



Unite evidence to the National Health Service Pay Review Body (NHSPRB) 2022 - 23

Executive Summary

- Unite members overwhelmingly rejected the government's pay decision in 2021. They have worked above and beyond the call of duty during the Covid-19 pandemic and that has not been recognised.
- Unite members have agreed to support a unified staff side pay position this year. The core element of that joint staff side position remains a restorative pay award for all NHS staff as part of an urgent Retention Package.
- Failure to deliver a fair pay rise last year has led to huge dissatisfaction with the PRB. Unite's survey found that 88% of respondents do not think that the PRB process is delivering fair pay for them and their colleagues, with many calling into question the independence of the PRB (see appendix).
- Unite's survey shows scandalous levels of understaffing in the NHS with 99% of respondents reporting staff shortages and 66% have raised concerns about safe staffing levels in their workplace and department.
- In addition to the Retention Package proposed in the Joint Staff Side Submission, Unite is calling on the PRB to use its voice to help:
 - amend the definition of Unsocial Hours to change to 7 pm to 7am;
 - review of Agenda for Change national job profiles;
 - increase annual leave entitlement;
 - protect the national pay structure from the proposed changes within the Health and Care Bill

1. Introduction

- 1.1. This evidence is submitted by Unite the Union - the largest trade union in Britain and Ireland. Unite's members work in a range of industries including manufacturing, transport, financial services, print, media, construction and not-for-profit sectors, local government, education and health services.

- 1.2. Unite is the third largest trade union in the National Health Service and represents approximately 100,000 health sector workers. This includes seven professional associations – the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicians Association (HPA), College of Health Care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, building trades, estates, craft and maintenance, administration, ICT, support services and ambulance services.
- 1.3. Unite has participated in the Joint Staff Side Trade Union evidence to the NHS PRB. This evidence is therefore supplementary to the general points made in the joint submission. It should also be noted that this evidence pertains to England only. Unite will submit supplementary evidence should remits be submitted by the devolved country governments.
- 1.4. As with previous years Unite conducted a member survey to evidence this submission. The survey followed a similar methodology to previous surveys that Unite has conducted but given the recent consultative balloting process it was agreed to opt for a shorter survey this year. In this case the survey was only sent to Unite members in England for whom we have email addresses over a two weeks period in January 2022.
- 1.5. The survey received over 2,950 responses from two emails and the respondent data represent a broadly similar sample to previous surveys. Respondents came from all English regions, covered a large cross section of professions across all Agenda for Change pay bands with the largest groups in bands 5, 6, 7 and 8a. 66% of respondents were at the top of their pay band, 26% worked part-time, 62% were women, and the majority were over 40. Of the membership where data was available 10% considered themselves to be disabled and 11% were from a Black, Asian or Minority Ethnic background. Unite believes that this represents a significant sample that is broadly reflective of the NHS as a whole.

2. Rejection of 2021 pay decision

- 2.1. This years' evidence is submitted in the context of Unite members overwhelming rejection of the government's pay decision in 2021. 90 per cent of Unite members voted to reject the government's 'grossly inadequate' three per cent pay award which was seen as insulting to staff who had worked so tirelessly throughout the pandemic and through all the horrors and tragedy that entailed.
- 2.2. It should not be underestimated how angry and disillusioned Unite members feel by their treatment over the pandemic. This is reflected in Unite's consultative ballot where a total of 84 per cent of

respondents were willing to take industrial action as a result. As the PRB will be aware there are now extremely prohibitive barriers and restrictions on industrial action for health workers due to the 2016 Trade Union Act. If not for this Act, Unite members would have taken industrial action in the last 12 months. These heavy restrictions on the right to strike do not reduce members' anger and disillusionment, but have resulted in many simply voting with their feet and leaving the service in frustration. This is powerfully characterised by one of our Unite Paramedic members who reports how the 3% 2021 NHS pay award has actually decreased her take home pay¹.

2.3. Despite these challenges, Unite remains committed to fighting the unfairness of Government pay policy. Our members are more determined than ever to deliver fair and decent pay in the NHS. Unite will be continuing to campaign for a decent pay rise throughout this PRB round, while preparing members to take action should the PRB not deliver or the cost of living crisis pushes our members to breaking point.

3. Unite's pay position

3.1. As the PRB will be aware Unite's pay claim in 2021 sought a restorative pay award to reverse over a decade of pay cuts. As has been stressed in the joint staff side submission the cost of living is soaring, while tax hikes and pensions changes are also on the way. NHS workers in England have suffered real terms pay cuts and pay freezes for the past 12 years and have seen, in many cases, pay drop by around a fifth in real terms since the Tories took power in 2010.

3.2. Unite members have agreed to support a unified staff side pay position this year. The core element of that joint staff side position remains a restorative pay award for all NHS staff that will reverse the losses in earnings over the last decade and support the urgently needed recruitment and retention of NHS staff.

3.3. That means an early and substantial pay rise for all Agenda for Change staff. With overwhelming evidence of a healthcare staffing crisis which, without urgent intervention, looks set to become a permanent feature across the NHS, it is vital that the most urgent action is taken to prevent more immediate workforce losses. This requires an urgent Retention Package to be put in place, with a decent pay rise at its heart (see joint staff side submission).

4. The Pay Review Body

4.1. It must be stressed that as a result of recent pay decisions, support for the NHS PRB process is at rock bottom amongst Unite members. In Unite's recent survey of members in England (January 2022), 78% said that they do not feel fairly paid for the work that they do, while an overwhelming 88% do not think that the PRB process is delivering fair pay for them and their colleagues.

¹ The article and video can be found here: <https://unitelive.org/videos-of-the-year-how-is-this-a-pay-rise/>

- 4.2. This last figure is damning. Members were asked to explain why they feel this way and a number of comments are included in the appendix, with hundreds expressing exasperation and frustration while calling into question the independence of the PRB.
- 4.3. Unlike previous years the PRB was not restricted to a maximum figure last year yet the pay recommendation continued to be grossly inadequate, particularly in the circumstances of the pandemic. Unite has consistently called for the PRB to be completely independent and free from government interference. That independence should include the ability to make recommendations on the levels of funding the government has provided to the NHS, rather than just simply within the constraints of already made budgetary decisions. The failure to do this over many years calls into question the viability of the PRB as a pay setting process, as it appears to members that it simply acts as a rubber stamp for Treasury decisions.
- 4.4. Unite is committed to working jointly with all staff side trade unions, but such a figure casts significant doubt on continued trade union support for the PRB process and, in the coming months, Unite will be having this discussion with its activists.

5. Working through the pandemic

- 5.1. The Covid-19 pandemic continues to push the NHS to the brink, compounding already endemic concerns around staffing following years of underinvestment and the impact of Brexit. NHS staff have worked over and above the call of duty, putting themselves and their families at risk to support our health during the pandemic. Unite members have given their all to keep the NHS running during what has been the worst health crisis in modern times.
- 5.2. They are exhausted as they continue to serve during the pandemic, with the recent Omicron wave highlighting the ongoing crisis will take many years to work through. As a result of these strains many NHS workers are struggling with their mental health, having battled to save people's lives and we must not forget that hundreds have tragically died of Covid-19.
- 5.3. These huge pressures have compounded deeper concerns around workforce and capacity that unions have been highlighting throughout the last decade. The NHS staffing crisis is not new, but it is getting worse and simply cannot become accepted normality for how the system operates.
- 5.4. As strongly evidenced by the Joint Staff Side evidence, NHS staff need a pay rise in order to stem this crisis and recruit and retain the staff that are needed - not just now but over the medium to long term. The economy will also benefit from a decent pay rise for NHS staff as the NHS is often the largest employer in many towns and cities across the country. Extra pounds in the pockets of NHS workers

will be ploughed back into local community up and down the country, supporting local businesses and enterprises, jobs and families.

6. Workload and staffing

6.1. As the Staff Side evidence has shown, the NHS is experiencing a crisis of staffing shortages and this is clearly reflected in Unite's survey data.

6.2. 99% of respondents to Unite's survey reported staff shortages in their workplace over the last year, with 75% reported experiencing staff shortages frequently and a further 18% reported them sometimes. 66% had raised concerns about safe staffing levels in their workplace and department. The occupations reporting the highest frequency of staff shortages are below.

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

Occupation*	Frequently	Sometimes	Occasionally	Never
Ambulance service	93%	6%	1%	0%
Health care assistance	91%	8%	1%	0%
Health visiting	90%	8%	3%	1%
Biomedical science	85%	10%	5%	0%
Ancillary (porter, cleaner, caterer etc)	80%	9%	8%	3%
Nursing	77%	18%	5%	0%
Mental health nursing	77%	19%	3%	1%
Clinical support	77%	19%	5%	0%
Pharmacy	74%	22%	4%	0%
Clinical psychology	73%	25%	2%	1%
Allied Health Professional services	70%	21%	8%	1%
Speech and language therapy	70%	25%	5%	0%
Administrative or clerical	68%	22%	9%	1%
Chaplaincy	66%	29%	6%	0%
Health care science	64%	25%	10%	0%
Estates and maintenance	63%	24%	13%	0%
Grand Total	75%	18%	6%	1%

* With more than 40 respondents

In the last year, have you raised concerns about safe staffing levels in your working area/department?

Occupation*	Yes
Health visiting	86%
Mental health nursing	78%
Nursing	76%
Health care assistance	75%
Biomedical science	73%
Pharmacy	69%
Speech and language therapy	68%
Health care science	67%
Allied Health Professional services	64%
Estates and maintenance	63%

Clinical psychology	63%
Clinical support	63%
Ancillary (porter, cleaner, caterer etc)	60%
Administrative or clerical	59%
Chaplaincy	53%
Ambulance service	51%
Grand Total	66%

* With more than 40 respondents

6.3. Unsurprisingly the impact of the Covid-19 pandemic continues to be a major driver of this crisis with 74% of respondents reporting that their service is “overwhelmed” or “stretched”.

As a result of the ongoing Covid-19 pandemic which would best describe your service?

Occupation*	Overwhelmed	Stretched	Coping	Unaffected
Ambulance service	77%	19%	4%	0%
Health visiting	59%	37%	4%	1%
Speech and language therapy	43%	48%	8%	3%
Allied Health Professional services	35%	53%	11%	1%
Clinical psychology	35%	54%	11%	1%
Health care assistance	35%	50%	12%	3%
Nursing	34%	52%	14%	1%
Mental health nursing	34%	51%	14%	1%
Administrative or clerical	33%	47%	17%	3%
Clinical support	33%	51%	16%	0%
Ancillary (porter, cleaner, caterer etc)	31%	44%	24%	1%
Pharmacy	28%	64%	8%	0%
Biomedical science	27%	60%	12%	1%
Health care science	22%	55%	22%	0%
Estates and maintenance	18%	49%	32%	1%
Chaplaincy	14%	64%	22%	0%
Grand Total	35%	49%	14%	1%

* With more than 40 respondents

6.4. The true level of understaffing is hidden by dedicated staff going the extra mile through long hours and unpaid overtime to cover the increased workload. 53% of respondents to Unite’s survey reported regularly working beyond their contractual hours, with only 6% saying that they “never” did. Similarly 55% reported working through their lunch and rest breaks. These figures are broken down by professions below.

How often do you work through your lunch and rest breaks?

Occupation*	Never	Rarely	Occasionally	Regularly
Health visiting	3%	3%	10%	85%
Speech and language therapy	0%	10%	18%	72%
Clinical psychology	1%	5%	24%	71%
Nursing	3%	8%	25%	64%
Pharmacy	3%	9%	23%	64%
Mental health nursing	1%	8%	27%	64%
Allied Health Professional services	2%	10%	28%	61%
Health care science	4%	7%	33%	57%
Ambulance service	7%	14%	28%	51%
Administrative or clerical	6%	16%	28%	50%
Chaplaincy	0%	14%	36%	50%
Health care assistance	5%	23%	29%	43%
Biomedical science	7%	19%	35%	39%
Clinical support	7%	21%	37%	35%
Estates and maintenance	7%	17%	41%	34%
Ancillary (porter, cleaner, caterer etc)	28%	19%	24%	29%
Grand Total	5%	12%	27%	55%

* With more than 40 respondents

How often do you work beyond your contracted hours?

Occupation*	Never	Rarely	Occasionally	Regularly
Health visiting	1%	6%	23%	71%
Ambulance service	2%	10%	18%	70%
Speech and language therapy	0%	13%	23%	65%
Clinical psychology	2%	8%	27%	64%
Chaplaincy	0%	6%	33%	61%
Allied Health Professional services	3%	11%	28%	58%
Nursing	4%	7%	31%	58%
Pharmacy	2%	13%	27%	58%
Health care science	4%	10%	32%	54%
Mental health nursing	2%	9%	37%	52%
Biomedical science	6%	16%	31%	46%
Administrative or clerical	8%	13%	34%	44%
Estates and maintenance	14%	16%	34%	36%
Health care assistance	8%	18%	42%	32%
Clinical support	14%	19%	42%	26%
Ancillary (porter, cleaner, caterer etc)	28%	21%	24%	25%
Grand Total	6%	12%	30%	53%

* With more than 40 respondents

6.5. This strong commitment to delivering a safe service to patients is clearly central to most NHS workers' motivation for work. When asked 70% of respondents chose "sufficient staffing levels – i.e. enough experienced staff in your ward / department" as their main priority issue at work.

6.6. The staffing crisis faced by the NHS has been caused by the government’s funding, workforce planning and pay policy, as well as the impact of Brexit and the treatment of staff during the pandemic. It cannot be ducked anymore and only by investing in the wages, conditions and training of NHS staff can this terrible trend be reversed.

6.7. **As highlighted last year Unite is calling for an amendment to the definition of Unsocial Hours to change to 7 pm to 7am instead of the current 8 pm to 6 am which is currently applied in section 2 of the Agenda for Change terms and conditions handbook. This would go a small way to improve compensation for staff working long hours to keep the service running.**

7. Morale and stress

7.1. As in previous years, Unite is reporting low morale and stress for its members. When asked how often members felt stressed at work 55% reported experiencing workplace stress regularly and 37% reported experiencing it occasionally. In several professions the figures were higher still with over 60% of health visitors, health care assistants, biomedical scientists, clinical support workers and speech and language therapists reporting regular stress.

How often do you feel stressed at work?

Occupation*	Never	Rarely	Occasionally	Regularly
Speech and language therapy	0%	0%	30%	70%
Health visiting	1%	2%	29%	69%
Health care assistance	1%	6%	27%	66%
Biomedical science	2%	7%	31%	60%
Clinical psychology	0%	4%	36%	60%
Clinical support	0%	9%	30%	60%
Mental health nursing	0%	4%	37%	59%
Allied Health Professional services	1%	4%	37%	58%
Nursing	0%	8%	36%	57%
Health care science	1%	7%	36%	57%
Pharmacy	0%	5%	39%	56%
Ambulance service	1%	12%	34%	53%
Administrative or clerical	1%	11%	38%	50%
Ancillary (porter, cleaner, caterer etc)	7%	12%	37%	44%
Estates and maintenance	3%	11%	49%	37%
Chaplaincy	3%	19%	50%	28%
Survey Total	1%	7%	37%	55%

* With more than 40 respondents

7.2. Unsurprisingly morale remains low and many staff are reporting serious intentions to leave the service. 76% of respondents reported that morale/motivation in their workplace is worse or a lot worse compared to a year ago. 66% said that they very seriously or fairly seriously have considered leaving their job this year.

Compared to a year ago is morale/motivation in your workplace?

Occupation*	A lot better	Better	Remained the same	Worse	A lot worse
Ambulance service	0%	0%	9%	23%	68%
Health visiting	1%	1%	14%	30%	56%
Health care assistance	1%	7%	15%	30%	48%
Ancillary (porter, cleaner, caterer etc)	0%	0%	21%	32%	47%
Allied Health Professional services	0%	3%	20%	37%	39%
Mental health nursing	1%	1%	22%	38%	38%
Clinical support	2%	2%	28%	30%	37%
Nursing	1%	3%	18%	41%	36%
Biomedical science	0%	1%	21%	42%	35%
Estates and maintenance	0%	2%	24%	40%	35%
Administrative or clerical	1%	6%	23%	37%	33%
Clinical psychology	0%	3%	25%	39%	33%
Health care science	0%	3%	31%	34%	32%
Pharmacy	0%	3%	16%	52%	29%
Speech and language therapy	0%	3%	20%	55%	23%
Chaplaincy	0%	0%	26%	51%	23%
Grand Total	0%	3%	20%	37%	39%

* With more than 40 respondents

Over the last 12 months how seriously have you considered leaving your current job?

Occupation*	Very seriously	Fairly seriously	Not very seriously	Not at all
Health care assistance	46%	30%	11%	12%
Health visiting	46%	31%	13%	11%
Administrative or clerical	44%	26%	16%	14%
Clinical support	42%	14%	26%	19%
Mental health nursing	42%	33%	15%	11%
Nursing	41%	29%	16%	14%
Ambulance service	41%	29%	18%	13%
Ancillary (porter, cleaner, caterer etc)	39%	25%	19%	17%
Biomedical science	36%	31%	22%	10%
Allied Health Professional services	35%	33%	18%	14%
Clinical psychology	35%	27%	29%	8%
Health care science	34%	29%	25%	12%
Speech and language therapy	30%	28%	35%	8%
Estates and maintenance	29%	32%	23%	16%
Pharmacy	28%	34%	25%	13%
Chaplaincy	22%	31%	22%	25%
Grand Total	37%	29%	19%	14%

* With more than 40 respondents

7.3 A crucial element of solving the staffing crisis is improving retention of staff and morale and reward. It is vital to a well-functioning health service that staff feel valued and increases to pay and conditions will help to improve staff experience.

8. Fragmentation of the Agenda for Change agreement

8.1. While Unite's survey was shorter this year, it did ask members about the upcoming Health and Care Bill currently going through parliament. Worryingly 80% of those responded said that they were not aware of the Bill or didn't understand what it would do. 61% said that now was not the right time to reorganise the NHS.

8.2. Unite is campaigning against these changes and is extremely worried by the proposals currently going through parliament. Of particular relevance here are proposals that appear to give new NHS organisations discretion to set local pay and conditions for staff. This will be a disaster for the NHS if allowed to take root.

8.3. Over recent years there has already been a growing separation between the four UK countries into distinct NHS pay spines leading to the fragmentation of the Agenda for Change agreement. Pressures from political devolution, government under-funding and the impact of outsourcing of NHS staff and services are all contributing to this and Unite is concerned that this trend should be resolved to prevent cliff edges or further distortions from taking root.

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

8.5. Unite is calling for the PRB to recommend action to harmonise up the different UK pay spines to deliver pay parity across all UK countries with the higher Scottish spines. The PRB must also add its voice to calls to protect the national pay structure from the proposed changes within the Health and Care Bill.

9. Increase in annual leave

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

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

9.3. The PRB should lend its voice to Unite's demand that after 15 years NHS service, the paid annual leave entitlement should be 34 days and after 20 years to be 36 days.

10. Job Profiles

12.1 Unite continues to call for a review Agenda for Change national job profiles to ensure that they are still fit for purpose. This process takes far too long, as a number of profiles have not been revised since 2004 despite many roles attached to those profiles having evolved and developed.

12.2 Unite urges the PRB to continue to recommend a review of Agenda for Change national job profiles and a speedier process by which new profiles can be developed and approved.

11. Cost of living outside of London

12.1 There has been no progress in tackling the cost of living outside of London and fringe areas and the issues highlighted previously by the Joint Staff Side for improvements to the High Cost Area Supplements (HCAS) arrangements within Agenda Change, as listed in Annex 9.

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

Colenzo Jarrett-Thorpe and Jacalyn Williams

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APPENDIX: Members explanation for why they think the PRB process is not delivering fair pay.

Ancillary (porter, cleaner, caterer etc), Band 2	The pay body is far from independent, it leans towards the government in its outcomes. It is another way to force pay restraint.
Band 2	Get them to do my job for the day. See if they think its good pay.
Health Care Assistant, Band 2	When I started at the NHS over twenty years ago, the pay was good and got better after training and time served, ten years to get to the top of band two. My husband who works in a warehouse has passed my hourly rate by a third in his fifteen years in post. I save lives for ten pounds an hour, he gets 15 an hour to load chips onto a lorry??
Porter, Band 2	Last pay rise was 0.30 pence extra an hour while between tax and ni went up 3% making the pay rise utterly redundant
Health Care Assistant, Band 2	It doesn't take into account anything above 13 years and we have worked hard through the pandemic being nurses and companions to our patients.
Administration and Clerical, Band 2	I don't believe the PRB is independent and in any case the government doesn't have to take any notice of its recommendations.
Ancillary (porter, cleaner, caterer etc), Band 2	Being short staffed frequently we are working in several area's so less time in each area it's been very difficult for the front line workers, doctors, nurses all staff really coping with the Covid-19 pandemic I feel we deserve more and especially with the cost of living increases most people are barely getting by.
Porter, Band 1	Until they have to do the jobs how can they know what it's like?
Administrative or clerical, Band 2	I don't believe the PRB is independent and in any case the government doesn't have to take any notice of its recommendations.
Senior management, Band 8a	I don't feel they are as independent as they should be
Pharmacy, Band 3	I feel the PRB aren't independent enough as they side on the terms of the Gov't
Pharmacy, Band 7	It is not as independent as it is made out to be. It's should have lay members.
Pharmacy, Band 8a	It's politically fiddled before it even starts. It's not truly independent (see MPs "independent pay review body" happily recommending pay awards in line with inflation)

Pharmacy, Band 8a	Although independent - it seems to be heavily influenced by government objectives. Also it's a complete nonsense that recommended PRB pay levels fail to even meet real time living cost rises and that AFC staff are paid below inflation for several years.
House keeper, Band 2	10 % Of 0 is nothing. I got 29p an hour pay increase. Others got my yearly pay rise per month.
Logistics, Band 2	The pay doesn't reflect the types of jobs that people do, for instance, domestic workers cleaning up other people's waste, separating waste from waste bins, Transport stress and filthy vehicles and in general the way that lower bands are disrespected and treated.
ANCILLARY STAFF (HS), Band 3	No I am worse off since the new rise my actual income on its own is now lower due to national insurance increases and my pension contributions being based on how much I would earn if I was full time not on my actual hours worked so I now pay 8% instead of 5.8?%
Driver, Band 3	The pay review body may claim to be independent but they are at the bidding of the government.
OTHER (HS), Band 3	It's unfair to expect us to take what is effectively a pay cut when for example members of parliament get massive pay rises.
Health Adviser, Band 3	It's based on what they want to pay rather than what we deserve...the public purse!
Driver, Band 3	The PRB may claim to be independent but they simply serve the government and do as they are instructed.
Senior Change Facilitator, Band 6	Well let's compare it to the gov independent body which is never challenged and very generous in its it reviews
PARAMEDIC (HS), Band 6	Government body, not as independent as portrayed, and it can be ignored.
ADULT PSYCHOTHERAPIST (HS), Band 7	Collective pay bargaining across the country should be the norm. The PRB is not a genuinely neutral body even if it claims to be independent.

<p>MANAGER (CPHVA) (HS), Band 7</p>	<p>I don't feel that the process is wholly independent. It had no real powers and can only make recommendations which the Tory Government just disregards. The Board are instructed to take account of the spending allocated for the NHS when making recommendations about pay; this is unlikely to result in a fair pay award given that the NHS is woefully underfunded as it is. The budget should be set by taking account of what the service needs, not what the Government feel they can spare.</p>
<p>BIOMEDICAL SCIENTIST/BMS (HS) - Deputy Service Manager, Band 8a</p>	<p>The PRB are, but there is a concern that their recommendations are not always translated, or recommendations made to them by senior NHS representatives are not listened to and their recommendation aligns with the government ask. They have no power it seems to work against pay freezes etc. so unsure how independent they really are.</p>
<p>PUBLIC HEALTH SPECIALIST (HS), Band 8c</p>	<p>It doesn't appear to be independent and government led in England. For over a decade it has not delivered for NHS staff</p>
<p>Nursing, Band 2</p>	<p>We do more than our pay grade. My friend works in a shop and is on more money than me per hour.</p>
<p>Nursing, Band 5</p>	<p>The PRB is a joke and in no way independent of the government no matter what anyone says. If the government deserves a 11% pay rise a year I feel intensive care nurse msg should be getting double that. Also the banding system in the NHS is completed outdated and unfair and needs a complete revamp</p>
<p>Nursing, Band 6</p>	<p>It's clearly in no comparison to independent review bodies that review MPs and other managers pay constantly kept low. 3% is the most I have ever had in one pay rose and that was this year out of 25 years nursing</p>
<p>Nursing, Band 6</p>	<p>They are just a joke. Always seem to be on the government side. Are they really independent! U must be having a laugh.</p>
<p>Nursing, Band 7</p>	<p>It is independent however the government should be legally obligated to implement what they recommend otherwise it is left to governments discretion whether it is implemented or not</p>

Mental health nursing, Band 3	I feel they do not take everything into consideration such as inflation cost of living rises or equal pay for equal value of work
Mental health nursing, Band 6	The process is opaque and seems dictated largely by the government rather than being genuinely independent
Mental health nursing, Band 7	It feels like it is manipulated by government not independent
Health Visiting, Band 6	Government says amount of pay they can afford, not independent as it should be
Health Visiting, Band 6	They are at the will of the government and generally follow government dictates, therefore not independent.
Health Visiting, Band 6	It doesn't seem independent and doesn't reflect what NHS staff are feeding back to them
Health Visiting, Band 7	PRB's follow government recommendation, there is nothing 'independent' about them. I'd like the same PRB the Govt has when their pay is being reviewed.
Health care science, Band 3	There is not enough worker and member input, and the pay is imposed on us from the government. It makes balloting members difficult as they assume the union has accepted the offer when it hasn't actually been negotiated.
Health care science, Band 7	PRB at the outset is constrained by the gvt as paymaster, this is not independent and it therefore is prevented from fulfilling its functions, NHS staffs wages have stagnated and the jobs are no longer well paid in comparison to other roles with less pressure
Health care science, Band 8a	It's influenced too much by the government it's not independent.
Health care science, Band 8a	not independent
Health care science, Band 8a	The process seems to be initiated by the SoS too late each cycle which is worrying, and seems to be highly influenced by political pressure (see SoS letters) and also how the amount that is affordable can quickly change depending on reaction. Unless PRB is accepted and can be demonstrably independent I don't see it as a worthwhile approach
Health care science, Band 8b	Come across as not independent. More of a government stooge

Health care assistance, Band 2	I think a lot of us are underpaid especially considering the risks, our qualifications and amount of hours we do
Health care assistance, Band 2	The PRB never seem to take into account inflation and the cost of living. They accept the government's first offer without any question
Health care assistance, Band 2	Because they simply don't ask and come and see for themselves the conditions and heavy work load we have and complete lack of support from management and complete lack of appreciation for the government!
Health care assistance, Band 2	The job role I have means I care for people when in a vulnerable position, whereas other people that work in example stocking shelves in shops are on a higher pay.
Health care assistance, Band 2	We don't get paid anywhere near enough for the job we do. It's insulting that the same body awards MPs ridiculous pay rises but not us who are of more benefit to society
Health care assistance, Band 2	Healthcare workers should be paid fairly so we can afford to meet our basic needs. Our lifesaving work is more important than many other jobs which are paid disproportionately more. Our essential work should be valued and this should be reflected in our pay. This especially important for those of us on lower bands.
Health care assistance, Band 3	They don't understand the sort of job we do. The risk we take going into patients home, one of my colleagues was hit with a hammer on his head last August
Health care assistance, Band 3	For the long hours we do and with all the staff shortages we are constantly do about 2 peoples work per 12.5 hr day and not getting paid anywhere near enough for the hard, tiring, risk to our health jobs we do
Health care assistance, Band 3	The amount of work that we have to do does not coincide with the pay at all
Health care assistance, Band 3	What the Government is asking is well below what we are entitled to. I think 15 percent is more than fair
Health care assistance, Band 3	Should be a more independent process

Health care assistance, Band 3	PRB isn't delivering a fair day's pay for a fair day's work anymore. If anything it is outdated.
Estates and maintenance , Band 3	I'm not sure the PRB actually knows how much things cost these days
Estates and maintenance , Band 4	It's not independent and disregarded by government no like there PRB
Estates and maintenance , Band 4	If it was truly independent why are they not giving us bigger pay rises
Estates and maintenance , Band 6	Not independent
Estates and maintenance , Band 6	They are not independent. They are in the pockets of this government.
Estates and maintenance , Band 7	I don't think it is independent and is there to implement government policy of reducing public sector wages and terms and conditions.
Counselling Psychology, Band 8a	not sure how independent they are
Clinical psychology, Band 8a	My pay has not changed and my opinion is I am not fairly paid as per previous answer. Independent practitioners in my field are paid better for the same work.
Clinical psychology, Band 8a	As an independent agency, I suppose they provide an external view
Clinical psychology, Band 8c	It's not really independent the government even decides when it will report
Clinical psychology, Band 8c	The process is a joke. Far from independent. The PRB clearly takes a steer from central govt
Chaplaincy, Band 6	No, but I don't think the government is willing to pay patient-facing workers what they deserve and I question how independent the PRB really is
Biomedical science, Band 2	It is not in line with inflation, the cost of living, council tax etc... And also I believe someone should come into my place of work and see our working conditions, e. g. Broken machinery. Also watch the job we do, how physically and emotionally demanding the job is.
Biomedical science, Band 5	I doubt if they are truly independent as they always come up with figures that exactly reflect the government's recommendations!
Biomedical science, Band 6	Pay review bodies not independent enough as they are appointed by the Government.
Biomedical science, Band 7	Despite supposedly being independent they seem to succumb to political pressure from Government

Ancillary (porter, cleaner, caterer etc), Band 2	The pay body is far from independent, it leans towards the government in its outcomes. it is a another way to force pay restraint.
Ancillary (porter, cleaner, caterer etc), Band 2	I am worried I won't be able to afford to work. Wages are not keeping up with cost of living
Ancillary (porter, cleaner, caterer etc), Band 2	It's a fix. Their determinations are arbitrary and subjective. We need to bargain directly with government.
Ambulance service, Band 2	The Body appears to be influenced by government pressure
Ambulance service, Band 3	I can no longer afford to pay all my bills, my heating is turned down low, my home is often cold
Ambulance service, Band 3	It's not increasing in line with inflation. My bills are going up massively but my wage isn't
Ambulance service, Band 3	The PRB doesn't understand the sheer stress and responsibility we carry day in day out
Ambulance service, Band 5	For the most part yes, it's consistent and aims to apply equitably across all trusts, unlike the independent parliamentary pay review that consists of stake holders directly affected by their pay decisions
Ambulance service, Band 6	Biasedvery much like the ombudsman is in the pockets of the companies it's meant to deliver independent opinion the PRB is in the government pocket
Ambulance service, Band 6	The PRB do not seem to be 'independent' and always seem to recommend what the Govt tells them to
Ambulance service, Band 6	Doesn't feel independent & can be ignored
Ambulance service, Band 6	Considering the work we put in and the sheer volume of our workload to then be "independently" awarded only 1% was insulting.
Ambulance service, Band 7	Doesn't feel like they are acting independently, feels as though they are under pressure to keep pay low.
Allied Health Professional services, Band 2	I think it is simple to see. My colleagues are leaving to work in supermarkets! From saving lives during a pandemic to feeling so undervalued to leaving your experienced career in saving lives to stacking shelves for more money is disgusting and heart-breaking.
Allied Health Professional services, Band 2	I don't believe its independent enough. Government should not have the right to not pay what it recommends

Allied Health Professional services, Band 3	MP`s have their own apparently independent pay body , yet they have received pay increases on a regular basis , disgusting
Allied Health Professional services, Band 6	Not keeping up with the cost of living - takes advice from the govt - so not independent
Allied Health Professional services, Band 6	Not truly independent
Allied Health Professional services, Band 7	The PRB is not independent enough, it seems that they are persuaded by the government more than by unions
Administrative or clerical, Band 2	Staff that work for the NHS put in so much more than they are given credit for, from all levels from admin and clerical to clinical roles. I feel we are constantly expected to dedicate our time and effort into work but we are not near enough recognised for what we do day in and day out and we expected to go above and beyond our job roles but stay on the same low pay which is unfair.
Administrative or clerical, Band 2	It does not take into account how lower bands are affected by percentage pay rises. The difference between the bands is ever-expanding and leaving lower paid workers essentially worse off.
Administrative or clerical, Band 2	Pay has not kept up with the cost of living, and has not rewarded us for putting in through the first and second lockdowns, and the impact of catching up has had in us, to allow us to save for holidays/treats when we are allowed, but also to keep on top of spiralling costs of living
Administrative or clerical, Band 2	Not when we have been working full time throughout the entire pandemic and others are furloughed?
Administrative or clerical, Band 2	Not at all, the pay is awful, it`s the primary reason there aren`t more people filling these vacancies in the NHS, the primary reason people will leave, and is the primary reason they cannot retain talent.
Administrative or clerical, Band 2	Fair pay would be around £20/hr for a band 2. I'm not kidding. We are desperately underpaid. A lot of us are asking why we even bother. For similar pay, we could be working shifts in a shop selling jeans to teenagers, with better work life balance and a quarter of the stress.

Administrative or clerical, Band 3	In real terms 3% of low pay is not a lot. 3 % of high pay is my wages for a month.
Administrative or clerical, Band 3	We have worked every day of the pandemic. And lost colleges due to Covid.
Administrative or clerical, Band 3	There remains inequality in departments pay rises, especially those in government. With recent increases in pension, NI we have had our income cut with the demands of Covid we have worked harder and longer to cover our services sometimes over several jobs. It's time to stop clapping and pay us appropriately
Administrative or clerical, Band 3	NHS pay is notorious for being much lower than it would be in the private sector. Also, salaries and banding should be the same no matter which NHS Trust you work for.
Administrative or clerical, Band 6	PRB is classified as "independent" however is guided by central Government
Administrative or clerical, Band 7	Is it truly independent?
Band 2	The PRB is out of touch with the reality of life on the 'shop floor', taking advice from those whose working life is office based