28.3 | 45.8 | 28.6 | 51.8 |
| CPR | 60.5 | 78.1 | 39.7 | 51.8 |
| None | 7.1 | n/a | 14.3 | n/a |
| Other | 12.8 | n/a | 19.0 | n/a |

8.3 Continuing professional development

Respondents were asked about the amount of CPD or non-mandatory training received in the last 12 months. In total 75 per cent reported having received training provided or paid for by their employer. *This compares to 72 per cent for all UK respondents.*

A quarter reported having received between 1 and 2 days and a third (30 per cent) said they undertaken between 3 and 6 days' worth of training.

Chart 8b: Other than mandatory training, how much training has your employer provided or paid for over the last year, Wales compared to the UK

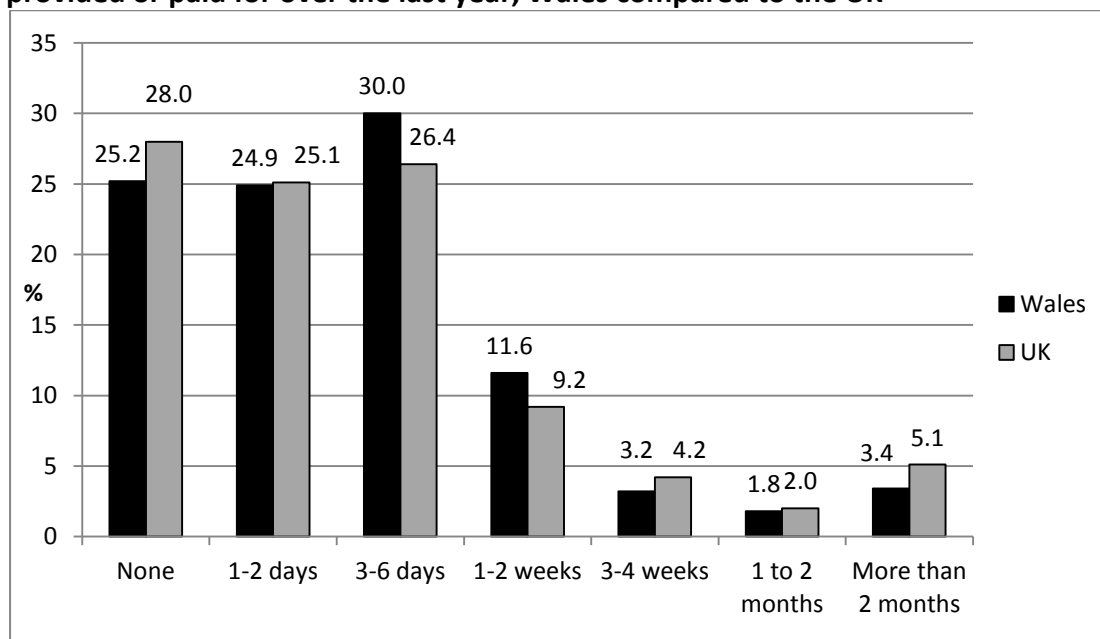
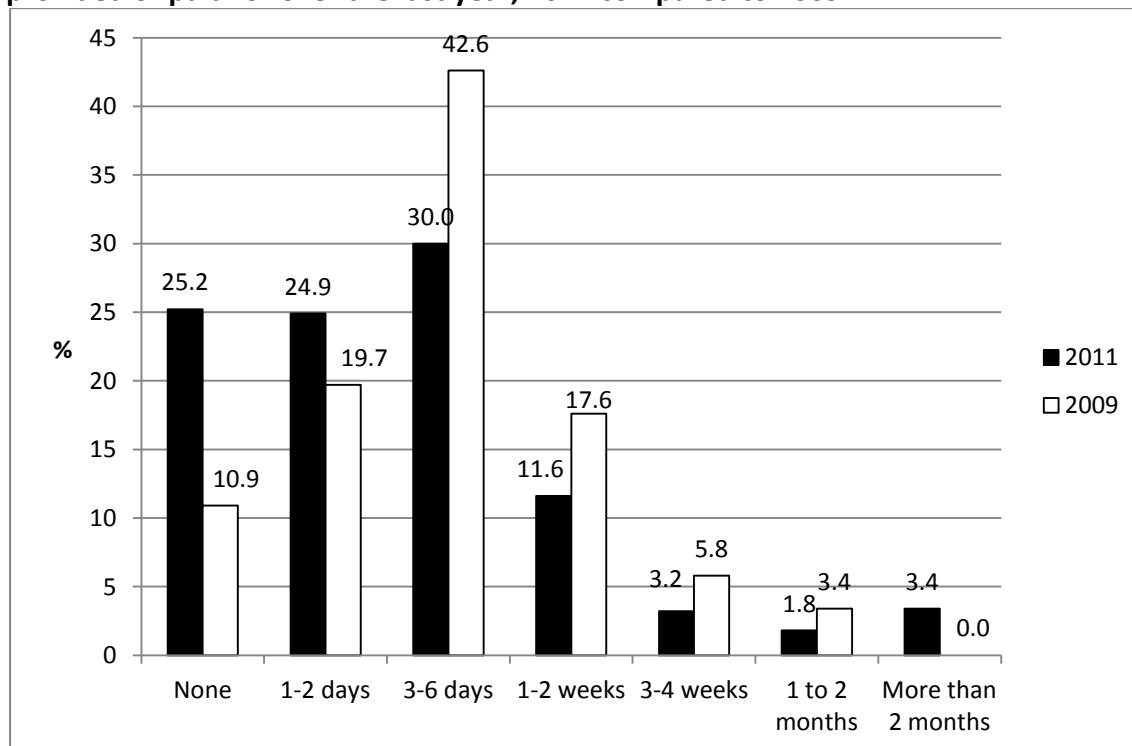


Chart 8c shows that 89 per cent of respondents in Wales reported having received CPD provided or paid for by their employer compared to 75 per cent in 2011. We can also see that the duration of training was longer with 69 per cent of respondents receiving training lasting longer than 2 days, compared to 50 per cent in 2011.

Chart 8c: Other than mandatory training, how much training has your employer provided or paid for over the last year, 2011 compared to 2009



Of those respondents who had received training provided or by their employer, three-quarters (78 per cent) said their employer had paid for their training in full, compared to 83 per cent of all UK respondents.

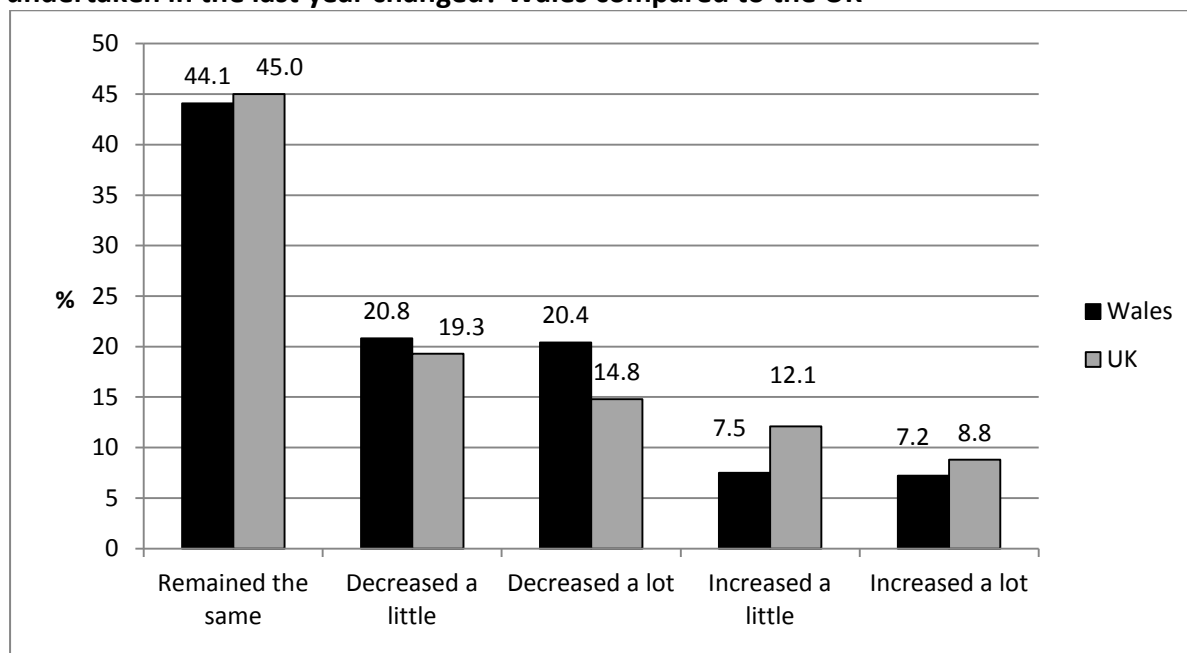
Table 8b: What proportion of your training was paid for by your employer? (by country)

| | | England | Scotland | Cymru/Wales | Northern Ireland | All UK |
|----------------------|------------|---------|----------|-------------|------------------|--------|
| All of it | No. | 2,890 | 422 | 299 | 310 | 3,921 |
| | % | 53.5 | 83.6 | 78.3 | 79.9 | 82.7 |
| 50% or more | No. | 291 | 36 | 36 | 38 | 401 |
| | % | 8.4 | 7.1 | 9.4 | 9.8 | 8.5 |
| Less than 50% | No. | 148 | 19 | 20 | 19 | 206 |
| | % | 4.3 | 3.8 | 5.2 | 4.9 | 4.4 |
| None of it | No. | 131 | 28 | 27 | 21 | 207 |
| | % | 3.8 | 5.5 | 7.1 | 5.4 | 4.4 |
| Total | No. | 3,460 | 505 | 382 | 38 | 4,735 |
| | % | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

Respondents were also asked to assess whether the amount of training or CPD received had changed over the last year. Chart 8d shows that around two-fifths (44 per cent) reported that it had stayed about the same and a similar number (41 per cent) said it had decreased either a little or a lot. Just 15 per cent reported that increased either a little or a lot.

Respondents from Wales were more likely to report that their amount of training or CPD received had fallen since last year than all UK respondents (41 per cent compared to 34 per cent). Looking more closely at results by country, 34 per cent of respondents in England, 35 per cent in Scotland and 32 per cent in Northern Ireland said that training undertaken had decreased.

Chart 8d: Compared with 12 months ago, has the amount of training/CPD undertaken in the last year changed? Wales compared to the UK



8.4 Appraisals and personal development plans

Just under half (47 per cent) of respondents in Wales reported having a personal training and development plan (PTDP) and only three-fifths of these have been drawn up in conjunction with their manager. In addition, less than half (45 per cent) said they have received an appraisal or development review with their line manager in the last 12 months.

Compared to 2009, a slightly lower proportion of respondents from Wales reported they had received an appraisal or development review in the last 12 months (45 per cent in 2011 compared to 49 per cent in 2009).

A lightly higher number this year reported that they had a PDTP (47 per cent in 2011 compared to 43 per cent in 2009). However, a smaller proportion indicated that their manager had played an active role in drawing up the plan (60 per cent in 2011, compared to 76 per cent) in 2009.

Analysis of this year's findings by country shows that respondents from Wales are the least likely to have had an appraisal/development review or a PDTP out of all UK countries. Over two-thirds of respondents from England and Scotland report having had an appraisal and similar numbers report having a PDTP.

Table 8c: Appraisals and personal development plans (by country)

| | | England | Scotland | Cymru/Wales | Northern Ireland | All UK |
|---|------------|---------|----------|-------------|------------------|--------|
| Appraisal or development review | No. | 3,390 | 513 | 230 | 259 | 4,436 |
| | % | 70.0 | 71.6 | 45.2 | 54.5 | 67.1 |
| Personal training and development plan | No. | 3,084 | 554 | 243 | 250 | 4,179 |
| | % | 63.6 | 77.2 | 47.4 | 52.6 | 63.0 |

9. Workload and Staffing

9.1 Overview

This chapter looks at respondents' views on workload and staffing and finds that budgetary pressures are impacting on health care provision and staffing levels. Half of all respondents report a reduction in staffing levels of registered nurses and just over a quarter say levels have decreased for Health Care Assistants.

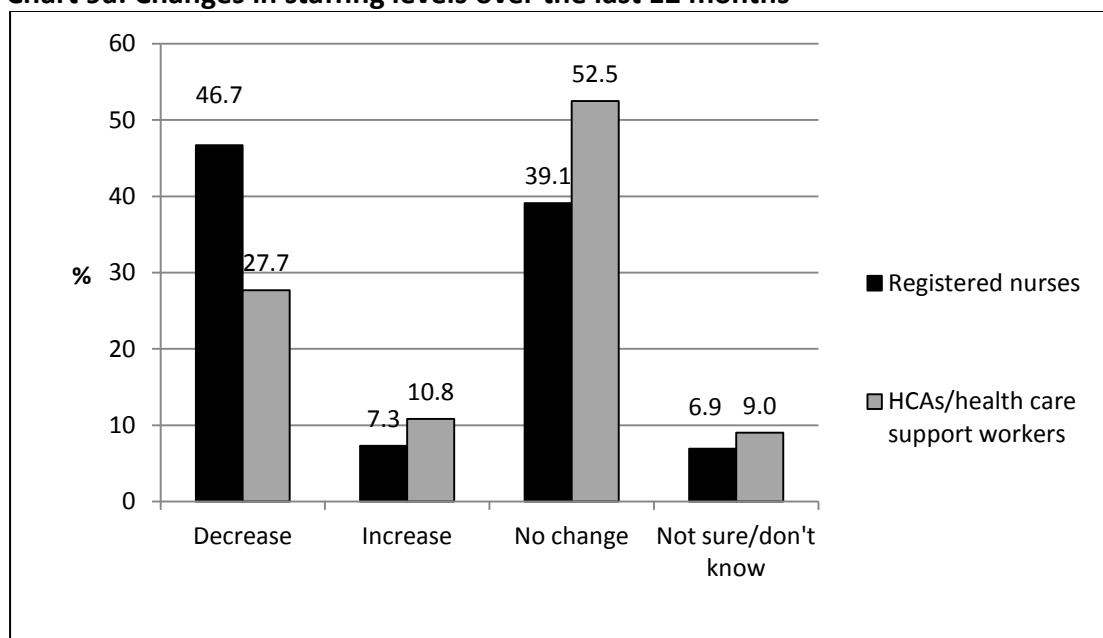
We also find that staffing levels are being managed down by the use of recruitment freezes, leading to posts being unfilled, as well as cuts in posts, the redistribution or redevelopment of staff, bans on the use of bank or agency staff and skill-mix changes.

9.2 Staffing levels

Across all respondents in Wales, almost half (47 per cent) report that the number of registered nurses in their workplace has declined and just over a quarter (28 per cent) state that there has been a reduction in the number of Health Care Assistants/health care support workers in the last 12 months.

These figures match those for all UK respondents, with half (49 per cent) reporting a reduction in numbers of registered nurses and a third (31 per cent) a reduction in numbers of HCAs.

Chart 9a: Changes in staffing levels over the last 12 months



We asked how staffing levels were being managed and found that a slightly higher number of respondents in Wales than across the UK reported recruitment freezes over the last 12 months leading to vacancies left unfilled (41 per cent compared to 35 per cent in the UK). Similar numbers in Wales and the UK also reported that posts had been cut (17 per cent). In Wales, staffing levels are also being managed by skill-

mix changes (22 per cent), the redistribution or redeployment of staff (24 per cent) and agency/bank staff bans (22 per cent).

The impact of staffing levels is impacting on patient/client caseloads, with a quarter stating they have increased, and on service provision, with 15 per cent reporting that services or wards have been merged or restructuring and 12 per cent that wards or beds have been closed.

At this stage, it appears that the incidence of redundancies is fairly low across Wales and the other UK countries, with between 5 and 7 per cent reporting they have occurred in the last 12 months. However, Chart 9b uncovers more findings around redundancies.

Table 9d: Impact of staffing levels in the last 12 months, Wales compared to UK

| | Wales | | | UK | |
|--|-------|------|--|-------|------|
| | No. | % | | No. | % |
| Recruitment freezes with vacancies | 210 | 40.9 | | 2,713 | 35.1 |
| Increase in patient/client caseload | 130 | 25.3 | | 2,062 | 26.7 |
| Redistribution/redeployment of staff | 129 | 23.9 | | 1,523 | 19.7 |
| Bank or agency ban | 123 | 22.0 | | 1,413 | 18.3 |
| Skill-mix change within your | 111 | 21.6 | | 1,705 | 22.1 |
| Role expansion (e.g. senior staff cover) | 98 | 19.1 | | 1,331 | 17.2 |
| Posts cut | 79 | 16.5 | | 1,285 | 16.6 |
| Services/wards merged or | 72 | 15.4 | | 1,103 | 13.8 |
| Fewer opportunities for access to | 85 | 14.0 | | 1,069 | 13.8 |
| Ward/bed closures | 61 | 11.9 | | 825 | 10.7 |
| Redundancies | 27 | 5.3 | | 550 | 7.1 |
| Other | 35 | 6.8 | | 605 | 12.2 |

* Respondents were asked to tick all that apply

Chart 9 presents the same data, but for the NHS only and confirms the impact of reduced budgets and restructuring on the NHS workforce across the whole of the UK.

Two-fifths (43 per cent) of respondents working in the NHS in Wales report that recruitment freezes have left posts unfilled in their workplace, and 15 per cent state that posts have been cut. A quarter (26 per cent) report that staffing levels have led to increased patient or client caseloads and that skill-mix changes have taken place (25 per cent).

Chart 9b: Impact of staffing levels in the past 12 months, Wales compared to the UK (all respondents)

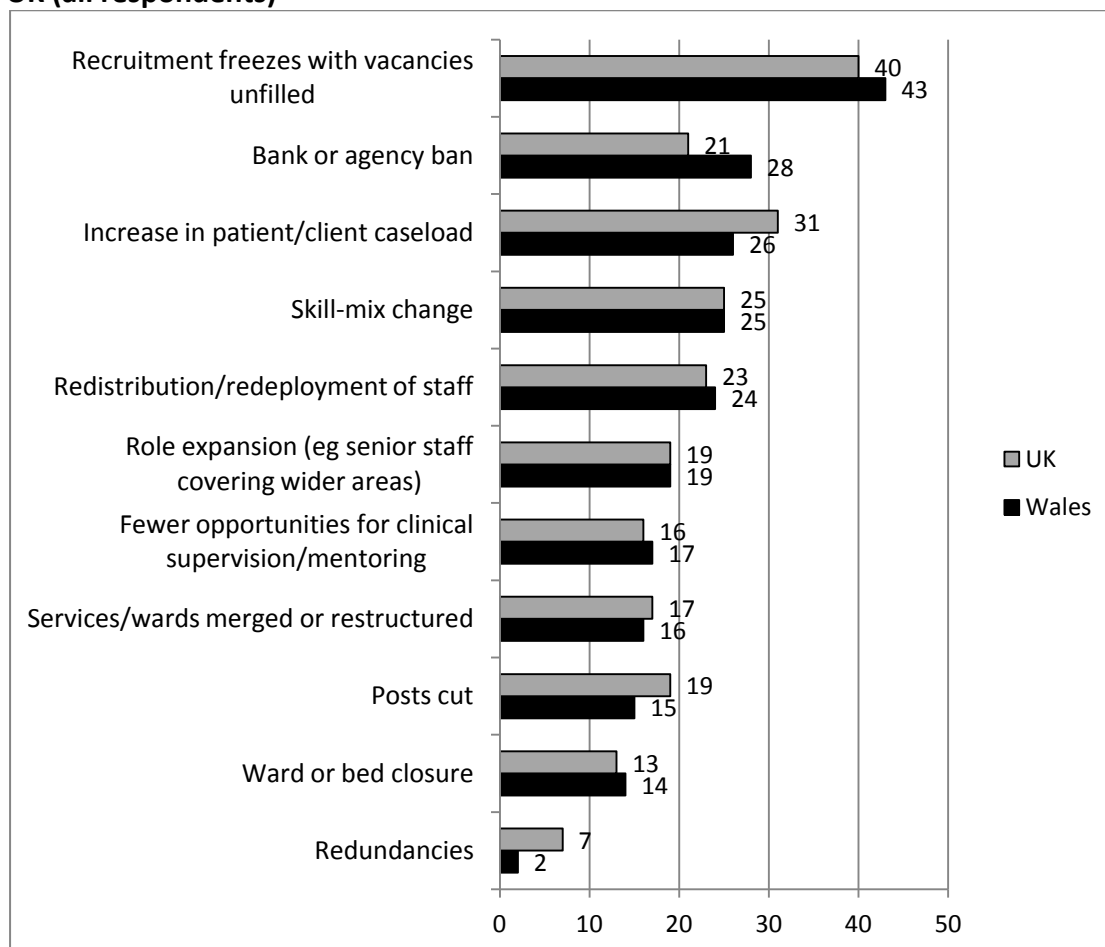
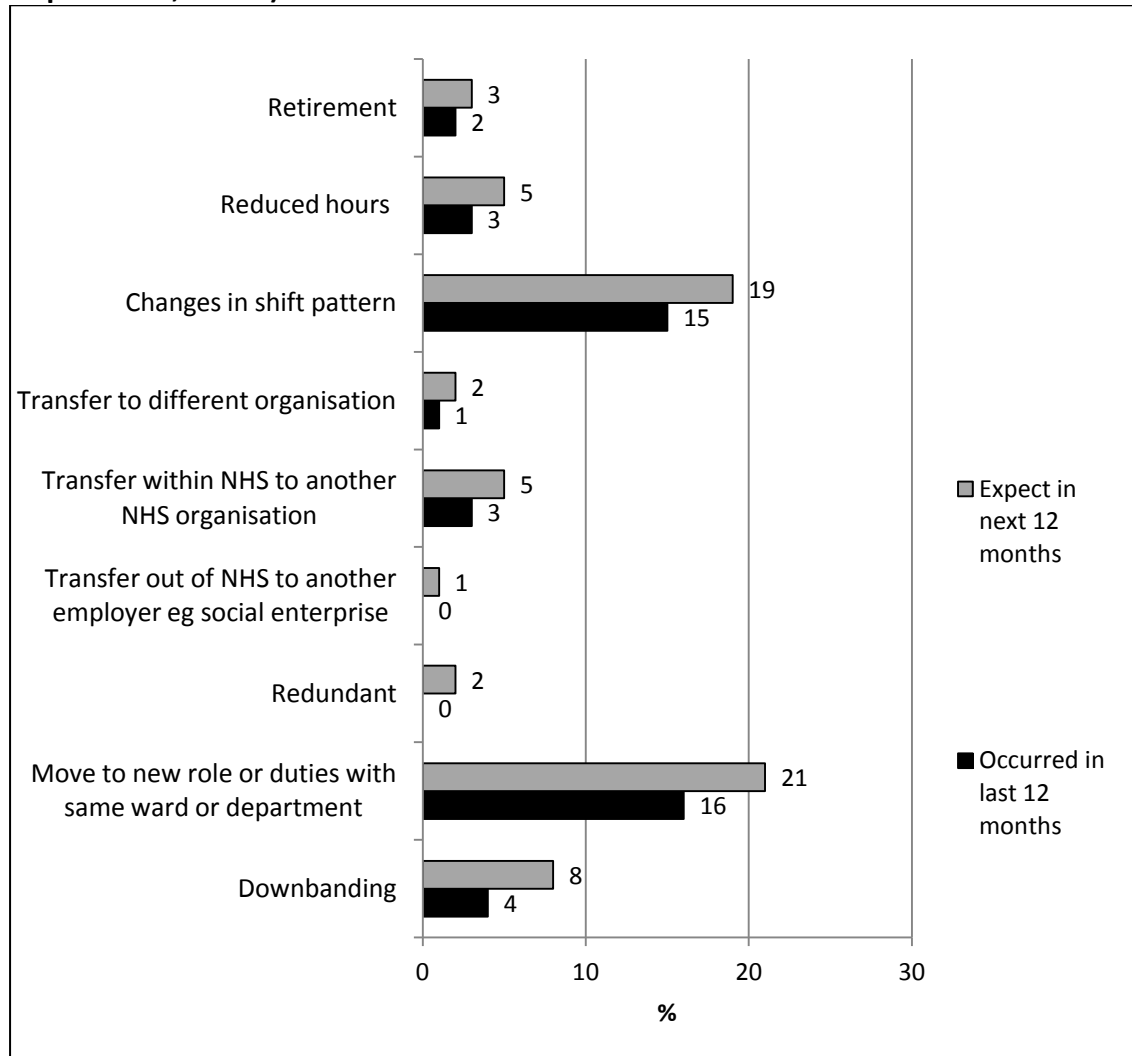


Chart 9c shows the extent or change reported by nursing staff working in the NHS and while some developments such as changes in shift pattern or a move to a new role could occur in any circumstances, others relate to new changes in working conditions. 4 per cent report to have been downbanded in the last 12 months (n=15) and a further 8 per cent (n=30) expecting to be downbanded in the next year. Just fewer than one in ten (n=32) expect to be transferred within or out of the NHS and a further two per cent (n=7) expect to be made redundant in the next 12 months.

Table 9c: Changes over the last 12 months and expected in next 12 months (NHS respondents, n=341)



10. Views about nursing

10.1 Overview

This final chapter reports on response to a series of statements about experiences of working in nursing. Many of the statements have featured in previous RCN Employment Surveys and results are compared to 2009 where possible.

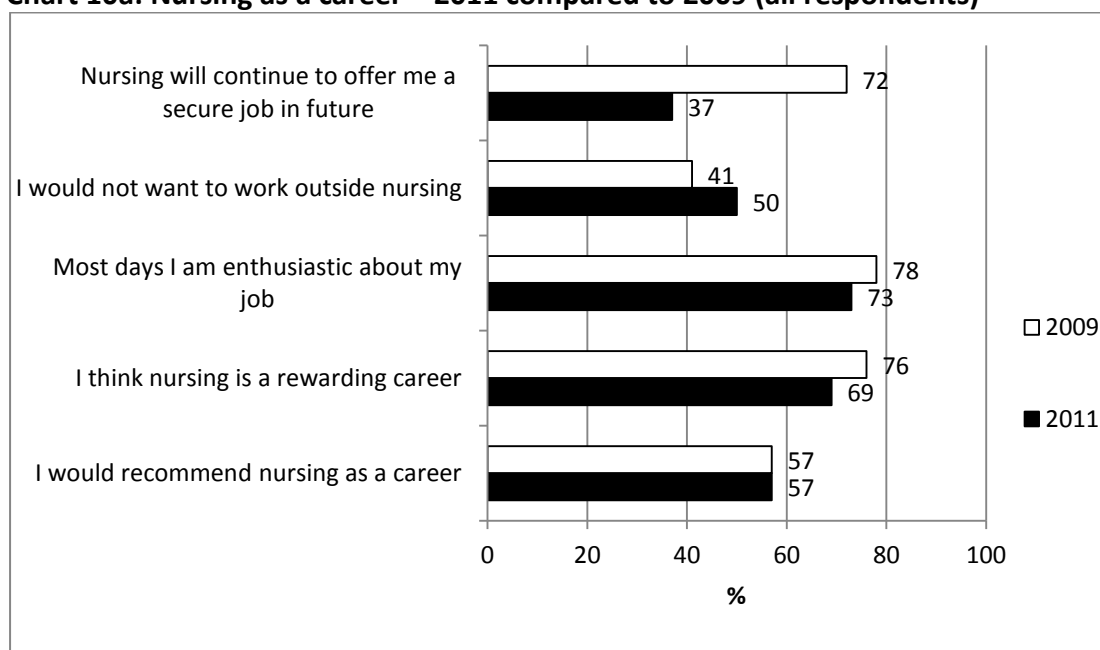
In general, these findings paint a picture of falling levels of morale and motivation. Less than four in ten believe that nursing will continue to offer a secure job in the future, compared to three-quarters in 2009. Nursing staff are evidently affected by the combination of pay freezes or low pay rises, pensions reforms, rising inflation and fears about job security.

10.2 Views about nursing as a career

Chart 10 compares key findings relating to respondents' attitudes to nursing as a career between 2011 and 2009 and finds that although respondents' commitment to nursing and their role remains high, fewer state they view nursing as a rewarding career than two years ago (69 per cent compared to 76 per cent in 2009). And although a slightly higher proportion of respondents agree with the statement 'I would not want to work outside nursing' (50 per cent compared to 41 per cent in 2009) an alarmingly lower number view nursing as being able to offer a secure job in the future (37 per cent compared to 72 per cent in 2009).

These findings generally follow the same pattern as those for all UK respondents, both in terms of the proportion of respondents agreeing with the statements and any changes since 2009, suggesting that morale across the whole nursing workforce is sliding.

Chart 10a: Nursing as a career – 2011 compared to 2009 (all respondents)

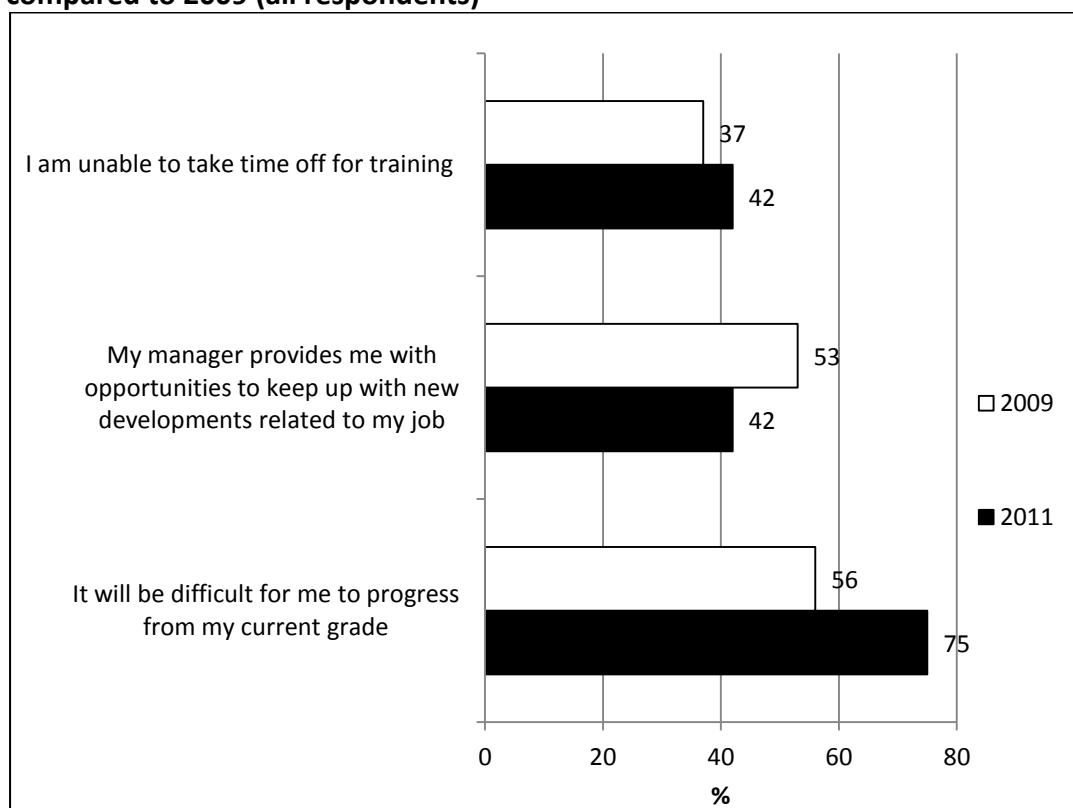


10.3 Career progression and professional development

Compared to 2009, respondents are less positive about opportunities for career progression and development within nursing. A higher proportion of respondents stated that it would be difficult for them to progress from their current grade (75 per cent compared to 56 per cent in 2009) and that their managers supports them with opportunities to keep up with new developments (53 per cent compared to 42 per cent). Meanwhile, a slightly proportion told us that they were unable to take time off for training (42 per cent compared to 37 per cent).

Again, these findings tend to mirror those for the rest of the UK, with similar numbers reporting on reduced prospects for career progression and professional development.

Chart 10b: Views about career progression and professional development – 2011 compared to 2009 (all respondents)

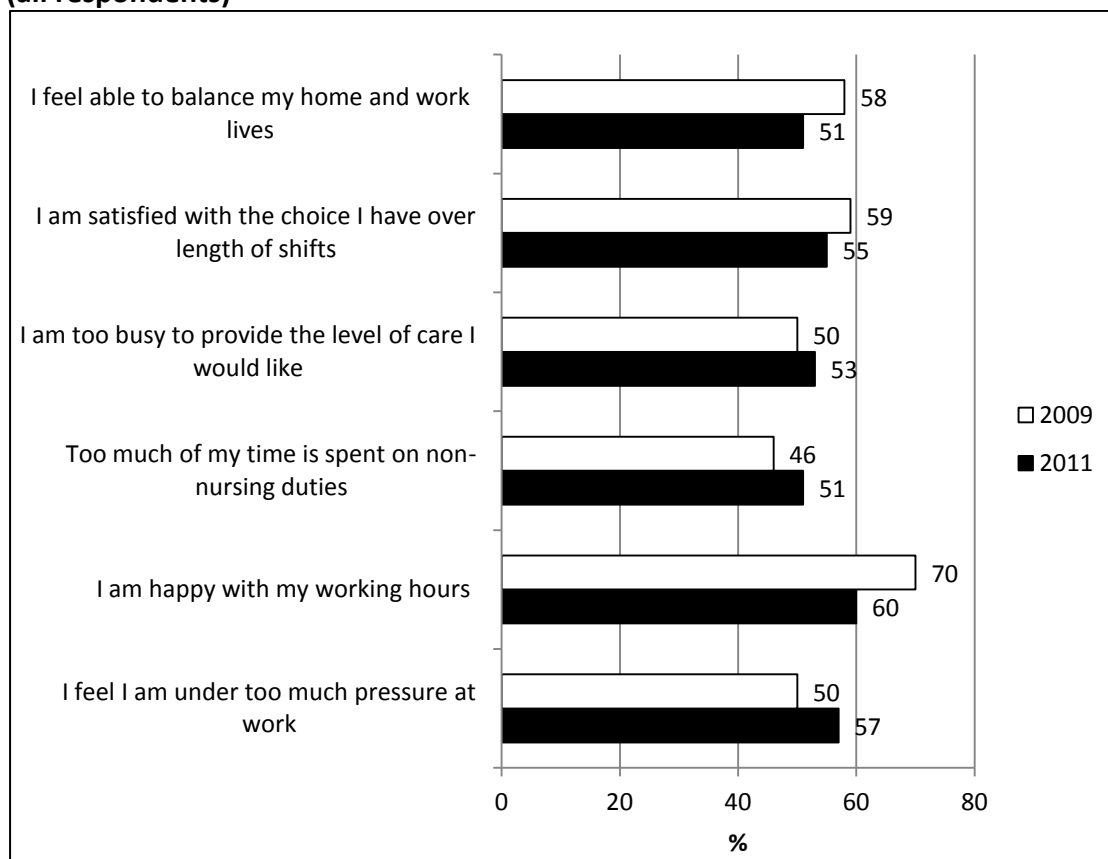


10.3 Working hours and work-life balance

This year, respondents appear to be under greater pressure than in 2009, with fewer happy with their working hours (60 per cent compared to 70 per cent) and in a new question asked this year, 78 per cent said that their individual workload had increased over the last 12 months.

High workloads are clearly impacting on the quality of care nursing staff feel they can give, with over half of all respondents in Wales reporting they are too busy to provide the level of care they would like and that too much of their time is spent on non-nursing duties. High workloads are also impacting on work-life balance with slightly fewer respondents stating they are able to balance their work and homes lives (51 per cent compared to 58 per cent in 2009).

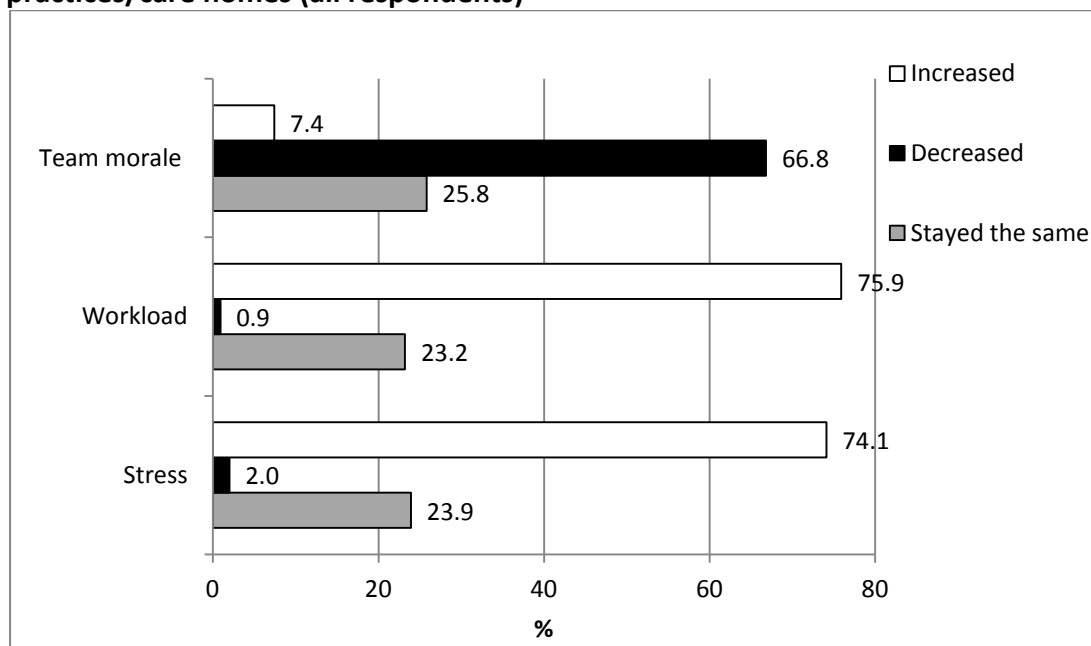
Chart 10c: Views on working hours and work-life balance, 2011 compared to 2009 (all respondents)



We also asked about relative changes in the level of workload, stress and morale in the workplace. Chart 10d shows that the majority of respondents (67 per cent) reported that team morale had fallen (while stress (74 per cent) and workload (76 per cent) had both increased).

Across all UK respondents, 76 per cent reported that stress had increased and 81 per cent that workload had increased 69 per cent said that team morale had decreased.

Chart 10d: Changes over the last 12 months in respondents' wards/units/services/practices/care homes (all respondents)

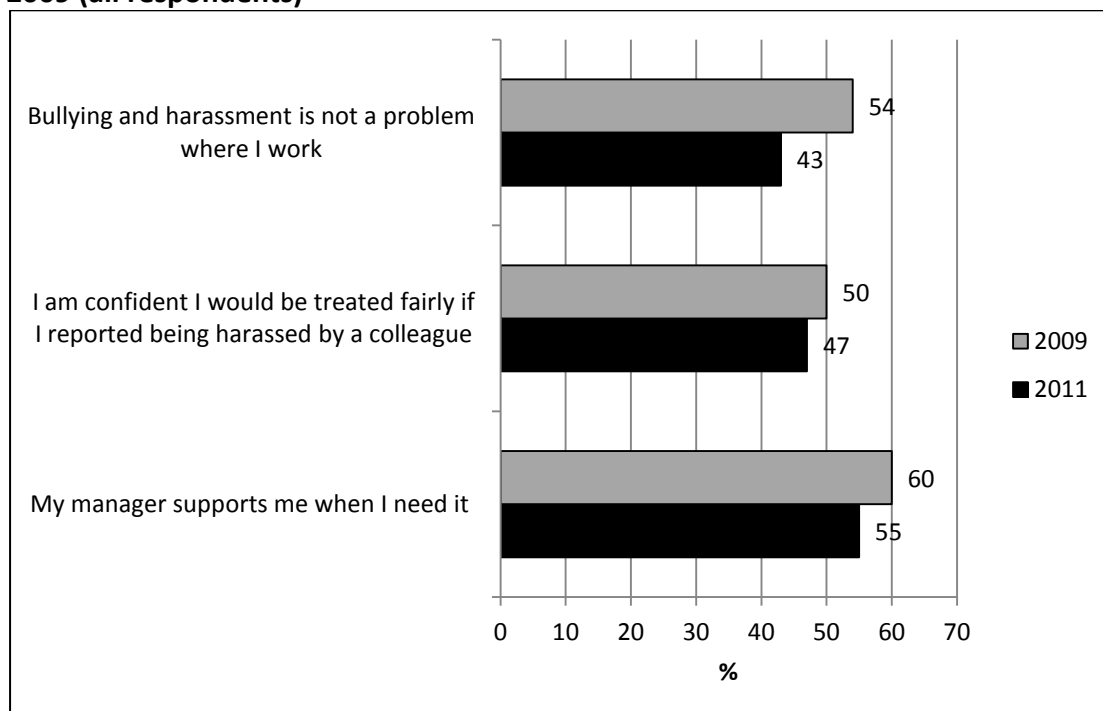


10.4 Employer support in the workplace

Across all respondents in Wales, similar numbers state that their manager supports them when they need it and that they are confident they would be treated fairly if reported being harassed by a colleague as in 2009. However, fewer stated that bullying and harassment is *not* a problem in their workplace (43 per cent compared to 54 per cent in 2011). Bullying and harassment is explored further in the next section.

A new question introduced this year asked respondents whether their employer provided good occupational health support, with 55 per cent stating they did. This is a similar number for all UK respondents. Given the demanding nature of nursing – both physically and mentally – we would expect a higher level of support to be given to the nursing profession.

Chart 10e: Views about employer support in the workplace, 2011 compared to 2009 (all respondents)

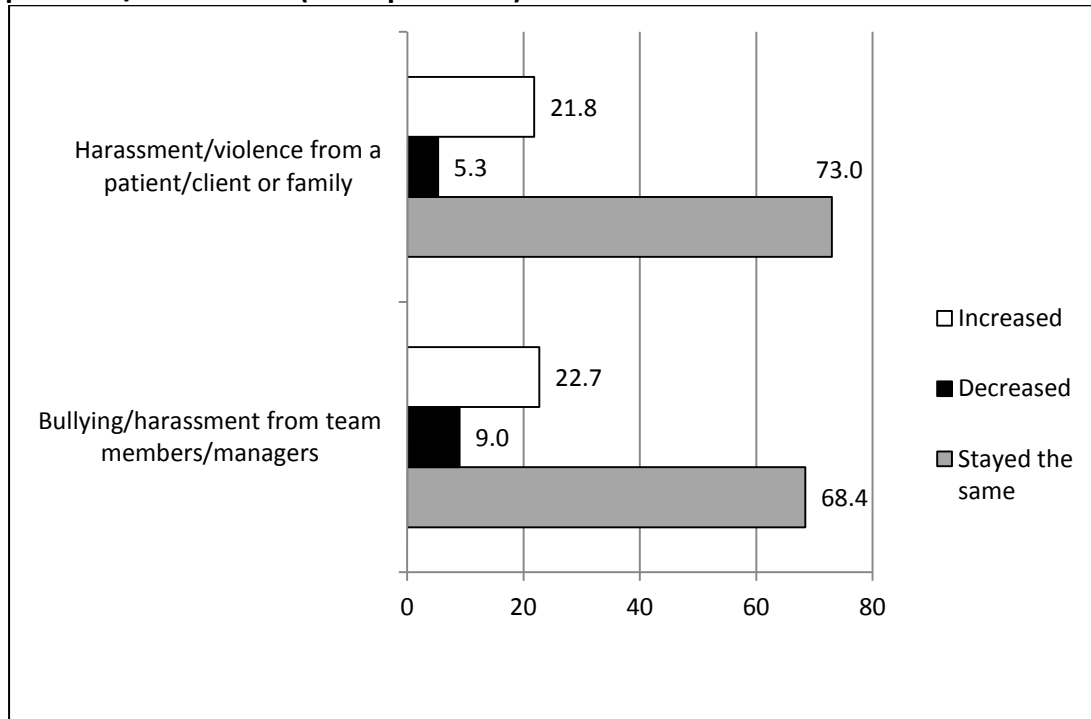


10.5 Bullying and harassment

An alarmingly high number of respondents reported having personally experienced bullying or harassment from a team member or manager (22 per cent) or from a patient/client or member of their family (28 per cent) in the last 12 months. *These are similar findings for all UK respondents with 27 per cent reporting bullying or harassment from team members or managers and 30 per cent reporting violence or harassment from a patient/client or family member.*

Chart 10f also shows that 23 per cent stated that bullying or harassment from a team member or manager has increased over the last 12 months and 22 per cent report violence or harassment from patients or clients or members of their family.

Chart 10f: Changes over the last 12 months in respondents' wards/units/services/practices/care homes (all respondents)



Appendix 1

Methodology

Introduction

In previous years the RCN has taken the approach of combining both postal and web-based versions of a questionnaire sent out to respondents. This year, it was decided to focus solely on a web-based questionnaire.

A link to the online questionnaire was sent out to just over 68,800 RCN members with email addresses, and achieved 7,904 usable responses after data were cleaned and duplicates removed⁹. The approximate breakdown of questionnaires received from the UK countries is shown in table (i) below¹⁰.

Table (i): Questionnaires sent out and received by country

| Country | No. sent out | % sent out | No. received | % received as proportion of total sample* |
|------------------|--------------|------------|--------------|---|
| England | 49,536 | 72.0 | 4,899 | 9.9 |
| Scotland | 8,256 | 12.0 | 721 | 8.7 |
| Wales | 5,504 | 8.0 | 514 | 9.3 |
| Northern Ireland | 5,504 | 8.0 | 482 | 8.8 |

* i.e. total sample of the UK countries.

The 2011 survey was designed in *SurveyMonkey*¹¹, a web-based and user-friendly survey tool, which provides easy access to the survey and allows for respondents' answers to be entered directly into a database. Once the survey closed the database could then be imported into SPSS (originally 'Statistical Package for the Social Sciences') and the data cleaned and analysed.

In terms of survey design, short questionnaires with pre-defined tick box responses are easier to complete and also offer greater possibilities for undertaking extensive quantitative analysis. Open-ended questions should, ideally, be kept to a minimum as responses take longer to analyse, code-up and allocate to distinct categories. In addition, an on-line questionnaire should take no longer than around 10-15 minutes to complete and the sequence of questions should flow logically.

⁹ The total number of duplicate responses was 58.

¹⁰ After cleaning the data and removing duplicates we were able to conclude that: 6,827 RCN members completed the last survey question; 6,836 completed the last five questions and 6,886 completed the last 10 questions.

¹¹ www.surveymonkey.com

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This year, the survey included 81 questions across seven areas, which were agreed with the RCN as follows:

- pay and grading
- pension arrangements
- working hours
- training
- workload and staffing
- view about nursing as a career
- employment/respondent profile information.

A key feature of previous RCN membership surveys has been to include the same questions over time, to assist with continuity of analysis and reporting. While true longitudinal analysis refers to the study of the same population at different points in time to capture both stability and change, it can be difficult to achieve this with any dynamic workforce (i.e. leavers and joiners). Nevertheless, the approach of asking some of the same questions in successive surveys can be effective in capturing general trends across a range of issues affecting NHS staff over time.

A copy of this year's survey can be found in Appendix 2, while table (ii) highlights those questions featured in both 2009 and 2011. In some cases, where the same questions have been used on both occasions, some of the response options have been changed or amended for the latest survey.

In particular, 'open-ended' questions included in 2009 survey have been redesigned to enable respondents to choose from a list of survey options, enabling easier analysis.

Table (ii): Questions used in 2009 and 2011 RCN surveys (plus amendments)

| 2009 survey | 2011 survey | |
|---------------------------------------|-------------|--|
| Employment information | | |
| Which one of the following best | Q 1A | Unchanged from 2009 |
| Who is the employer for your main | Q 1B | Following responses added: |
| Where do you currently spend most | Q 1C | Unchanged from 2009 |
| Which one of the following job titles | Q1 D | Following response added: |
| Which one of the following best | Q1 E | Following responses added: |
| How long have you worked for your | Q1 F | Same question asked in 2011 but worded |
| How long have you been in your | Q1 G | As above |
| Pay and grading | | |
| On which pay system/scale are you | Q 2A | Unchanged from 2009 |
| On which AfC grade or pay band are | Q 2B | Unchanged from 2009 |
| What was your clinical grade | Q 2C | Unchanged from 2009 |
| What was your AfC pay band | Q 2D | Unchanged from 2009 |
| How appropriate do you consider | Q 2I | Same question asked in 2011 but worded |
| Approximately what proportion of | Q 2K | Unchanged from 2009 |

RCN Employment Survey 2011 Wales

| Working hours | | |
|---|-----------|--|
| In your main job do you work full- | Q 4A | Unchanged from 2009 |
| How many hours are your | Q 4B | Same question asked in 2011 but worded |
| If your main job is bank or agency, | Q 4C | Unchanged from 2009 |
| How often do you work in excess of | Q 4D | Unchanged from 2009 |
| How many extra hours did you work | Q 4E | Same question asked in 2011 but worded |
| If your employer wants you to work | Q 4F | Unchanged from 2009 |
| Do you currently have a second job | Q 4H | Unchanged from 2009 |
| What are your other jobs? | Q 4I | Unchanged from 2009 |
| What is your main reason for doing | Q 4J | Unchanged from 2009 |
| Training | | |
| In the last year what mandatory | Q 5A | Following response added: |
| Do you currently have a personal | Q 5C | Unchanged from 2009 |
| If yes, has your manager/employer | Q 5D | Unchanged from 2009 |
| Have you had an appraisal | Q 5E | Unchanged from 2009 |
| Compared with 12 months ago, | Q 5F | Unchanged from 2009 |
| Workload and staffing | | |
| Including yourself, how many staff | Q 6G | Unchanged from 2009 |
| How many students were there on | Q 6H | Unchanged from 2009 |
| In total, how many patients/clients | Q 6I | Unchanged from 2009 |
| Job change and career plans | | |
| Have you applied for a post of a | Q 7A | Unchanged from 2009 |
| If yes, were you successful in this | Q 7B | Unchanged from 2009 |
| Have you changed jobs in the last 12 | Q 7C | Unchanged from 2009 |
| Have you changed employer in the | Q 7D | Unchanged from 2009 |
| What are the main reasons you | Q 7E | Unchanged from 2009 |
| If you had more than one reason for | Q 7F | Unchanged from 2009 |
| Are you currently seeking a change | Q 7G | Same question asked in 2011 but worded |
| General views about nursing as a | | |
| I would recommend nursing as a | Q 8A(i) | Unchanged from 2009 |
| I think that nursing is a rewarding | Q 8A(ii) | Unchanged from 2009 |
| Most days I am enthusiastic about | Q 8A(iii) | Unchanged from 2009 |
| Nursing will continue to offer me a | Q 8A(iv) | Unchanged from 2009 |
| I would not want to work outside of | Q 8A v) | Unchanged from 2009 |
| It will be very difficult for me to | Q 8B(i) | Unchanged from 2009 |
| My employer provides me with | Q 8B(ii) | Unchanged from 2009 |
| I am unable to take time off for | Q 8B(iii) | Unchanged from 2009 |
| I feel I am under too much pressure | Q 8C(i) | Unchanged from 2009 |
| I am happy with my working hours | Q 8C(ii) | Unchanged from 2009 |
| Too much of my time is spent on | Q 8C(iii) | Unchanged from 2009 |

RCN Employment Survey 2011 Wales

| | | |
|---------------------------------------|----------|--|
| I am too busy to provide the level of | Q 8C(iv) | Unchanged from 2009 |
| I am satisfied with the choice I have | Q 8C(v) | Unchanged from 2009 |
| I feel able to balance my home and | Q 8C(vi) | Unchanged from 2009 |
| Bullying and harassment is not a | Q 8D(i) | Unchanged from 2009 |
| I am confident I would be treated | Q 8D(ii) | Unchanged from 2009 |
| My manager supports me when I | Q 8D(v) | Unchanged from 2009 |
| Personal profile | | |
| Are you male or female? | Q 9A | Unchanged from 2009 |
| What is your age? | Q 9B | Same question asked in 2011 but worded |
| In which country do you work? | Q 9C | Following response added: |
| If you work in England, in which | Q 9G | Same question asked in 2011 but worded |
| What nursing qualifications do you | Q 9H | Unchanged from 2009 |
| Where did you first register as a | Q 9I | Unchanged from 2009 |
| Were you recruited from your | Q 9J | Unchanged from 2009 |
| To which ethnic group do you | Q 9L | Unchanged from 2009 |
| Which of the following best | Q 9M-Q | Unchanged from 2009 |
| | | |

A link to the survey, contained within a letter of invitation (Appendix 2) was emailed to the RCN, to forward on to members. The letter was sent out mid-May and respondents were given around six weeks to complete the survey. An email reminder was circulated mid-June and the survey was closed at the end of June.

Weighted survey data

The 2011 survey focused on the 18 defined jobs in section 1, part D of the questionnaire (*'which one of the following job titles best describes your main job?'*) and for all but one role – 'district nurse' – questionnaires were sent only to a sample of each of the job categories listed. For district nurses, questionnaires were sent to all members with an e-mail address, which meant there was a possibility that this group would be over-represented once all of the responses had been collated. This was at the request of the RCN in order to undertake a more in-depth analysis of findings for this group.

In total, excluding district nurses, there were 7,667 responses from a total of 221,852 RCN members with email addresses (which equates to 3.46 per cent).

237 district nurses replied from the 1,625 that were sent the questionnaire¹², representing a response rate of 14.58 per cent. In order to compensate for the oversampling, the analysis of responses from district nurses were weighted by a factor of 0.2369 (3.46/14.58).

It should be noted, however, that the number of district nurses represents a small proportion of the whole sample and so the weighting has not affected the overall results to any extent.

¹² This is the total number of district nurses in the RCN membership with e-mail addresses.

Routing questions

The routing questions for this survey were:

2E Did you have a review of your banding after assimilation to Agenda for Change?

- Yes → routed to question 2F
- No → routed to question 2I

2F Was your banding uplifted?

- Yes → routed to question 2G
- No → routed to question 2H

2I How appropriate do you consider your current pay band/grade to be, given your role and responsibilities?

- Inappropriate → routed to question 2J
- Very inappropriate → routed to question 2J
- Very appropriate → routed to question 2K
- Appropriate → routed to question 2K
- Neither appropriate/inappropriate → routed to question 2K
- Not sure/do not know → routed to question 2K

3A Which pension scheme do you belong to?

- NHS pension scheme → routed to question 3B
- Other non-NHS pension → routed to question 4A
- No pension → routed to question 4A
- Not sure/do not know → routed to question 4A

4D How often do you work in excess of your contracted hours?

- Every shift → routed to question 4E
- Several times a week → routed to question 4E
- Once a week → routed to question 4E
- Less than once a week → routed to question 4G
- Never → routed to question 4G

4H Do you currently have a second job, or undertake any other PAID work in addition to your main job?

- Yes → routed to question 4I
- No → routed to question 5a

5B Other than mandatory training, how much training has your EMPLOYER provided/paid for over the past year?

- 1 to 2 days → routed to question 5C
- 3 to 6 days → routed to question 5C
- 1 to 2 weeks → routed to question 5C
- 3 to 4 weeks → routed to question 5C
- 1 to 2 months → routed to question 5C
- None → routed to question 5D

5D Do you currently have a personal training and development plan?

- Yes → routed to question 5E
- No → routed to question 5F
- Not sure/do not know → routed to question 5F

6G Do you work in a hospital or a care home?

- I work in a hospital → routed to question 6H
- I work in a care home → routed to question 6H
- I do not work in either a hospital or a care home → routed to question 6K

7A Have you applied for a post of a higher grade/band in the last 12 months?

- Yes → routed to question 7B
- No → routed to question 7G

7B If yes, were you successful in this application?

- Yes → routed to question 7C
- No → routed to question 7G

7C Have you changed jobs in the last 12 months?

- Yes → routed to question 7D
- No → routed to question 7G

9C In which country do you work?

- England → routed to question 9G
- Scotland → routed to question 9H
- Cymru/Wales → routed to question 9D
- Northern Ireland → routed to question 9H

9D Do you speak Welsh?

- Yes → routed to question 9G
- No → routed to question 9H

9E If you speak Welsh are you required to speak it professionally in your role?

- Yes → routed to question 9F
- No → routed to question 9H

9I Where did you first register as a qualified nurse?

- UK → routed to question 9K
- Other country → routed to question 9J

9L To which ethnic group do you belong?

- White → routed to question 9M
- Mixed/multiple ethnic groups → routed to question 9N
- Asian/Asian British → routed to question 9O
- Black/African/Caribbean – 9P
- Prefer not to say – 9R
- Other ethnic group – 9Q

Appendix 2

RCN membership survey 2011



Dear member,

I am writing to ask for your help with what is one of the most important pieces of research that the RCN commissions.

You have been selected at random from the RCN's membership records to take part in this survey. Your response is vital to help the RCN obtain a representative picture of nurses across the UK, covering every sector and field of practice.

Over the years, the employment surveys have played an important part in many campaigns and policies led by the RCN, helping the organisation to argue for better pay and working conditions for nursing staff.

Much has changed since the last survey was undertaken two years ago and the RCN urgently needs to have an up-to-date picture of members' working lives so that we are better able to represent you.

This year the survey is being conducted confidentially by Incomes Data Services, an independent research organisation specialising in pay and employment issues.

The survey should take around 15 minutes to complete and is completely anonymous. The more responses we receive the stronger our evidence will be, so we would be very grateful if you can take the time to complete this survey.

You can complete the survey by selecting the link: www.surveymonkey.com/s/7QJSW5L
<<http://www.surveymonkey.com/s/7QJSW5L>>

The survey closes on 24 June.

Thank you very much for your contribution to this important research.

Yours sincerely

Dr Peter Carter
Chief Executive & General Secretary

RCN online survey

Welcome to the 2011 RCN membership survey. The survey will take around 15 minutes to complete and your answers will be used to support pay negotiations and future campaign work. Thank you for your assistance

1. Employment information

A Which one of the following best describes your current employment situation?

- Employed and working
- Employed but currently on maternity leave
- Employed but currently on sick leave
- Self-employed
- Unemployed
- Student
- Retired, but still in paid employment
- Fully retired
- Other (please specify) _____

B Who is the employer for your main job?

- NHS (excluding GP practices)
- GP practice
- NHS bank
- Nursing agency
- NHS Direct/NHS 24/help-line
- Other NHS employer (e.g. SHA/Health Board)
- Independent/private healthcare provider
- Charity/voluntary group
- University
- Social enterprise
- Private contractor
- Local authority/other public body
- Other (please specify) _____

C Where do you currently spend most of the time in your main job?

- Community
- GP practice
- Care home
- Hospice
- Hospital ward
- Hospital unit (e.g. A & E, ITU specialist units)
- Hospital outpatients/day care
- Other hospital setting
- University
- Prison service
- Various (across organisation/s)
- Other (please specify) _____

D Which one of the following job titles best describes your main job?

- Staff nurse
- Community nurse
- Health care assistant/nursing auxiliary
- Sister/charge nurse/ward manager
- Senior nurse/matron/nurse manager
- Clinical nurse specialist
- Consultant nurse
- Nurse practitioner
- District nurse
- Health visitor/SCPHN
- Community psychiatric nurse
- Midwife
- School nurse
- Practice nurse
- Occupational health nurse
- Manager/director
- Researcher/lecturer/tutor
- Non-nursing job/work
- Other (please specify) _____

E Which one of the following best describes the area of practice in your main job?

- Acute and urgent care
- Cancer care
- Palliative care
- Children and young people
- Long-term conditions
- Education
- Ethics
- Learning disabilities
- Mental health
- Midwifery
- Older people
- Public health
- Quality improvement and research
- Women's health
- Workplace and environmental health
- Aesthetics
- e-health/telecare
- School nursing
- Primary and community care
- Management/leadership
- Other (please specify) _____

F How long have you worked for your current employer?

- Less than 1 year
- Over 1 year, up to 2 years
- Over 2 years, up to 5 years
- Over 5 years, up to 10 years
- Over 10 years

G How long have you been in your current post?

- Less than 1 year
- Over 1 year, up to 2 years
- Over 2 years, up to 5 years
- Over 5 years, up to 10 years
- Over 10 years

2 Pay and grading

A On which pay system/scale are you currently being paid?

- AfC pay band
- Clinical grade
- Other (please specify) _____

B 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.

| AfC pay band | Clinical grade |
|---------------------|-----------------------|
|---------------------|-----------------------|

- | | |
|-----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> A |
| <input type="checkbox"/> 2 | <input type="checkbox"/> B |
| <input type="checkbox"/> 3 | <input type="checkbox"/> C |
| <input type="checkbox"/> 4 | <input type="checkbox"/> D |
| <input type="checkbox"/> 5 | <input type="checkbox"/> E |
| <input type="checkbox"/> 6 | <input type="checkbox"/> F |
| <input type="checkbox"/> 7 | <input type="checkbox"/> G |
| <input type="checkbox"/> 8a | <input type="checkbox"/> H |
| <input type="checkbox"/> 8b | <input type="checkbox"/> I |
| <input type="checkbox"/> 8c | |
| <input type="checkbox"/> 8d | |

C What was your clinical grade IMMEDIATELY PRIOR to the transition to Agenda for Change?

Clinical grade

- A
- B
- C
- D
- E
- F
- G
- H
- I

D What was your AfC pay band IMMEDIATELY AFTER the transition?

AfC pay band

1

2

3

4

5

6

7

8a

8b

8c

8d

E Did you have a review of your banding after assimilation to Agenda for Change?

Yes

No

F Was your banding uplifted?

Yes

No

G What was your banding uplifted to?

AfC pay band

1

2

3

4

5

6

7

8a

8b

8c

8d

H Did you change jobs between assimilation and review?

Yes

No

I How appropriate do you consider your current pay band/grade to be given your role and responsibilities?

Very appropriate

Appropriate

Neither appropriate/inappropriate

Inappropriate

Very inappropriate

Not sure/do not know

J If you think your current pay band/grade is inappropriate, please state why.

K Approximately what proportion of your TOTAL household income do your earnings represent?

Less than half

About half

More than half

All if it

L Are you, or your household, in receipt of Working Tax Credits?

Yes

No

M Compared to this time last year, please describe how your situation has changed in relation to each of the following?

| | Increased | Stayed the same | Decreased |
|--|--------------------------|--------------------------|--------------------------|
| (i) Household income level (e.g. money coming in) has | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Household expenditure (e.g. outgoings) has | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Concerns about my financial situation have | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(iv) Concerns about my level of personal debt have

(v) Worries about job cuts and the threat of redundancy have

3 Pension arrangements

A Please indicate which pension scheme you belong to:

- NHS pension scheme
- No pension
- Other non-NHS pension
- Not sure/do not know

B Would any of the following make you consider opting out of the NHS pension scheme?

| | Yes definitely | Yes probably | Not sure | Probably not | Definitely not |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (i) Increase in pension contributions of 1-3% | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Increase in pension contributions of 3% or more | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) Shift from a final salary scheme to a career-average scheme | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C If you have a non-NHS pension please give details.

4 Working hours

A In your main job do your work:

- Full-time
- Part-time
- Occasional/various hours

B In your main job what are your normal weekly contracted hours of work?

- Up to 15 hours
- 16 to 29 hours
- 30 to 37.5 hours
- Over 37.5 hours

C If your main job is bank or agency, please state your typical working hours in a week.

D How often do you work in excess of your contracted hours?

- Every shift
- Several times a week
- Once a week
- Less than once a week
- Never

E Please state the number of additional hours that you work, on average, each week: Up to 2 hours

- Over 2 and up to 4 hours
- Over 4 and up to 6 hours
- Over 6 and up to 8 hours
- Over 8 hours

F Are your additional hours normally:

- Paid at a higher rate
- Paid at a normal rate
- Paid at a lower rate
- Bank work
- Time-off-in-lieu
- Not paid
- Other (please specify) _____

G To what extent do your hours of work (including shift patterns) conflict with your domestic commitments, for example, child care arrangements or looking after an older relative?

- Never
- Occasionally
- Frequently
- Always

H Do you currently have a second job, or undertake any other PAID work in addition to your main job?

- Yes
- No

I What are your other jobs? Please tick all that apply.

- Bank nursing with same employer

- Bank nursing with different employer
- Agency nursing
- NHS nursing/management
- Care/nursing home
- Non-NHS hospital
- Other non-NHS nursing work
- Non-nursing work
- Other (please specify) _____

J What is your MAIN reason for doing additional paid work?

- To provide additional income
- To maintain particular nursing skills
- To gain experience of other specialities
- To maintain staffing levels where I work
- Other (please specify) _____

5 Training

A In the last year, what mandatory training have you received? Please tick all that apply.

- Health and safety
- Fire safety
- Moving and handling
- Infection control
- Equipment training
- Cardio-pulmonary
- I have not received any mandatory training in the last year
- Other (please specify) _____

B Other than mandatory training, how much training has your EMPLOYER provided/paid for over the past year?

- None
- 1–2 days
- 3–6 days
- 1–2 weeks
- 3–4 weeks
- 1–2 months
- More than 2 months

C What proportion of your training was paid for by your employer?

- All of it
- 50 per cent or more
- Less than 50 per cent
- None of it

D Do you currently have a personal training and development plan?

- Yes
- No
- Not sure/do not know

E If YES, has your manager/employer been actively involved in drawing up this plan?

- Yes
- No

F Have you had an appraisal/development review with your line manager in the last 12 months?

- Yes
- No
- Not sure/do not know

G Compared with 12 months ago, would you say the amount of training/CPD you have undertaken in the last year has:

- Increased a lot
- Increased a little
- Remained about the same
- Decreased a little
- Decreased a lot

H Have you used any RCN training or learning resources in the last 12 months? Please tick all that apply.

- RCN Learning Zone
- RCN library
- RCN e-library/online learning
- RCN virtual enquiry service
- RCN event
- RCN publications
- Online learning resources on key nursing practice issues
- Enrolled on an Open University course
- RCN activist training
- Used an RCN research resource
- None of the above
- Other (please specify) _____

6 Workload and staffing

A Has there been any change to staffing levels where you work in the last 12 months? Please answer for the ward/unit/service/practice/home you currently work in.

- | | | | |
|------------------------------|------------------------------|--------------------------------|-------------------------|
| Yes, staffing levels have | Yes, staffing levels have | There has been no change in | Not sure/do not know |
|------------------------------|------------------------------|--------------------------------|-------------------------|

| | increased | decreased | staffing levels | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| (i) Registered nurses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Health care assistants/ health support workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B If there has been a change in staffing levels, what changes have occurred in the last 12 months? Please tick all that apply.

- Recruitment freezes with vacancies left unfilled
- Posts cut
- Redundancies
- Redistribution/redeployment of staff
- Skill-mix change within your ward/department
- Ward/bed closures
- Services/wards merged or restructured
- Increase in patient/client caseload
- Reduced staffing levels
- Bank or Agency ban
- Role expansion (e.g. senior staff cover wider areas)
- Fewer opportunities for access to clinical supervision/mentoring
- Other (please specify) _____

C Compared with this time last year, has your own individual workload:

- Increased a lot
- Increased a little
- Stayed the same
- Decreased a little
- Decreased a lot

D Have you experienced any of the following in the past 12 months? Please tick all that apply.

- Downbanding
- Move to a new role or other duties within the same ward/department/service
- Redundancy
- Transfer out of the NHS to another employer e.g. social enterprise/independent sector
- Transfer within the NHS to another NHS organisation
- Other transfer to a different organisation
- Changes in shift patterns
- Reduced hours

Retirement

E Do you expect to experience any of the following in the next 12 months? Please tick all that apply.

- Downbanding
- Move to a new role or other duties within the same ward/department/ service
- Redundancy
- Transfer out of the NHS to another employer e.g. social enterprise/independent sector
- Transfer within the NHS to another NHS organisation
- Other transfer to a different organisation
- Changes in shift patterns
- Reduced hours
- Retirement

F Compared with 12 months ago

| | Strongly agree | Agree | Neither agree/ disagree | Disagree | Strongly disagree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| (i) I am under increased stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) I have fewer opportunities to work flexibly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) I have considered leaving my job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) My job is now more interesting/ stimulating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) I have personally experienced bullying/ harassment from | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

a team member
or manager

(iv) I have personally experienced harassment or violence from a patient/client or their family

G Please indicate if you work in a hospital or care home.

- I work in a hospital
- I work in a care home
- I do not work in either a hospital or a care home

H Including yourself, how many staff were on duty for all or most of your last shift?

Total registered nurses _____

Total HCAs/auxiliaries _____

I How many students were there on your last shift?

Students _____

J In total, how many patients/clients were on your ward/unit/home on your last shift?

Total patients/clients _____

K Have each of the following increased/decreased/stayed the same over the last 12 months?
Please answer for the ward/unit/service/practice/home you currently work in.

| | Increased | Stayed the same | Decreased |
|------------------|--------------------------|--------------------------|--------------------------|
| (i) Workload | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Team morale | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) Caseload | | | |

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (v) Quality of care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) Use of temporary staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (vii) Bullying or harassment from team members or managers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (viii) Harassment or violence from a patient/client or their family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7 Job change and career plans

A Have you applied for a post of a higher grade/band in the last 12 months?

- Yes
- No

B If yes, were you successful in this application?

- Yes
- No

C Have you changed jobs in the last 12 months?

- Yes
- No

D Have you changed employer in the last 12 months?

- Yes
- No

E What are your main reasons for changing jobs and/or employer? Please tick all that apply.

- Better prospects
- Better pay
- Promotion
- To gain different experience/skills
- Working hours/work-life balance
- Terms and conditions/pension issues
- Distance to work
- Personal/family reasons/moving area/care of dependent
- Health problems
- Dissatisfied with previous job
- Stress/workload in previous job

- Redundancy/place of work closed
- Redundancy/service reconfiguration
- Unfairly dismissed
- Distress caused by bullying/harassment from patients
- Distress caused by bullying/harassment from other colleagues/managers
- Training reasons
- Semi-retirement
- Other (please specify) _____

F If you had more than one reason for changing jobs, which two were the most important?

Most important reason _____

Second reason _____

G Are you currently seeking a change in employment?

- No change
- New job, same employer
- New job, different employer
- Retirement

8 General views about nursing as a career

Below are a number of statements. Please indicate the extent to which each statement matches your own views by ticking one box on each line. There are no right or wrong answers. We are interested in your views.

A Please select one of the following in each case:

| | Strongly agree | Agree | Neither agree/ disagree | Disagree | Strongly disagree |
|---|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| (i) I would recommend nursing as a career | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) I think that nursing is a rewarding career | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(iii) Most days I am enthusiastic about my job

(iv) Nursing will continue to offer me a secure job for years to come

(iii) I would not want to work outside of nursing

B Please select one of the following in each case:

| | Strongly agree | Agree | Neither agree/ disagree | Disagree | Strongly disagree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| (i) It will be very difficult for me to progress from my current grade | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) My employer provides me with opportunities to keep up with new developments related to my job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) I am unable to take time off for training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C Please select one of the following in each case:

| Strongly agree | Agree | Neither agree/ disagree | Disagree | Strongly disagree |
|----------------|-------|----------------------------|----------|-------------------|
|----------------|-------|----------------------------|----------|-------------------|

(i) I feel I am under too much pressure at work

(ii) I am happy with my working hours

(iii) Too much of my time is spent on non-nursing duties

(iv) I am too busy to provide the level of care I would like

(v) I am satisfied with the choice I have over the length of shifts I work

(vi) I feel able to balance my home and work lives

D Please select one of the following in each case:

Strongly agree Agree Neither agree/ disagree Disagree Strongly disagree

(i) Bullying and harassment is not a problem where I work

(ii) I am confident I would be treated fairly if I reported being harassed at work by a colleague

(iii) I am confident that colleagues would be treated fairly if they reported being harassed at work by another member of staff

(iv) My employer provides good occupational health support for staff

(v) My manager supports me when I need it

9 Personal profile

A Are you:

- Male
- Female

B What is your age?

- 18-25
- 26-34
- 35-44
- 45-54
- 55-64
- Over 65

C In which country do you work?

- England
- Scotland
- Cymru/Wales
- Northern Ireland
- Channel Islands
- Other (please specify) _____

D Do you speak Welsh?

- Yes
- No

E If you speak Welsh, are you required to speak it professionally in your role?

- Yes
- No

F If you speak Welsh, are you able to speak it professionally in your role?

- Yes
- No

G If you work in England, in which region do you mainly work?

- East of England
- East Midlands
- Greater London
- North East
- North West
- South East
- South West
- West Midlands
- Yorkshire and Humberside
- Across different regions/nationally

H Which of the following nursing qualifications do you hold? Please tick all that apply.

- First level registration
- Second level registration
- NVQ/SVQ level 2, 3 or 4
- Nursing diploma
- Nursing degree
- Masters/PhD
- Other (please specify) _____

I Where did you first register as a qualified nurse?

- UK
- Other country (please specify) _____

J Were you recruited from your country of origin to work in the UK as a nurse?

- Yes
- No

K How would you describe your national identity?

- English
- Welsh
- Scottish
- Northern Irish
- British
- Prefer not to say
- Other (please specify) _____

L To which ethnic group do you belong?

- White
- Mixed/multiple ethnic groups
- Asian/Asian British
- Black/African/Caribbean
- Prefer not to say
- Other ethnic group (please specify) _____

White

M Which of the following best describes your ethnic background?

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background (please specify) _____

Mixed/multiple ethnic groups

N Which of the following best describes your ethnic background?

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/multiple ethnic background (please specify) _____

Asian/Asian British

O Which of the following best describes your ethnic background?

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please specify) _____

Black/African/Caribbean

P Which of the following best describes your ethnic background?

- African
- Caribbean
- Any other Black/African/Caribbean background (please specify) _____

Other ethnic group

Q Which of the following best describes your ethnic background?

- Arab
- Any other ethnic background (please specify) _____

R Do you consider yourself to have a disability?

- Yes
- No