

Reps and members media requests – key messages and likely questions from the media

You may get approached by the media to talk about the strike and why you (and your members) are taking strike action. We would encourage reps to take up any opportunities to speak to the media, so that the voices of radiography professionals are clearly heard and represented.

A few things to remember:

- You might be asked to talk as a **representative** of the Society of Radiographers but the **personal stories** of yourself (and your colleagues) are what will really be of media interest and will elevate the impact of your strike action.
- Or you might be asked to talk as a **member**, where the media will want to hear **your story** rather than the SoR's lines, but you can still weave in the SoR's point of view
- To maximise the impact of our action on the day there are a few **key messages** that we are trying to get across, which are set out below.
- Take a look at these lines and think about how your own **personal experiences** link to them. If you can incorporate one or two lines in your own words into your own experience, then this will really help amplify our campaign.
- There may be current and local issues of concern within your trust but the strike days are NOT the day to air them in public – we want to keep the focus on our national dispute and the shared experiences of radiography professionals across Northern Ireland.

Key messages

- We're on strike because we have had enough of being overworked and undervalued and we're worried for our patients.
- One in 10 people in Northern Ireland are waiting for a diagnostic test, but they have longer to wait because the vacancy rate for radiography professionals is at least 12 per cent across the HSCNI workforce.
- That's because too many people are leaving due to long hours and not enough pay and we can't recruit the people we need to replace them.
- Health workers in Northern Ireland have not had a pay award for 2023/24 - the only region not to receive any pay award.
- We believe there are fair and reasonable steps that could be taken to address this.
- We want action on starting pay, pay restoration, and the long-hours and agency culture
- We also want HSCNI to implement the workforce reviews to tackle the current recruitment and retention crisis in radiography alongside a long-term budget plan with investment in both equipment and staff development.
- There may be no Northern Ireland Executive in place now, but this hasn't stopped public sector pay deals being improved and implemented in the past such as in 2019.

Here are some of the key questions we anticipate the media will ask. You can see what others have said and think about what you might say.

Why are you going on strike?		
What we're saying at SoR	What other members (in England or Northern Ireland) have said about similar issues	What might you say?
Strike action is a last resort but we feel we have no other option because the government isn't doing enough. In the HSCNI, 9 out of 10 patients are supported by radiography professionals – doctors and nurses can't do their jobs without us.	<p>We're behind because there's no capacity. I hope the strikes will achieve recognition that there aren't enough people. There aren't enough staff.</p> <p>I went into this job because I have empathy, but I don't have time to have empathy now. You're constantly thinking of time, time: "Please stop talking to me – I have to go get the next patient."</p>	<i>Why is your role important and why should the government listen?</i>
But more than one in 10 radiographers is missing from the HSCNI workforce. This is bad for patients, bad for the public and bad for me and my colleagues	I had no work-life balance at the time. You're just working crazy hours – at least 60 hours a week. I was jumping in and out of day and night shifts. It was tough going. Then there would be a call: "Can anybody come in?" I'd know they were in dire straits there, and they need someone to cover.	<i>Can you talk about the under-staffing in your trust/department?</i>
We've been calling for the government to do something about this but not enough is happening, that's why we're on strike. We're tired of being over-worked and undervalued	I left, and I'm locuming at the moment. My main reason for leaving was burnout. No-one forced me to work the number of hours I worked, but I didn't want to let my team down, and we were really short-staffed. There was nobody who didn't pull their weight. But there was no capacity. There was nobody there.	<i>What's your personal experience of this?</i>
And we're worried for our patients.	We meet people at the most difficult moment in their life. By giving them a positive experience, you know you make a difference to their cancer journey. But there's so few of us, we can't provide the level of care they deserve.	<i>Is there a patient experience you can describe that illustrates why you're taking action?</i>
There are 188,881 people waiting for a diagnostic test because the Government is not willing to act on our fair and reasonable solutions to encourage people to join and stay in the radiography profession.	We used to have four radiographers to one machine: two running it and two outside, doing paperwork or diary jobs. Now there are three radiographers per machine – and then you're down to two sometimes. We had to shut the machine recently, because we didn't have enough radiographers to treat patients. We've never had to do that before.	<i>What's your experience of increasing waiting lists?</i>

Aren't you worried about patient safety/patients?

If the government doesn't do something to tackle the recruitment and retention crisis in radiography, then things are only going to get worse for our patients.

Something has to change. We cannot maintain this situation. We need to bring people into the profession somehow. Nobody wants it to come to strike action, but I don't believe we have a choice. You can't have equipment that no-one can use. You can't have staff who are burnt out.

There's a key group of people, like me, who are stubborn and refuse to leave the NHS. But we've seen our colleagues leave for the private sector – they get paid almost double there, so I don't blame them

*Is there a simple example of the recruitment/retention crisis in your department/Trust?
Maybe a colleague switched to agency or left the profession?
Is everyone working additional hours?*

Our concerns for our patients are part of the reason we are striking.

Because we always think about our patients, we will make sure that the right derogations and life and limb cover are in place on the strike days.

My mummy always said to me: 'Always treat everyone as if they were your nana'. But we have only three radiographers in our hospital who are CT trained. We get 15-minute slots with patients for a full CT scan. In that time, we need to cannulate them, whether they have good veins or bad veins, get them on the table and then ask them to wait outside to make sure they don't have an adverse reaction.

There's so much you need to do in that 15 minutes. You don't have time to think. You're not getting time to look at their previous scans. I still try to treat everyone as though they were my nana, but you're under so much pressure to see patients when they need to be seen. Whenever you call someone from the waiting room, you can see everyone else thinking, 'It should be me.'

Is there a patient experience you can describe that illustrates why you're taking action?

What do you want the Government to do?

<p>We just want the government to engage in a constructive discussion with our union about how they can address our concerns and improve outcomes for our patients.</p>	<p>I'm worried about what's going to happen in the future. They say that one in three people is going to be diagnosed with cancer. But nothing is being done to remedy the shortage of radiographers. So who's going to treat all those patients?</p>	<p><i>What concerns you the most and provides a strong reason why the government should talk to the SoR?</i></p>
<p>We want action on four key areas:</p> <ol style="list-style-type: none"> 1. The implementation of the Diagnostic and Therapeutic Workforce Reviews 2. A pay offer and a plan for pay restoration 3. More investment in postgraduate training and 'earn as you learn' apprenticeship schemes to incentivise staff development 4. A long-term budget plan with investment in both equipment and staff 	<p>The strike will highlight what's going on. The public don't see staff crying or breaking down. They don't see the tears. It's highlighting the fact that we need more staff and more pay. The staff shortages are so bad it's scary. This isn't acceptable any more. Go into any department in any trust, and it's the same crap. We're all singing from the same hymn sheet.</p>	<p><i>Which of the four asks of government resonates most with you?</i></p>
<p>We believe that by investing in and growing the radiography professional workforce this would dramatically cut waiting lists. This would improve outcomes for patients, boost the wellbeing of the radiography workforce and save the HSCNI millions in agency fees by improving direct recruitment and retention.</p>	<p>We don't have enough radiographers to treat people. There are patients whose needs aren't being met. It can feel as though we're treading water: we're seeing patient after patient, but it doesn't make a dent in the waiting lists. It feels like we've been doing that for far too long.</p>	<p><i>What could be better if there was investment in the radiography professional workforce?</i></p>
<p>Isn't this just about pay?</p>		
<p>When HSCNI is missing at least 12 per cent of the radiography workforce, then pay has to be part of attracting people to work there.</p>	<p>I'm 30 years old, and I live with my parents. That's not really where I wanted to be now. But that's just the reality of where we are. Even as a senior radiographer, I would find it very difficult to purchase my own home. People are working for 10 or more years to buy their own home.</p>	<p><i>Yours and your colleagues' experience of the cost of living crisis and the consequences of being under-valued for 15 years, will carry more weight/be of more interest</i></p>

<p>A Band 5 radiographer starting out in Northern Ireland earns £27,055. The equivalent starting salary for a radiographer in the Republic of Ireland is €39,003 (£33,720). That's a difference of almost £7,000.</p> <p>But it's not just the starting salary that's a problem, it's across the board. Radiography professionals in Northern Ireland have been undervalued for too long.</p>	<p>I'd like to take my little girl on holiday – just an all-inclusive week somewhere. But it's a struggle. If I don't go out or buy anything for 10 months of the year – no little treats or extras – then I'll be able to go on holiday.</p> <p>Morale is the most obvious way it comes out. Our staff are not happy. Working in a culture of unhappy staff also breeds discontentment. We have high turnover of staff. You're constantly having to train new people.</p>	
<p>How do you feel about pay falling behind for radiography professionals in Northern Ireland?</p>		
<p>A Northern Ireland radiographer at the bottom of Band 6 earns £33,706 a year – 11.5 per cent less than the equivalent Band 6 radiographer in Scotland, who earns £37,831.</p> <p>Pay has been dropping further and further behind the rest of the UK. Radiographers in Scotland are now paid 12 per cent more than in Northern Ireland. Even in England, where SoR members recently took strike action, the starting salary is more than £1,300 higher than it is in Northern Ireland.</p> <p>Our pay is falling further behind our colleagues.</p>	<p>Morale is the most obvious way it comes out. Our staff are not happy. Working in a culture of unhappy staff also breeds discontentment. We have high turnover of staff. You're constantly having to train new people.</p>	<p><i>Do you feel radiographers have been under-valued again?</i></p>
<p>What do you mean by pay restoration?</p>		
<p>Our monthly pay simply isn't worth what it used to be. We've been undervalued for 15 years when average earnings have gone up by 55 per cent, our pay has gone up by less than half that.</p>	<p>I worry about the cost of living. In the time we've been using our nursery, fees have gone up four or five times. The government's proposed increase in my pay won't cover the increase in nursery fees – absolutely not. I've started cutting back on food and shopping bills. I go through my online</p>	<p><i>This is another opportunity to talk about the squeeze on your earnings and the reasons people are leaving the NHS</i></p>

	basket and make a decision about each item. Do we really need this? Is there a cheaper item?	
<p>We're not calling for pay restoration overnight and we're not going to negotiate in public, but we do need a signal of hope and a plan for the years ahead to restore the pay in our pockets.</p> <p>We want long-term commitments to guaranteed, above-inflation pay rises every year until restoration is achieved. Otherwise more and more people are just going to leave and that will make things worse for patients.</p>	I see young radiographers come into the profession, and I hope they'll stay. But they don't: one person left to retrain as a vet; another left without any job to go to. And I understand why they leave: I've been feeling burnt out, too.	<i>This is a chance to say how you feel about your future career as a radiography professional.</i>
Why are you striking and not talking to the government?		
<p>It is a challenge that there is no Northern Ireland Executive in place, but settlements have been reached in the past without ministerial involvement at Stormont. The Northern Ireland Office should intervene. For months we've been asking to discuss a pay deal and for an opportunity to explain our concerns. Our door has always been open, and still is, but nobody wants to talk to us.</p>	I want better for my colleagues and better for our patients. And I want the government to actually listen to us. And I want people to understand that we don't take this decision lightly but we wouldn't be doing it if we had any other choice. I have wrestled with it. I literally was up till four o'clock in the morning one night wrestling with do I do this?	<i>This is a chance to say how you feel about taking action.</i>
<p>We welcome any dialogue that's constructive – but the government has to demonstrate the political will to do something to address our concerns for our colleagues and our patients. Sadly, we never saw anything to stop the strike action.</p>	I believe we've got to fight for the NHS. Nobody wants it to come to strike action, but I don't believe we have a choice. You can't have equipment that no-one can use. You can't have staff who are burnt out.	

These commitments all cost money, where will it come from?

The real issue here is the consequences of not providing the funding to deliver a suitable workforce plan, increase starting pay, restore pay and end the long-hours and agency culture.

We desperately need investment in the radiography workforce if we are to stand any chance of reducing waiting lists and increasing public satisfaction with the NHS.

NOTE FOR REPS AND MEMBERS:

We feel this question is best left to staff to answer. We don't expect you to know the ins and outs of negotiations and fiscal policy.

If you do get asked, you could just say that's a matter for the government and the union to talk through.

The Westminster government say they want to tackle inflation and increasing public sector pay doesn't help

There is no evidence that public sector pay increases add to inflation – this is just government rhetoric. We know full well the effects of inflation, especially when we've been underpaid for 15 years.

NOTE FOR REPS AND MEMBERS:

We feel this question is best left to staff to answer. We don't expect you to know the ins and outs of economics.

If you do get asked, you could just say you're a radiographer not an economist.