

# UK: RCN union tries to defend National Health Service sellout deal as nurses rebel

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The health unions' attempted sellout of the National Health Service (NHS) strikes has provoked a flood of rank-and-file opposition. The union bureaucracy is trying to pressure workers into accepting a deal that leaves them poorer for working amid the pandemic, funding and staff retention crises crippling the health service.

Union leaders are so disconnected from the membership that they have been caught off-guard by the strength of opposition. In response they have begun an operation framed as a "dialogue" designed to pressure members into accepting the rotten deal.

On March 20, the Royal College of Nursing (RCN) was forced to tweet a statement from General Secretary Pat Cullen "on what really went on during NHS pay negotiations, and her response to misinformation that has circulated since."

This set up an online Q&A with Cullen and other leading union officials on Tuesday.

The statement accuses workers of spreading "myths" and then tries to bully them into accepting "the facts" as presented by the RCN.

Cullen introduces several "Myths". The first: "This is the first offer and we should always reject it." She answers, "This is not the first offer, it's the final offer... The talks did not stop until we had got every penny the government was going to give."

Rishi Sunak's Conservative government acts on behalf of the corporations and super rich who will not "give" anything—the enormous levels of social inequality are proof of that. It has to be taken in a struggle.

Cullen writes further down the page, trying to cosy up to the workers she and the RCN leadership are selling down the river, "Your voice and actions have pushed the government to put billions more into NHS pay packets." That was after the government's previous "final offer".

As one nurse questioned in the online Q&A, in one of the most-liked comments by participants, "We are yet to

do a proper strike. When we threatened it they came to the table. Surely if we did a real strike we would get a better offer?"

What makes this deal the "final offer" is that the unions are on board and are working on the government's behalf to see it imposed.

Cullen's next "Myth: 5% next year isn't the 19% we asked for." No, she says, "It was government scare-mongering to say the RCN wanted 19%. It was never the case and that's why that figure has never been said by me, my colleagues, on the RCN website or any campaign leaflets."

The union never meant to fight for a real pay rise in the first place; workers have no reason to disbelieve that. But *their* intentions were very different, as the comments showed:

"Why is it the RCN rally nurses to vote to strike to demand above inflation rises of over 19% to then recommend we now accept a measly offer of 5%?"; "Can I please ask why we voted to strike for 5% above inflation, and are now recommending a 5% below inflation real term pay cut?"

If the deal goes ahead, the average nurse's salary would fall well behind price rises—annual RPI inflation climbed to 13.8 percent in February, after an 8.2 percent rise over the year before.

One comment warned, "The last nursing strike was 1988; it's now 2023 and we're still no better off. Another 40 years and the NHS will not exist. We haven't come this far to back out now. More nurses are going to leave, more patients at risk."

Another said, "This will make 13 years of below inflation offers, and will condemn us to another 13."

Many nurses raised concerns that such a rotten sellout would have devastating consequences for the staffing crisis in the NHS—a key issue in the strike: "How will this poor offer help us to recruit and retain staff?; Where is the

incentive for experienced nurses to remain in a field where they are continually undervalued; How does this deal help recruit new nurses?”

Not only will nurses be getting poorer in absolute terms, they will be falling faster than the average UK worker. Nominal wage growth (before double-digit inflation is taken into account) for the UK as a whole in the year to January 2023 was 6.5 percent—and 4.8 percent for the public sector—above the 4 percent consolidated pay rise.

Nurses in England will also be falling behind their colleagues in Scotland, even though they had a separate rotten deal forced on them—6.5 percent for 2023-24, after 7.5 percent the year before. The RCN cheerfully announced a vote to accept on March 20, but the margin and the turnout tell their own story.

A slim majority of 53.4 percent voted to accept, on a turnout of just over 50 percent, meaning barely more than a quarter cast a vote in favour. Workers were left feeling certain the RCN would not fight for better after the union refused to organise any strike action in Scotland at all, even as the government forcibly imposed the 2022-23 deal.

Three quarters essentially threw up their hands because they were presented with a *fait accompli* by the unions. The RCN et al. are building on that earlier sell-out.

Nurses in England have been landed with even worse, with many comments on Tuesday’s meeting criticising the unions’ divisive actions. “Why should RCN members in England accept a pay award that is substantially less than our RCN colleagues in Scotland? Why is the RCN advising us to accept this package which is considerably worse than our colleagues north of the border?”

Nor are the divisions sown by the unions kept to national borders. The deal being pushed by the RCN includes a separate pay spine for nurses, separating them from other workers.

One nurse said they were “concerned that the suggestion of a nursing specific spine of pay will divide the nursing and AHP [Allied Health Professions] workforce—why are we creating division?” Another said it would “cause massive divisions” and questioned why there was not “a single reassurance” about the form the new pay structure would take.

The RCN has no answer to these questions. Its paper-thin arguments defending the deal are window dressing on the union leadership’s real message: “This is the deal, like it or lump it, we refuse to organise a fight for better.”

Answering “MYTH: Say ‘no’ and we’ll get more next time,” Cullen says bluntly, “These talks will not be

reopened if members reject this pay offer.” Elsewhere in her statement she writes, “The government has indicated it will not pay these cash increases if union members vote against them” and so the RCN is recommending the offer because “we would lose too much by rejecting it in full.”

By presenting the government’s words as gospel, the RCN is delivering its threats on Sunak and Health Secretary Steven Barclay’s behalf.

Repeated questions about whether the union would organise more strike action were ignored, including one of the top comments: “If we reject the offer, are you going to support us to go back out on strike? It currently feels as though we are being told that it is this or nothing, when most people I’ve spoken to want to continue to take action.”

The union officials repeatedly insisted as an excuse, in Cullen’s words, “Our strike mandate does not relate to 2023/24.”

One worker pointed out that the balloting on the offer has been pushed back so far—March 28 to April 14—that “the strike mandate will nearly have run out by the time it closes”. This is deliberate, designed, as in Scotland, to force a yes vote.

The days since the announcement of the deal have only confirmed that the union bureaucracy and the rank-and-file members stand totally opposed. There must be a powerful vote to reject this rotten deal, but it must be combined with health workers’ own strategy to take the fight forward. On March 17, NHS FightBack published a plan of action that should be shared and discussed in every hospital.



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