

Chartered Society of Physiotherapy
Evidence to the NHS Pay Review Body

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By email:

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 53,000 chartered physiotherapists, physiotherapy students and support workers.

The CSP welcomes the opportunity to submit evidence to NHS Pay Review Body for the 2016-17 pay round.

We would be pleased to supply additional information on any of the points raised in our response at a later stage.

The contribution of physiotherapy

Physiotherapy enables people to move and function as well as they can, maximising quality of life, physical and mental health and well-being. With a focus on quality and productivity, it puts meeting patient and population needs, and optimising clinical outcomes and the patient experience, at the centre of all it does.

As an adaptable, engaged workforce, physiotherapists have the skills to address healthcare priorities, meet individual needs, and to develop and deliver integrated services in clinically and cost-effective ways.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists work with children, those of working age and older people; across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, and help prevent episodes of ill health and disability developing into chronic conditions. Physiotherapy supports people across a wide range of areas including musculoskeletal disorders (MSD); many long-term conditions, such as stroke, MS and Parkinson's disease; cardiac and respiratory rehabilitation; children's disabilities; cancer; women's health; continence; mental health; falls prevention.

Physiotherapy delivers high-quality, innovative services in accessible, responsive, timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person-centred professionalism.

1. Economic Background

- 1.1 The CSP supports the joint evidence submitted by the NHS trade unions. The following evidence highlights additional physiotherapy specific commentary.
- 1.2 We believe that the Government's plans for further pay restraint – which will lead to a decade of compressed pay levels, below inflation – risk exacerbating recruitment and retention problems workforce morale and motivation and productivity.

2. Recruitment and Retention

2.1 We are concerned the physiotherapy workforce supply is not keeping pace with demand – just when the profession has a particularly strong contribution to make to meeting changing population/patient and service needs, in line with government priorities, high-volume areas of care and aspirations for service re-design.

2.2 The CSP survey of 2013 graduates (undertaken in the summer of 2014) indicated that 95% of respondents had secured employment and were practising as a physiotherapist (of whom 77% were in permanent employment contracts). Only 1% of respondents indicated that they were not working as a physiotherapist and were not seeking to enter the profession. We expect figures relating to 2014 graduates (shortly to be available via Unistats data) to depict even higher employment levels.

2.3 We are now gaining feedback from physiotherapy managers that reflect starker trends relating to securing physiotherapy staff. They report that they are only able to recruit newly-qualified staff at the key points of students' graduation, indicating a tight physiotherapy labour market for that pay band. For example Cardiff University have informed us that 100% of the 2015 cohort of graduates have already gained employment.

2.4 It is apparent that there are problems recruiting at all levels of post and across sectors and settings (with community-based services particularly reporting on recruitment difficulties). Feedback from physiotherapy managers (within and outside the NHS) in a CSP survey undertaken in March 2015 indicated the following:

- Two-thirds of respondents indicated they were experiencing moderate or severe difficulties recruiting to Band 5 posts
- Four-fifths reported moderate or severe difficulties recruiting to Band 6 posts
- Over half reported moderate or severe difficulties recruiting to Band 7.

This survey of physiotherapy service managers covered both the NHS and private/not for profit sectors across and received 213 responses¹. Respondents reported that as of 31st January 2015 12% of all physiotherapy posts were vacant and 7% had been vacant for 3 months or more.

¹ CSP Physiotherapy Managers Survey 2015 <http://www.csp.org.uk/professional-union/union-support/workforce-planning>

Respondents were then asked to identify the causes of their recruitment problems and it became clear that the main causes were lack of applicants whereas the last time the CSP undertook a similar survey in 2012 the freezing and removal of vacant posts was the most significant cause of staffing shortages.

2.5 Further research on about recruitment and retention issues, conducted through interviews in July and August 2015 of 6 physiotherapy managers in England, Northern Ireland, Scotland and Wales, found:

- particular difficulties attracting applicants for band 6 and 7 jobs, but also band 5s
- difficulties filling fixed term contracts and certain specialisms
- suggestion of difficulties in recruiting and retaining staff in busy acute settings
- possible employer strategies to make savings through vacancy controls (ie delaying filling posts)
- the continued extensive use of external agency staff
- instances of a high number of foreign trained physiotherapy staff applying for posts
- pay is a factor in recruitment and retention difficulties

2.6 Below are comments from the managers we interviewed

Physio Manager, Wales

‘Pay is important in that it publicly confirms your value as an employee, but there are other equally important issues such as work load, the behaviour of senior managers, the decreased autonomy within my role, the lack of senior people in the organisation being able to see that the patient/client should be the centre of all that we do.’

‘I work overtime regularly but this is to help my stress levels and I choose to do it. I do not get paid. I stay late to finish work so when I come into work the following day I am not stressed about work that I didn’t finish the day before.’

The reason she and her colleagues are working longer hours is due to ‘Increased tasks which do not relate to patient/client care and are merely “tick box” exercises.’ She continues: ‘Many tasks that used to be undertaken by senior managers are now passed to my level. Having to develop formal responses to complaints or answer verbal complaints also takes a great deal of my time.’

‘As a manager I have been told that I am not to treat patients any more. This means an experienced physio is now lost to the system. I cannot mentor or pass on my knowledge and skills and I consider this a real waste. Our teams of physiotherapy staff do a brilliant job under difficult circumstances and they do this with very little support from senior manager.’

Physio Manager, East of England

‘Turnover has been quite high, especially in band 5 roles with staff leaving to find higher banded posts. Turnover for the last year has been close to 20%. Staff members, especially in the lower bands, simply cannot afford to live and work in the area. The city is a very high cost area, including rents and property prices. Salaries are not at a level that enables a staff member to pay the rent or buy a property and still have any money left over to live.’

'The pay freeze over recent years have made this situation worse and it is noticeably more difficult to recruit and retain staff than it has been. Given the recent budget announcement I can only see the situation getting worse, we are a large high profile hospital that used to attract staff from all around but now are losing out to other workplaces in cheaper areas.'

Physio Manager, London

'It's a constant challenge. We are now having problems in recruiting band 5s. Recently we experienced a large turnover within a short period of time. In the past we would have received a hundred applications for band 5 posts, but now we are only getting a 1/5 of that. It has always been difficult with attracting band 6 and 7s but usually when they do recruit they tend to stick around for a decent period of time – which is good. The last few band 6 and 7 vacancies they were filled by internal promotion, due to failure to get an appropriate external applicant.'

'It feels maybe staff not as keen to work in such a pressurised acute work setting and may possibly be opting for jobs in less stressful environments. It also feels that the Trust doesn't do enough to develop academic/career aspirations of physios.'

The manager undertook a stress audit last year and around 10% of the physio responses acknowledged that they were experiencing stress. She is also personally aware that stress may be a problem as she has had to refer some staff to occupational health due to their stress levels at work.'

Physio Manager, Midlands

'The pace that the trust expects change to happen [is creating recruitment problems] There's no recognition of the planning time necessary and the requirement to plan in order to implement change.'

'There's a lengthy recruitment process. Each stage needs signing off by authorisers, and in a particular order, therefore there can be delays, for example if people are on annual leave.'

'The problem we face is we can only offer temporary contracts so we lose staff to employers who offer permanent contracts. It's difficult to recruit experienced Band 6 and Band 7s.'

'Senior clinicians have left for a variety of reasons. We have never managed to recruit staff of equal experience again and therefore we are unable to build the service back.'

Physio Manager, Scotland

'Band 6 in acute is really difficult to recruit to.'

'We have tried various things so have adjusted the rotations and added a more general rotation in so people can build confidence in the role and have also changed the duration of band 5 rotations back to 4 monthly so they do more rotations now in a shorter period of time. We had a permanent band 6 in musculoskeletal. They could not recruit to so have added it back into the rotations. The largest problem is the cost of living in the area.'

'We have more recruitment issues than retention issues as once they get staff they seem to keep them. We are managing to get people applying for band 5 jobs but problems with band 6 recruitment. We had a band 6 advertised 3 times and no interest

'The process for recruitment is laborious and can take 3 months from successful interview to a person starting. I have just done a round of band 5 interviews and was about to appoint and one of the people who had a permanent post has now said they have got a job in a more central location and withdrew.'

Physio Manager, Wales

'We've have fewer applicants for band 6/7 jobs. Mostly still recruiting but we've not been able to fill the more specialist posts. We've had difficulty filling fix term contract posts. As for Band 5 posts, we've been advertising early for new graduates but then we are finding that staff drop out when offered a preferred job elsewhere – 2 out of 6 have dropped out recently following an offer of a job. There's been a notable increase in applicants who are not trained in the UK. Half of those applying for the last batch of band 5 posts were not UK trained.'

Physio Manager, Northern Ireland

'We had a spate of staff leaving recently all for different reasons. One left Northern Ireland, some [band 5] got band 6 jobs, some changed trust and some left to work for a private firm. So in over 3 months we have lost about 13 band 5 posts.

Reflecting on circumstances in Northern Ireland where there are substantial budget-driven restrictions in place on recruitment, the manager adds:

'There's no lack of people to fill them, but the process is slow. It feels as if the trust tends to hold posts [vacant] to try and make saving, releasing them in fits and starts.'

3. Workload, Motivation and Morale

3.1 There is mounting evidence that the current shortages of physiotherapy staff are having a major impact on existing NHS staff with increasing pressure to work additional hours to cover shortages and ensure quality care for patients. A survey commissioned by the joint NHS trade unions as part of their evidence to the Pay Review Body ("NHS staff survey on pay and conditions: a research report for the joint staff side NHS trade unions", undertaken by Income Data Services and published in September 2014) asked NHS staff about the number of additional hours over and above their contracted hours that NHS staff work. The results show that physiotherapists across the NHS in England work significant numbers of additional unpaid hours. 61% of physiotherapists who responded to the survey worked up to 5 unpaid additional hours each week (compared to 44% of all NHS staff). 7% of physiotherapists worked an additional 6-10 hours unpaid per week (12% of all NHS staff) and 1% worked 11 or more unpaid additional hours (5% of all staff).

3.2 The CSP requested the data from that survey for the responses completed by CSP members: 39% of CSP members stated that they always worked more than their contracted hours: 35% frequently and 24% sometimes. Fifty-nine per cent reported that these hours were unpaid with 40% working between 2 and 6 extra hours per week. When asked why they worked these additional hours, a third said that this was to cover staff

shortages; three quarters in order to catch up on paperwork; 67% because there was not enough resources or time to do their job; and 63% that it was impossible to do their job otherwise.

3.3 Lack of resources and in particular the hours that physiotherapists are having to work in order to provide the quality of care that their patients needed are a reflection of insufficient levels of staffing. Over half of CSP respondents to the joint trade union survey reported that their employer had responded to the financial challenges facing the NHS by reducing the number of posts in their department and 42% by recruitment freezes. The impact on physiotherapy staff is clear with 59% stating that their morale had deteriorated in the past year with the highest ranked cause (74%) being stress and 58% dissatisfaction with the level of care they are able to provide.

3.4 There have been numerous media reports in recent months of the high levels of spending on agency staff across the NHS to address staffing shortages. 73% of CSP members reported that staff shortages had occurred frequently in the previous 12 months and nearly half cited increased use of bank/temporary staff being used by their employer to address those shortages.

3.5 Many of the results in the 2014 survey were confirmed in a smaller sample survey conducted by the CSP in the summer of 2015, which was broadly representative of the physiotherapy workforce. It found that, over the previous 12 months,

- 63% felt they did not have enough time or resourced to do the job
- just under three quarters had observed 'frequent' staff shortages
- two thirds frequently or always worked more than their contractual hours, with over 40% saying they were all unpaid
- the main reasons for doing this overtime were to maintain quality of care (72%), paperwork (70%), that it was otherwise impossible to do their jobs (57%) and staffing (31%)
- almost two thirds reported a fall in morale, with downbanding, staffing levels, pay and the quality of care they felt able to provide key factors
- over 80% considered leaving their current jobs, with 22% considering this option 'very seriously'

4. Productivity

4.1 Physiotherapy is a key workforce solution to meeting the needs of an ageing population; increasing numbers of patients with long-term conditions, comorbidities and multi-factorial needs; and delivering more preventative care, planned care closer to home, and supported patient self-management/ behavioural change. Workforce supply, in terms of strategic approach and decisions about workforce planning, also has to align with changes in service commissioning/design and to the delivery of care across the whole health, social care and public health economy.

4.2 To meet this growing demand effectively and affordably, we believe that investment in the current workforce is required. This crucially includes parts of the workforce that have typically not been well supported in their on-going development (including physiotherapists and support workers) to increase the overall workforce's productivity and responsiveness to changing population/patient and service needs.

4.3 There is strong evidence that investment in physiotherapy contributes to NHS cost effectiveness and enhance NHS productivity.

- Physiotherapy staff are central to delivering rehab services that can make considerable savings for the NHS. For example, a team of physiotherapists, occupational therapists and therapy assistants, delivering intensive postdischarge care, saved Bradford Teaching Hospitals NHS Foundation Trust a total of 2,698 orthopaedic bed days, equating to an estimated cost saving of more than £600,000, between 2011-2013. A post-surgical rehab unit at South Warwickshire NHS Foundation Trust where an enhanced recovery program was set up in 2004 delivered approximately £500,000 savings, by reducing the numbers of beds and numbers of readmissions while increasing the number of operations.² However, physiotherapy staff who took part in 2015 CSP survey report that due to staffing shortages and perverse waiting list targets that they are unable to carry out effective rehabilitation, meaning patients are discharged and then return to the NHS system for further treatment.
- The Boorman Review of 2009 identified potential savings for the NHS of £555 million a year if sickness absence among staff was tackled with early intervention occupational health services, such as physiotherapy. Yet three years on freedom of information requests by the CSP found that more than a third (37%) of the 163 trusts admitted to not having a health and wellbeing strategy in place³. A report published earlier this year by the Royal College of Physicians⁴ found that fewer than half NHS staff say their employer takes positive action on health and wellbeing.
- Across the UK every year 1.2 million people end up in A&E after a fall, costing the NHS £1.6 billion. If everyone 65+ at risk of falling was referred to physiotherapy 225,300 falls would be prevented, saving the NHS £331 million every year⁵

5. Physiotherapy staff views

5.1 The CSP held focus groups in July and August 2015 that involved 132 physiotherapy staff employed by 15 NHS provider organisations in Scotland, Wales, England and Northern Ireland. Bands represented ranged from 4 to 9; they worked in community and acute services, in a variety of roles, specialisations, departments and 'pathways' (MSK, intensive care, stroke, respiratory, neuro, major trauma, urgent care, paediatrics, elderly, medical and surgical wards, falls, women's health, inpatients and outpatients.)

Points made by physiotherapy staff included

- Feeling that they are undervalued
- Increase in the amount and intensity of work
- Increase in responsibilities, across all bands, not recognized with an increase in banding

² A national review of adult elective orthopaedic services in England, March 2015, <https://www.boa.ac.uk/wp-content/uploads/2015/03/GIRFT-National-Report-Mar15..pdf>

³ Fit enough for patients? An audit of workplace health and wellbeing services for NHS staff, 2014 <http://www.csp.org.uk/publications/fit-enough-patients>

⁴ Work and wellbeing in the NHS: why staff health matters to patient care, 2015 <https://www.rcplondon.ac.uk/sites/default/files/work-and-wellbeing-in-the-nhs.pdf>

⁵ The Cost of Falls (CSP website) <http://www.csp.org.uk/professional-union/practice/your-business/evidence-base/cost-falls>

- Concerns about staffing levels and the impact both on existing physio staff (longer and less flexible working hours, stress levels, morale) and patient care (poorer quality care)
- Falling satisfaction with quality of care able to give patients, due to staffing, targets, lack of professional autonomy
- Loss of supervision for junior posts and clinical leadership for teams, due to loss of more senior physiotherapy posts and / or growth in management / bureaucratic work placed upon the latter
- Squeeze on time/funding for non-mandatory training (which is nevertheless important for maintaining quality care and their own duty of care to patients)
- Desire for, and some evidence of actual moves to find less stressful / more rewarding / satisfying roles within physiotherapy, either within or outside the NHS
- Half had recently considered leaving their current job
- Need to top up basic income (either within the NHS ie on-call rotas, or in the private sector)

5.2 Case studies

The below physiotherapy staff who participated in the focus groups volunteered as case studies.

Sharon, Band 7, London

Sharon works overtime up to 2 hours a week, for which she is not paid.

Amid 'frequent' staff shortages she's putting in the extra work time to try to ensure the best possible care for her patients, but also so her colleagues don't shoulder all the burden. She doesn't feel she has enough time and resources to do her job. 'We have less now time now to get a full assessment in.' And she's concerned that time spent with 'frail older people on the wards' is being cut too.

'Cost cutting measures' are putting increased pressure on physiotherapy staff at her workplace. 'We are not getting back fill for staff on maternity leave, but we have to cover the same workload. Where wards are closed due to cut backs, we are not getting staff back. We get fewer locums than before. We are running at the maximum the whole time. It is not sustainable.'

Sharon's department is addressing staffing shortages through increased use of external agency staff, recruitment from abroad and by reviewing / changing the skill mix. Dissatisfaction with the quality of care she feel she's able to provide, coupled with stagnant pay levels, rising workloads and inadequate staffing has hit her morale and motivation.

'Patients are all seen, and all get back on their feet – but it is demoralising – you don't feel valued. You want to do what you need to, but you can't.'

'You take the job on and do this initially because you love job but then start to hate job as it's not paid well and then you find you're not doing the role you love. You want to have a positive impact on lives but you are not giving quality of life. You are exhausted as you know you not doing a good job.'

Sharon feels the government's pay policy is unfair, unsustainable, and unjustifiable and undermines quality services. 'We do our jobs for love, but we should be fairly rewarded,' she says. 'We need to have a degree. We are not fairly remunerated, compared with workers in other parts of the public sector.'

She agrees there are benefits working in the NHS, for example, annual leave provision. However, private sector employees get perks not available in the NHS, she notes, for example, a Christmas bonus. Reflecting on non-pay awards that might change her low mood at work, she remarks: 'Not just a free coffee or handshake.'

Amy, Physiotherapist, Band 6, Yorkshire

Amy feels pay policy is 'unfair', unjustifiable'. Undertaking paid work over and above her main NHS employment, she feels falling real pay levels 'undermine quality patient services'

She's of the view that compared to workers outside the NHS she's underpaid. 'There's less responsibility in other areas of work [outside the NHS] but paid the same or more.' 'We are expected to do more to ensure patients get holistic treatment which takes more time yet throughput of patients has increased.'

A lack of staff occurs 'frequently' and is addressed by the organisation by increased use of the organisation's own bank and external agency staff as well as recruitment where possible.

Amy and her colleagues try to deal with this situation by working longer hours. She works up to 2 hours over and above her normal contractual hours and is awarded time of in lieu. The additional working time she puts in is to provide the 'best care she can to care for her patients', she says.

Deborah, Physiotherapist, Band 6, South East Coast

Deborah believes the NHS pay policy is unfair and is undermining patient care. Her morale and motivation has declined over the past 12 months, due to pay, workloads, staffing levels and dissatisfaction with the level of care she feels able to provide. She doesn't believe she's got enough time or resources to do her job properly.

'Staff have left because of pay and feeling undervalued.'

Referring to the recent reforms of the NHS pension system that raised the age when staff will retire, Deborah adds: 'The pension used to be an incentive to work in the NHS but now the retirement age is ridiculous, it no longer has that incentive.'

'The staff generally are strong supporters and believers of the NHS but that only goes so far and we get to the point where we are feeling taken advantage of.'

She says she and other physiotherapy staff in her department work overtime, and they get paid for regular booked overtime but 'often we have to stay behind to complete work, for example, finish up our patient notes, and we do not get paid for this'.

The burden on staff is increased by the regime of enforced competition introduced by the last government in 2012. Deborah says: 'The easy patients are being mopped up by the

private providers who can make a profit out of them and the difficult stuff is left for the NHS.'

Deborah concludes that these factors mean her department 'can't recruit staff' .

Tom, Physiotherapist, Band 6, Wales,

Tom frequently works paid overtime, of 2-4 hours weekly, because his wages are insufficient, but also on call overnight shifts and weekend rota are compulsory and to ensure his patients get the best possible care. His morale is 'a lot worse', due to pay levels, staffing shortages and the dissatisfaction with the quality of care he feels able to provide. He also feels he simply doesn't have the resources or time to do his job.

'My pay makes me feel underappreciated, demotivated and low,' says Tom, agreeing that pay policy for the NHS is unjustifiable, unsustainable, and unfair, and bad for patients.

'I would never in a million years recommend to others to work in the NHS, especially in a physiotherapy outpatient role where there's so much pressure from targets and patient demands. The rewards just don't justify the required extra work and skills.

'Workloads have increased, there are now more new patients expecting to be seen. We are expected to play a large role in the patient's psychological demands as well as physical demands and the extra time required for this just isn't been given.'

Phil, Physiotherapist, Band 5, Northern Ireland

Phil works on rotation in a hospital. He works overtime regularly – for which he's not paid - to ensure his patients get the best possible care in a context where he feels there's not enough time or resources for him to do. Workloads, staffing shortages, dissatisfaction with the level quality of care he feels able to provide, and pay levels: they've all hit his morale. Along with other NHS staff in Northern Ireland he still hasn't received a pay award – due in April - this year and has seen pay cuts in real terms in previous years. He doesn't think the government's pay policy is fair, sustainable or justifiable.

'Although I recognise the hardship our economy has experienced over the last number of years, I feel that the pay scales of physiotherapy in the NHS do not reflect a recognition of the responsibility and hard work that is expected from a physiotherapist.

'As a junior physio you are expected to work autonomously within a very demanding service. At times, like when you are on-call or in the intensive care unit, you are providing treatment to patients who are critically ill.

'We provide an excellent service and reach a high level of competency very quickly. However, to look at our payslips this would appear to be taken for granted!

'We are being held back from providing the level of service that our profession would aim for due to staffing pressures. It can only take one member of staff to be on annual leave or training for the pressure to rise considerably.

'Patients who would greatly benefit from our rehab input are missing out, therefore putting pressure on the community services to provide care and rehab, and this in turn can result

in additional complications with a patients' health, placing an additional and avoidable demand on the service.

'This is really demoralising for the team and the service as a whole.'

Gerard, Physiotherapist, Band 6, Northern Ireland

'There's less staff and more pressure. I am nearly at the top of my band and I feel that there is more responsibility being put on people. I work in community rehab and in community services the buck stops with you. You are dealing with complex social issues and demands for earlier discharges.'

Gerard's colleagues point out they are only really seeing the priority patients and that leads to 'patients on the ward constantly grumbling about their expectations of service not being met'. In neuro, priority patients should be seen daily, but they are only getting seen three times a week. Resources are so strained that 'it's hard to have any quality of treatment and fit all the patients in,' says another colleague.

'This all has an impact. For my band 5 colleagues it's hard to deal with the level of informal complaints from patients and families,' says Gerard.

'It's frustrating,' adds a colleague. 'We know patients will not achieve their potential.' On a rare quite day in the ward, says another, 'I could rehab patients and it was amazing to see what physiotherapy can achieve. As a physiotherapist it broke my heart. The joy of the profession is making a difference to people's lives and now a whole generation of therapists will not have that experience. If we could rehab someone to the level where they needed less assistance, or were independently mobile, it would decrease the long term costs to the NHS.'

Like many of his colleagues, he doesn't feel the current pay policy is fair, sustainable or justifiable.

Ruth, Physiotherapist, Band 6, Scotland

Ruth works between 6 and 8 hours overtime weekly. The extra hours, which include bank shifts, allow her to do her job, complete all necessary paperwork, deliver the best possible patient care, and mean she feels she's not letting her colleagues down. Some of the overtime is paid, and she needs this income, she says.

'There are more expectations on staff now than ever before and no incentive to take on these additional duties as they are not properly rewarded. The responsibility we have for patient's lives when you compare yourself to people working in some other sectors on much higher wages with apparently much lower responsibilities.

'Expectations on the banding have changed even over the last three or four years – so what is now expected of a band 5 is much higher, and the same applies to Band 6s, as Band 7's have more managerial fall-out from their seniors, so the 6's end up having much more responsibility than they historically did, and in some areas lack senior support. Also the jump from B5 to B6 is dramatic in the workload/responsibility, but the pay increase is nominal.

'I feel personally, as a B6 rotational within the acute sector, we are very highly skilled. We are highly valued as professionals within our NHS organisation, but I don't feel our wage reflects the level of responsibility. It's a real struggle to recruit to band 6 posts – people are reluctant to leave band 5 posts as the expectation on the Band 6 is high, and the financial increase does not seem worth the stress.

'My rent is £850/month, and I have to do a specific amount in the hospital as night shifts, as "voluntary extras" to pay my bills, and so I have the "spending money" for a better social life.

'It is better as a B6 than it was as a B5, but only because it opens up others avenues for income [within the NHS]. But I personally find it very difficult to do more than two hospital at night shifts/month, otherwise my fatigue levels increase dramatically, and I feel my day work is affected.

Staffing has 'escalated to crisis level within my organisation', she says. 'We need more staff. This would give more time with patients and you would be able to do the job properly, not firefighting. It is not quality patient care and that affects job satisfaction. I think we as a profession are too good at firefighting, and that crisis is averted on so many occasions, perhaps the true nature of the problems is not appreciated by those outside the profession, since we appear to be "coping" with the pressures. If there were more staff you could decrease the bed stay as people would be treated not just assessed and discharged.'

5.3 Quantitative results

All participants in the pay focus groups were asked to completed a questionnaire and around half (64) responded. England represented half of the responses, Scotland a quarter, Wales 17% and Northern Ireland 6%,with the following breakdown by bands (Band 4 - 7%; Band 5 - 1%; Band 6 - 36%; Band 7 - 31%; Band 8 - 16%; Band 9 - 2%)

In a typical week, how often do you work more than your contracted hours? (Please take account of occasions when you work through lunch or other scheduled breaks).	
Never	1.6%
Sometimes	31.3%
Frequently	43.8%
Always	23.4%

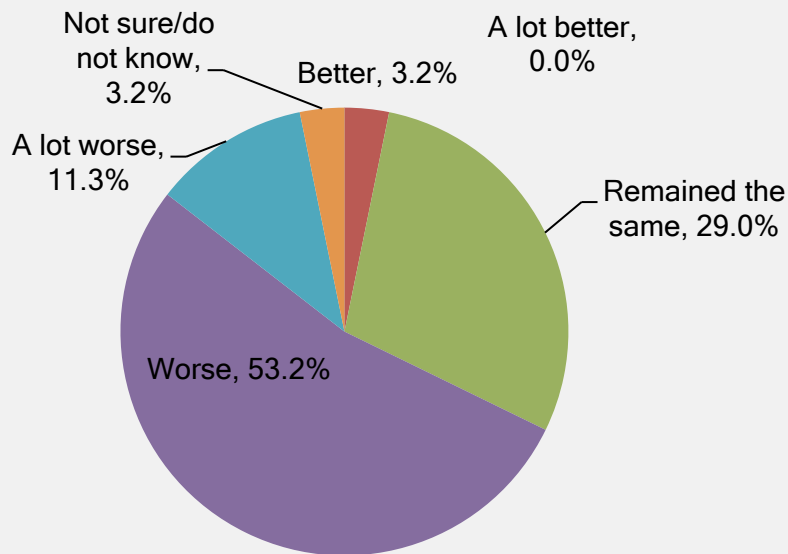
What are the main reasons you work more than your contracted hours?	
My basic salary is insufficient	8.2%
I enjoy my job	16.4%
I also work bank shifts	3.3%
I am expected or required ('compulsory overtime') to do so by my manager	13.1%
It's impossible to do my job if I don't	57.4%
I want to provide the best care I can for patients	72.1%
I don't want to let my colleagues down	37.7%
To catch up on paperwork	70.5%
To make sure there is a proper handover	21.3%
To cover staff shortages (including because of insufficient	31.1%

sickness, maternity or holiday cover)

Do you have enough time and resources to do your job?

Strongly agree	0.0%
Agree	17.7%
Neither agree nor disagree	21.0%
Disagree	45.2%
Strongly disagree	16.1%
Not sure/do not know	0.0%

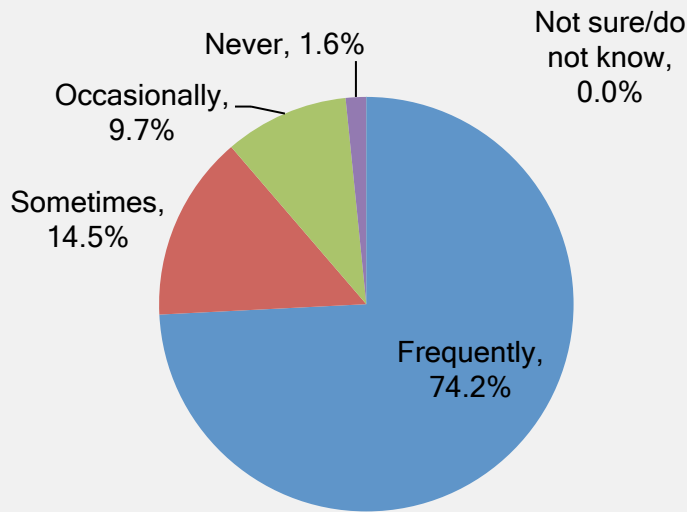
Compared to a year ago is your own morale/motivation at work:



Which of the following have affected your morale and motivation at work.

	Positively	Negatively	Neutral
Pay	2	37	21
Workloads	2	43	16
Staffing levels	4	53	4
Downbanding	1	19	33
Satisfaction with the quality of care you feel able to provide	8	38	13

In the last 12 months have staff shortages occurred in your working area/department:



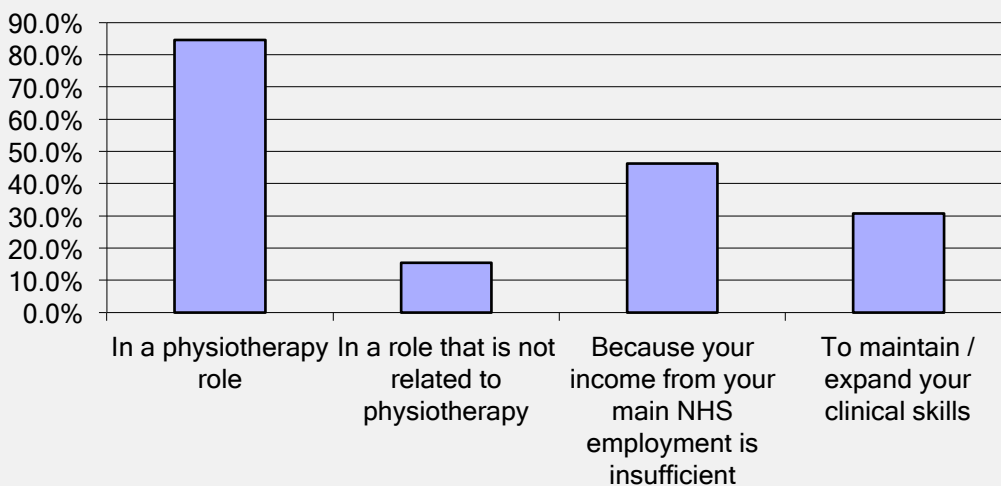
What is your employer doing to alleviate staff shortages in your workplace (please tick all that apply)

Increased use of your organisation's bank	19.4%
Increased use of external agency staff	30.6%
Recruitment from abroad	11.3%
Reviewing/changing skill mix	72.6%

Do you undertake any paid work over and above your main NHS employment?

Yes	22.6%
No	77.4%

Are you doing additional paid work over and above your main NHS employment...



Over the last 12 months how seriously have you considered leaving your current position in the NHS?

Not at all	17.5%
Not very seriously	30.2%
Fairly seriously	28.6%
Very seriously	22.2%
Not sure/do not know	1.6%



Peter Finch
Assistant Director
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30.9.2015

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