

Review Body on Doctors' and Dentists' Remuneration 2024/25 pay round

Written evidence from NHS Providers

About NHS Providers

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has all trusts in England in voluntary membership, collectively accounting for £115bn of annual expenditure and employing 1.4 million people.

Our submission

We welcome the opportunity to submit evidence to the Review Body on Doctors' and Dentists' Remuneration (DDRB) on behalf of NHS trusts and foundation trusts, to inform the 2024/25 pay round. For the purposes of this submission, we have drawn on several information sources, including:

- An annual survey of trust HR Directors by NHS Providers¹
- National workforce data
- NHS Providers' previous written submissions to the DDRB
- Other surveys and sources of feedback from trust leaders, including our 'State of the Provider Sector' survey², NHS Winter Watch³, our 'Stretched to the Limit' report⁴, and our HR Directors' network meetings in 2023.

¹ This online survey of HR directors in NHS trusts and foundation trusts was conducted between October and November 2023. Data is based on responses from 46 trusts, accounting for 22% of the provider sector, with all regions and trust types represented.

² NHS Providers, 'State of the provider sector', November 2023: <https://nhsproviders.org/state-of-the-provider-sector-2023>

³ NHS Providers, 'NHS winter watch 2023/24', December 2023: <https://nhsproviders.org/nhs-winter-watch-202324>

⁴ NHS Providers, 'Stretched to the limit: tackling the NHS productivity challenge', July 2023: <https://nhsproviders.org/stretched-to-the-limit>

Our evidence includes trust leader views on pay and reward, while also considering broader factors relating to staff experience, retention and recruitment, operational pressures and the economic context.

Key messages

- The NHS and its staff remain under considerable pressure, including the challenges of winter. The 2024/25 pay round commences in challenging operational and economic conditions, both for staff and trusts. Such pressure impacts retention and recruitment, as well as staff morale and wellbeing. The last 12 months have seen the most extensive period of industrial action in the NHS' 75 year history, with more now due from junior doctors in December 2023 and January 2024
- Trust leaders are clear that a meaningful pay increase for NHS doctors is vital in 2024/25. 43% of respondents to our survey called for an uplift of 5%; 15% support an uplift of 4%; 24% support an uplift of 6-9%; and 9% support an uplift over 10%
- The majority of respondents (50%) do not support targeted pay awards for groups under the remit of the DDRB. The 35% of respondents supporting the implementation of targeted pay were unanimous in their preference for this to be targeted towards junior doctors (100%; a marked increase on 25% saying the same last year). Some of these respondents thought that there should also be targeted pay awards for SAS doctors on 2021 contracts (56%) and SAS doctors on the 2008 contract (38%). There was no support for targeting towards consultants
- The delayed announcement of pay awards is damaging to staff morale and their personal financial planning, as well as to trust financial planning. As a point of principle, NHS staff deserve to go into each new financial year knowing their pay for that period
- It is essential that the 2024/25 pay award is fully funded by central government. We again ask that the DDRB makes an explicit recommendation for government to commit to fully funding the pay uplifts it decides to award NHS staff, rather than funding the award from existing budgets which will undermine vital plans for service transformation.

Remit

At the time of submission, no remit letter from the Department of Health and Social Care (DHSC) has been published. We will submit supplementary evidence should there be substantive new areas for consideration contained within the final letter. It is disappointing that the remit letter is yet to be published, and notable that it is considerably later than the letter for the 2023/24 pay round. It is essential that the process timeline is realigned to ensure NHS staff and trusts go into each financial year with clarity on what the pay award will be.

Pay award for doctors 2024/25

Context

2023/24 pay deal

Last year, the DDRB recommended a 6% uplift for consultants and SAS doctors on the 2008 contract; a 6% uplift for junior doctors, plus an additional consolidated pay uplift of £1,250; and a 3% uplift for SAS doctors on the new 2021 contract, in addition to the pre-agreed 3% investment into their pay scales as part of their multi-year deal. NHS Providers welcomed the pay award announcement, but noted the pay deal was below inflation, equating to a real terms pay cut (inflation at the time was 8.7%⁵).

DHSC's 2023/24 submission to the DDRB stated "funding is available for pay awards up to 3.5%"⁶, however doctors were awarded pay uplifts above this figure. As referenced in the DDRB's 51st report, this calls into question the integrity of the affordability evidence presented⁷. HM Treasury's 2023/24 submission to the DDRB claimed "higher pay awards could risk higher and more persistent inflation"⁸. Recent analysis from the London School of Economics found that there is no evidence that NHS staff pay increases are driving inflation⁹. NHS Providers also continues to reject the narrative of a 'direct trade off' between increased pay and more staff, which is ultimately a political choice.

Backdrop of industrial action

Junior doctors have staged a series of 72-hour, 96-hour and 120-hour full walk outs since March 2023, while consultants have staged multiple 48-hour walkouts with essential service cover since July 2023. Two rounds of joint strike action have taken place from these staff groups. Industrial action on this scale has not been seen before in the NHS' history, highlighting the strength of feeling among doctors. We therefore welcome the announcement that a deal has been reached in principle between

⁵ Office for National Statistics, Inflation and price indices: <https://www.ons.gov.uk/economy/inflationandpriceindices>

⁶ Department of Health and Social Care, 'The Department of Health and Social Care's written evidence to the Doctors' and Dentists' Remuneration Body (DDR) for the pay round 2023 to 2024', February 2023: <https://www.gov.uk/government/publications/dhsc-evidence-for-the-ddrb-pay-round-2023-to-2024/the-department-of-health-and-social-cares-written-evidence-to-the-doctors-and-dentists-remuneration-body-ddrb-for-the-pay-round-2023-to-2024>

⁷ Review Body on Doctors' and Dentists' Remuneration, 'Fifty-First Report 2023', July 2023: https://assets.publishing.service.gov.uk/media/64b00bdb8bc29f000d2ccc5/DDRB_2023_report_Accessible.pdf

⁸ HMT, 'Economic Evidence to Pay Review Bodies: 2023-24 Pay Round', January 2023: <https://www.gov.uk/government/publications/economic-evidence-to-the-pay-review-bodies-january-2023>

⁹ The London School of Economics and Political Science, 'Does public sector pay drive inflation?', February 2023: <https://blogs.lse.ac.uk/politicsandpolicy/does-public-sector-pay-drive-inflation/>

the government and consultants. This has been put to trade union members and the result of the decision to accept or reject the offer will be announced by the end of January 2024. This development is a vital step towards resolving the industrial dispute with consultants in the NHS. As of 15 December 2023, SAS doctors remain in talks with government, but junior doctors' talks have failed, and they are returning to strike action. It is essential we see progress with additional talks between government these groups, to see an end to all industrial action across the NHS.

Delays in resolving industrial action has affected morale among staff¹⁰ and general dissatisfaction of working conditions remains, especially given the still-growing care backlog. Government's proposal to extend minimum service levels (MSLs) to hospital settings, on top of ambulance settings, via the introduction of the Strikes (Minimum Service Levels) Act 2023, is also concerning and will likely exacerbate current dissatisfaction among staff¹¹.

We are clear that the DDRB is not a mechanism for resolving industrial disputes, but instead is a pay setting process. It is for the government and trade unions representing doctors to resolve any ongoing or future industrial disputes, but the state of industrial relationships in the NHS forms important context for the DDRB's decisions.

Wider service pressures

Trusts are making great strides in recovering services after the Covid-19 pandemic¹², however, NHS staff are still working under intense service pressures. Over the last year the elective waiting list has reached an all-time high of 7.77m appointments¹³, ambulance trusts received over 1.3 million calls in a month¹⁴ and the service recorded the highest staff turnover rate on record¹⁵. Ambulance handover delays and delayed discharges have also been prominent, alongside record-high A&E attendances¹⁶.

¹⁰ NHS Providers, 'Impact of strikes is growing, with no end in sight', September 2023: <https://nhsproviders.org/news-blogs/news/impact-of-strikes-is-growing-with-no-end-in-sight>

¹¹ NHS Providers, 'Minimum service levels in event of strike action: hospital services', November 2023: <https://nhsproviders.org/resources/submissions/nhs-providers-response-to-the-department-of-health-and-social-care-s-consultation-on-minimum-service-levels-in-event-of-strike-action-hospital-services>

¹² NHS Providers, 'Providers Deliver: patient flow', May 2023: <https://nhsproviders.org/providers-deliver-patient-flow>

¹³ NHS Providers, 'NHS activity tracker 2023', November 2023: <https://nhsproviders.org/nhs-activity-tracker-2023/november-2023>

¹⁴ NHS England, Ambulance Quality Indicators Data 2022-23: <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2022-23/>

¹⁵ NHS Digital, NHS workforce statistics – June 2022: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/june-2022>

¹⁶ NHS England, 'Operational performance update', December 2023: <https://www.england.nhs.uk/long-read/operational-performance-update-7-dec-23/>

In mental health services, recently published data shows continued high demand and referrals up by 33.9%, compared to pre-pandemic levels¹⁷.

This winter is also expected to be challenging¹⁸. 95% of trust leaders responding to our annual 'State of the Provider Sector' survey said that they were concerned about the impact of seasonal pressures this winter on their trust and local area, and 80% of trust leaders agreed that they believe this winter will be tougher than the last¹⁹. It is staff who will tackle these challenges head on, and workforce shortages and staff wellbeing remain among trust leaders' top concerns. Three in five trust leaders are worried about having the right number, quality and mix of staff to deliver high quality care, while 84% of trust leaders are concerned about staff burnout, and 83% about staff morale²⁰.

There are currently over 121,000 vacancies in the NHS in England, 8,858 of which are in medicine²¹. The most recent NHS staff survey found that 45.7% of doctors and dentists have felt unwell due to work-related stress in the last 12 months, while data from the General Medical Council (GMC) shows that 22% of doctors took a stress-related leave of absence in 2022 (up from 17% in 2021)^{22,23}. Industrial action has also had an impact on relationships between trust leaders and staff. However, over half of trust leaders are very confident (9%) or confident (47%) that national industrial disputes will cease when a resolution is agreed between government and trade unions²⁴.

Industrial action has caused a significant strain on trust finances. Up to the end of October the indirect and direct cost of strike action was estimated to be £2bn²⁵. Over three quarters of trust leaders said it was unlikely that their trust will end 2023/24 in a better financial position than it ended 2022/23.

¹⁷ NHS Digital, mental health services monthly statistics – July 2023: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-july-provisional-august-2023>

¹⁸ NHS Providers, 'NHS winter watch 2023/24', December 2023: <https://nhsproviders.org/nhs-winter-watch-202324>

¹⁹ NHS Providers, 'State of the provider sector', November 2023: <https://nhsproviders.org/state-of-the-provider-sector-2023>

²⁰ Ibid.

²¹ NHS Digital, NHS vacancy statistics England – November 2023: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---september-2023-experimental-statistics>

²² NHS England, 'NHS staff survey', March 2023: <https://www.nhsstaffsurveys.com/results/interactive-results/>

²³ GMC, 'State of Medical Education and Practice – Workplace Experiences', June 2023: https://www.gmc-uk.org/-/media/documents/somep-workplace-experiences-2023-full-report_pdf-101653283.pdf

²⁴ NHS Providers, 'State of the Provider Sector', November 2023: <https://nhsproviders.org/state-of-the-provider-sector-2023>

²⁵ NHS England, 'Financial performance update', December 2023: <https://www.england.nhs.uk/long-read/financial-performance-update-7-dec-23/>

Directions given to the service by the centre have not assuaged these concerns²⁶, nor has the Chancellor's Autumn Statement²⁷, nor the announcement of nine additional days of junior doctor strikes across December and January²⁸. The challenges of an underfunded and overstretched social care system also continue to have serious consequences for the NHS²⁹. Unfit for purpose estates also impact NHS service delivery, staff experience of and ability to perform their roles, and exacerbate trust financial difficulties³⁰.

A significant, and welcome, development in June 2023 was the publication of the long awaited NHS England (NHSE) Long Term Workforce Plan (LTWP)³¹, as well as NHSE's equality, diversity and inclusion (EDI) improvement plan³². We have long called for a comprehensive workforce plan to place the NHS workforce on a sustainable footing; however, questions remain about how the plan will be funded and implemented across its 15-year lifespan, and what assumptions underpin its forecasting³³. It is also disappointing to see a lack of focus on retention and support for non-clinical roles in the plan, as trust leaders have repeatedly told us that vacancy and turnover among estates, IT, administrative, and call handling staff is worrying. Additionally, the lack of detail in the LTWP's reference to "total reward package – which goes beyond headline pay" is particularly notable regarding pensions. Pension scheme inflexibilities and pension taxation policies are a well-publicised factor for individuals' intention to leave the health service, particularly for higher earners. We are engaging in implementation work for the LTWP, as well as work which will inform its first refresh in 2025.

²⁶ HSJ, 'ICs told to prepare 'nuclear' service cuts as NHSE plays 'hardball'', November 2023: <https://www.hsj.co.uk/finance-and-efficiency/icss-told-to-prepare-nuclear-service-cuts-as-nhse-plays-hardball/7036015.article>

²⁷ NHS Providers, 'Autumn Statement – November 2023', November 2023: <https://nhsproviders.org/media/697811/autumn-statement-on-the-day-briefing-november-2023.pdf>

²⁸ BMA, 'Junior doctors in England announce new strike dates after Government fails to make credible offer to end the dispute', December 2023: <https://www.bma.org.uk/bma-media-centre/junior-doctors-in-england-announce-new-strike-dates-after-government-fails-to-make-credible-offer-to-end-the-dispute>

²⁹ NHS Providers, 'NHS Providers responds to social care workforce funding cut', April 2023: <https://nhsproviders.org/news-blogs/news/nhs-providers-responds-to-social-care-workforce-funding-cut>

³⁰ NHS Providers, 'No more sticking plasters: repairing and transforming the NHS estate', March 2023: <https://nhsproviders.org/no-more-sticking-plasters>

³¹ NHS Providers, 'NHS England's Long Term Workforce Plan', June 2023: <https://nhsproviders.org/media/696006/long-term-workforce-plan-otdb.pdf>

³² NHS Providers, 'NHS England equality, diversity and inclusion improvement plan', June 2023: <https://nhsproviders.org/media/695905/nhse-edi-improvement-plan-next-day-briefing.pdf>

³³ NHS Providers, 'NHS Providers view: NHS England's Long Term Workforce Plan', November 2023: <https://nhsproviders.org/resources/briefings/nhs-providers-view-nhs-england-s-long-term-workforce-plan>

Economic and political context

The domestic economic outlook remains challenging going into 2024/25. While Consumer Price Inflation (CPI) has reduced from its peak of 11.1% in October 2022 to 4.6% in October 2023, it remains 2.6% higher than the Bank of England's target rate, which continues to put pressure on individuals' finances and their disposable income³⁴. In its recent Monetary Policy Summary, the Bank of England forecast that CPI will fall to 3.75% in quarter two of 2024 before returning to 2% by the end of 2025³⁵. Against the backdrop of adjusted growth forecasts, the Institute for Fiscal Studies (IFS) warns of a potential recession in 2024³⁶. The Office of Budget Responsibility's forecast that accompanied the Chancellor's Autumn Statement provided a similarly stagnant outlook for the UK economy in the near term³⁷.

As noted in our submission to the DDRB last year, the government's decision to freeze the income tax personal allowance threshold, which will remain £12,570, as well as the higher rate income tax threshold of £50,270 until April 2028, will result in members of the DDRB's remit group paying increased rates of income tax across this period as a result of 'fiscal drag'³⁸. Despite the Chancellor's Autumn Statement announcement of a reduction to Class 1 employee National Insurance contributions (NICs) from 12% to 10% from January 2024³⁹, the tax burden remains historically high and this reduction in NICs will be offset by the aforementioned frozen income tax thresholds^{40,41}.

A general election is widely expected to take place in 2024, and must take place by January 2025. As ever, the NHS is likely to be a focal point in campaigning ahead of the general election. One of our key asks for the next government is that the NHS is set up for success by prioritising and supporting its people. This includes effective implementation and funding for the LTWP and increased capital

³⁴ Office for National Statistics, consumer price inflation time series: <https://www.ons.gov.uk/economy/inflationandpriceindices/timeseries/d7g7/mm23>

³⁵ Bank of England, Monetary Policy Summary, November 2023: <https://www.bankofengland.co.uk/monetary-policy-summary-and-minutes/2023/november-2023>

³⁶ Institute for Fiscal Studies, 'Green Budget 2023', October 2023: <https://ifs.org.uk/publications/uk-outlook-fallout>

³⁷ Office for Budget Responsibility, 'Economic and fiscal outlook', November 2023: https://obr.uk/docs/dlm_uploads/E03004355_November-Economic-and-Fiscal-Outlook_Web-Accessible.pdf

³⁸ House of Commons library, 'Fiscal drag: An explainer', November 2023: <https://commonslibrary.parliament.uk/research-briefings/cbp-9687/>

³⁹ NHS Providers, 'Autumn Statement – November 2023', November 2023: <https://nhsproviders.org/media/697811/autumn-statement-on-the-day-briefing-november-2023.pdf>

⁴⁰ IFS, 'Autumn Statement 2023 response', November 2023: <https://ifs.org.uk/Autumn-Statement-2023-response>

⁴¹ Resolution Foundation, 'A pre-election Statement', November 2023: <https://www.resolutionfoundation.org/publications/a-pre-election-statement/>

investment to support productivity and improve safety and experience for staff and patients⁴². The national lever of pay and total reward will also need to be considered in this regard, particularly as the LTWP does not set out any ambitions for this.

NHS Providers' view

2024/25 pay award

In the context of the above, trusts leaders are clear that a meaningful pay increase for NHS doctors is vital for 2024/25. As with last year, we included a range of percentage pay uplift options from 0 - 10+% in our annual survey (conducted across October and November 2023) to reflect the rate of inflation. 43% of respondents support an uplift of 5% for doctors, while 15% support an uplift of 4%. 24% support an uplift of 6-9%, and 9% support an uplift over 10%. There was no support for an uplift below 4% for doctors. Compared to our last submission to the DDRB, these results show a slight shift away from the very highest percentages, likely reflective of the rate of inflation starting to reduce across the end of 2023. Despite this, support for 5% as a starting point remains, showing that the increased cost of living and the impact of industrial action remain front of mind.

While the majority of respondents to our pay survey support an uplift of 5% for 2024/25 for doctors (43%) and Agenda for Change (AfC) staff (42%), it is worth noting that survey respondents were more supportive of the very highest uplifts for doctors (16% support an uplift of 9%+) compared to 6% who support an uplift of 9%+ for AfC staff. This is likely due to AfC trade unions having agreed a deal with government in March 2023, whereas at the time of writing, the industrial disputes between junior doctors' and consultants' unions and the government remain unresolved, and SAS doctors may also be about to enter into formal industrial dispute. A deal has been put to trade union members who are consultants, with an announcement on its acceptance or rejection expected by the end of January 2024.

Overall, the majority of respondents (50%) do not support targeted pay awards for groups under the remit of the DDRB. The 35% of respondents supporting the implementation of targeted pay were unanimous in their preference for this to be targeted towards junior doctors (100%; a marked increase on 25% saying the same last year). Some of these respondents thought that there should also be

⁴² NHS Providers, 'Delivering in challenging times', September 2023: <https://nhsproviders.org/media/697244/party-conference-23-infog-1ha.pdf>

targeted pay for SAS doctors on 2021 contracts (56%) and SAS doctors on the 2008 contract (38%). There was no support for targeting towards consultants.

Trust leaders responding to our survey had mixed views on the best model for future pay awards, with 42% expressing support for multi-year deals (MYDs) as a result of recommendations for the same from the DDRB, 36% supporting annual pay review body recommendations and 22% supporting multi-year deals in agreement between the government and trade unions. Respondents were clear, however, that confidence in the agility of multi-year contracts had been damaged as a result of junior doctors not receiving more than the 2% pre-agreed uplift in 2022/23 despite the increased cost of living and their 2019 pay deal's statement that "the DDRB terms of reference allow them to make further pay recommendations or observations should one of the parties request it, or indeed where they consider it appropriate"⁴³. The DDRB did in fact note in their 50th report that "a lack of action" on pay for doctors under MYDs "would make entering a MYD less attractive to staff, which would affect the government's ability to agree contract reforms in future."⁴⁴ However, the DDRB did not make formal recommendations for these groups, and the government chose not to offer an increased uplift to those on MYDs as "this would set a precedent that MYDs can be revisited, thereby undermining employer-side confidence in agreeing MYDs"⁴⁵. We note and agree with the DDRB's response that "we do not believe that the governments taking action would set a precedent that MYDs can be reopened."⁴⁶

Responses to our survey suggest, as the DDRB's 50th report predicted, that the decision to not revisit the pre-agreed uplift has indeed damaged staff confidence in multi-year pay deals, given the impact of the Covid-19 pandemic and increased inflation on morale and take home pay respectively. One respondent said, "the past two years have demonstrated how multi-year deals can fall apart if inflation takes an expected turn". Respondents also reported that annual uplifts allow for more agility when responding to external factors, like the economy, with one respondent saying, "I think multi-year deals are preferable when times are financially stable but at the moment, something more responsive to the economic climate and staff morale is required."

⁴³ NHS Employers, 'Framework agreement: Amendments to 2016 junior doctors contract', June 2019: https://www.nhsemployers.org/system/files/media/Framework-Agreement-doctors-in-training_0.pdf

⁴⁴ Review Body on Doctors' and Dentists' Remuneration, 'Fiftieth Report 2022', July 2022: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1092259/DDR22_report.pdf

⁴⁵ Ibid.

⁴⁶ Ibid.

Trust leaders continue to be concerned that pay awards are announced after the start of the financial year – as outlined in our previous submissions to the DDRB⁴⁷ and our submission to DHSC's questionnaire on reform the NHS pay review body (NHSPRB)⁴⁸. This is damaging to staff morale and financial planning, as well as to trust financial planning.

Implementation and funding

On 13 July 2023, the government announced the pay awards for those under the remit of the DDRB and Senior Salaries Review Body (SSRB), as well as other public sector employees within the remit of pay review bodies⁴⁹. As part of this announcement, the Prime Minister Rishi Sunak announced increased visa and immigration health surcharge fees. The announcement also stated: "the government will fund this pay award through prioritisation within existing departmental budgets, with frontline services being protected"⁵⁰. Protection for frontline services is welcome, but is put at risk when budget re-prioritisation at a national level to fund pay awards will ultimately have a long term impact on patient services and service transformation (particularly digital transformation programmes).

It is essential that the 2024/25 pay award is fully funded by central government, to avoid either cuts to local NHS budgets, or further cuts to national improvement and transformation programmes. In light of this, we again ask that the DDRB makes an explicit recommendation for government to commit to fully funding the pay uplifts it decides to award NHS staff. Trust leaders are acutely aware the health budget is constrained by the government's overall fiscal envelope. However, funding pay uplifts by raiding frontline budgets can have significant operational implications, and scaling back vital medium and long-term transformation spend (e.g. on frontline digitisation) will only make it harder to improve patient care and reduce care to the least costly settings. Pay uplifts across the public sector should not come at the expense of reducing the quality of these services. These types of budget cuts also negatively impact staff experience. In addition, as mentioned in our previous submission to the DDRB, the way that funding allocations are calculated is to the disadvantage of community and mental

⁴⁷ NHS Providers, 'NHS Providers submission to the Review Body on Doctors' and Dentists' Remuneration 2023/24 pay round', December 2022: <https://nhsproviders.org/media/694797/nhs-providers-ddrb-evidence-2023-24.pdf>

⁴⁸ NHS Providers, 'NHS Providers response to invitation to share views on the NHS Pay Review Body process', June 2023: <https://nhsproviders.org/media/696035/nhs-providers-response-to-dhsc-invitation-to-share-views-on-the-nhsprb-process-final.pdf>

⁴⁹ Prime Minister's Office, 'PM statement on public sector pay review', July 2023: <https://www.gov.uk/government/speeches/pm-statement-on-public-sector-pay-review-13-july-2023>

⁵⁰ Department of Health and Social Care, 'NHS staff receive pay rise', July 2023: <https://www.gov.uk/government/news/nhs-staff-receive-pay-rise>

health trusts compared to acute trusts⁵¹. This remains a concern for community and mental health providers.

We continue to reject the government’s persistent stance that there is a “direct trade-off” between pay and increased staff numbers, which is ultimately a political choice. Respondents to our annual pay survey are increasingly clear that the two go hand in hand, with 85% of respondents to our pay survey saying both more staff and increased pay are equally important. This figure has grown year on year, with 72% expressing this sentiment last year, 69% in 2021, and 50% in 2020⁵². We would argue that this reflects the difficult wider context in recent years, outlined at the start of this submission, and including the impact of working through the Covid-19 pandemic. In the comments, trust leaders were clear that pay and staff numbers are “symbiotic”, while one trust leader stated: “pay is a huge morale issue for all staff... it’s not just about need, it is about how they think the country is valuing them.”

TABLE 1

	April 2023		October - November 2023	
	Respondents reporting insignificant or minor financial impact	Respondents expecting moderate or severe financial impact*	Respondents reporting insignificant or minor financial impact	Respondents reporting moderate to severe financial impact
Junior doctor rate card	50%	30%	32% (-18%)	64% (+34%)
SAS doctor rate card	52%	29%	31% (-21%)	69% (+40%)
Consultant rate card	41%	44%	16% (-25%)	83% (+39%)

*Respondents in April 2023 were asked to what extent they expected the rate cards to have a financial impact as industrial action progressed

Our productivity survey ran in April 2023 and asked trust leaders to rate the current and expected impact of the British Medical Association’s (BMA) rate cards on their organisation’s finances. We asked trust leaders the same question as part of our annual pay survey across October and November 2023, when industrial action in the NHS had been underway for various staff groups for almost a year.

⁵¹ NHS Providers, ‘NHS Pay Review Body 2023/24 pay round Written evidence from NHS Providers’, December 2022: <https://nhsproviders.org/media/694796/nhs-providers-nhs-prb-evidence-2023-24.pdf>

⁵² Ibid.

There was a significant increase in the number of organisations reporting a moderate to severe impact in autumn 2023 compared to April 2023 across all three rate cards, however, the consultant rate card is reported as having the highest impact of the three (see table 1).

The majority of respondents to our pay survey said they are not paying BMA rate card rates for juniors (93%), SAS doctors (91%) or consultants (85%). However, this is not because these rates aren't being used, but rather, because they are applying the rate cards in specific circumstances only. Trust leaders told us that many are paying the BMA rates as 'industrial action cover' rates on a temporary basis, while others noted the gap between their usual overtime rate and the BMA rate has narrowed. As such, the BMA's widespread support for use of the rate cards seems to have pushed regular overtime payments up across the board.

We welcome the announcement that, as part of the deal in principle for consultants reached between the government and the BMA, the BMA has agreed to stop promoting its consultant rate card. However, it will still exist, and we are concerned that there was no agreement instead on a national framework for overtime payments. This was a missed opportunity for a national resolution, which we hope to see in the future across all staff groups with a rate card.

Pay review body process

We welcome DHSC's commitment to reviewing the NHSPRB process as part of the non-pay elements of the deal agreed by government and trade unions in March 2023. We have submitted our view in response to DHSC's initial questionnaire on the process review and are members of various non-pay element stakeholder task and finish groups⁵³. We also welcome the announcement that as part of the consultant pay deal in principle, agreed between the government and the BMA, the DDRB process will be reviewed, if the offer is accepted by trade union members⁵⁴. We expect there would be crossover between the NHSPRB and DDRB reviews.

⁵³ NHS Providers, 'NHS Providers response to invitation to share views on the NHS Pay Review Body process', June 2023: <https://nhsproviders.org/media/696035/nhs-providers-response-to-dhsc-invitation-to-share-views-on-the-nhsprb-process-final.pdf>

⁵⁴ Department of Health and Social Care, 'Government offer to NHS consultants to pave way to end strikes', November 2023: <https://www.gov.uk/government/news/government-puts-offer-to-consultants-to-pave-way-to-end-strikes>

Wider issues

Pensions and pay reform

We welcomed the government's introduction of increased pension flexibilities between April and October 2023, as well as the increase to the annual allowance (AA) and the decision to abolish the lifetime allowance (LTA) announced as part of the Chancellor's Spring Statement. Trust leaders welcome these changes, but note concern that the increase of the AA to £60,000 from £40,000 still remains too low. In 2010/11, AA was £255,000⁵⁵. Additionally, trust leaders are concerned that with a general election expected in 2024, the decision to abolish the LTA could be reversed. However, speaking at our annual conference, Wes Streeting, shadow secretary of state for health and social care, stated that Labour would not pursue a reversal, should they be elected⁵⁶.

We believe it is important that the DDRB considers the NHSPRB process that is running in parallel, due to the importance of multi-disciplinary teams (MDTs) in the delivery of patient care and services. Some staff working at the top of AfC are working to a similar level as those under the remit of the DDRB, but significantly differential pay awards can cause ill feeling across MDTs.

Impact on recruitment and retention

78% of respondents to our pay survey said they have not seen a significant change in the number of doctors retiring in the last 12 months, while 4% report a decrease and 2% report an increase. It is worth noting that retirement rates were particularly high in Q4 of 2021/22, as highlighted in our last submission to the DDRB⁵⁷. It was reported in October 2023 that more than 75,000 NHS staff left the pension scheme (an increase of 67% in four years), with 25,000 of these under the age of 30⁵⁸. This is concerning because of the future impact on these staff and their finances as they approach retirement, but also because the scheme is reliant on membership levels that can support the overall viability of the scheme. One respondent noted that "workload is the most common reason given [for retiring]" but many report that the changes introduced in 2023 have been welcome.

⁵⁵ HM Revenue & Customs, 'Table 7: Personal Pensions Annual Allowance Statistics', September 2018: https://assets.publishing.service.gov.uk/media/5d8a45c3e5274a0849b8d7bc/Table_7_Personal_Pensions_Annual_Allowance_Statistics.pdf

⁵⁶ NHS Providers, 'Plenary 7: Speech from Shadow Secretary for State of Health and Social Care', 31 minutes, 04 seconds onwards, November 2023: <https://www.youtube.com/watch?v=VeF4Q90kvJo&list=PLAFSmU7HUfYmLBhT-vb9MEo3tVhSTlvz&index=6>

⁵⁷ NHS Providers, 'NHS Providers submission to the Review Body on Doctors' and Dentists' Remuneration 2023/24 pay round', December 2022: <https://nhsproviders.org/media/694797/nhs-providers-ddrb-evidence-2023-24.pdf>

⁵⁸ The Times, 'Alarming rise in staff leaving NHS pensions', October 2023: <https://www.thetimes.co.uk/article/alarming-rise-in-staff-leaving-nhs-pensions-tbzb3mz9>

The additional flexibilities announced by the government in 2023 have been generally well received by trust leaders and doctors. We asked our members to what extent the flexibilities would have a beneficial impact on retaining doctors approaching retirement. Regarding removal of the LTA, 63% said 'a great deal' and 28% said 'somewhat', with regard to increasing the AA, 52% said 'a great deal' and 37% said 'somewhat', and regarding the permanent removal of the 16-hour rule from the 1995 section, 35% said 'a great deal' and 43% said 'somewhat'.

We would welcome increased contribution flexibilities for all members of the NHS pension scheme, particularly to aid lower and middle earners remain scheme members at a time when affordability of the contribution tiers is prohibitive.

As requested by the DDRB, we included a question in our survey on the impact of differential pay across the UK. The majority of respondents (89%) said that they have not seen an increase in the number of staff leaving their organisation to move from England to Scotland, Wales or Northern Ireland. However, a small number of respondents (4%) said they had seen an increase. Respondents in the Midlands (18% of those who saw an increase) were the most likely to report staff moving to devolved nations. As one trust leader noted in the comments, it is more common for doctors to emigrate than to move within the UK – a cause for concern in itself.

SAS doctors

In our previous submission to the DDRB, we included data on the implementation of the 2021 SAS contracts. We included the same questions in our most recent pay survey to measure if there had been any changes in trust leader views on the new contracts. Largely, trust leaders again reported that the contracts have had neither a positive nor negative impact, particularly on SAS vacancies (67%, compared to 74% last year), workload (57%, compared to 66% last year) and wellbeing (44%, compared to 64% last year – while a large year on year change, the 44% "neither positive nor negative" figure still represented the most common response regarding the impact of the 2021 SAS contracts on wellbeing).

The most positive aspects were again ease of implementation (24% reported as positive, compared to 25% last year) and uptake among eligible doctors (21% reported as positive, compared to 25% last year). The responses continue to be split with trust leaders also reporting negative experiences in terms of ease of implementation (22% as negative, compared to 27% last year) and uptake among eligible doctors (23% as negative or very negative, compared to 27% last year). We first asked these

questions in our 2021 pay survey, where 44% of respondents reported ease of implementation as very positive (7%) or positive (37%), compared to 24% reporting as positive in our most recent pay survey – a reduction of 20 percentage points. In the comments, trust leaders shared that low uptake of the new contracts is still being driven by the financial disincentives to move to the new contract as a result of uplifts awarded to the 2008 contract. Suggestions for improving the uptake of the new contracts included making it financially attractive to SAS doctors and increasing the communications around the benefits of the new contracts.

We also asked respondents to our pay survey how SAS doctors in their organisation had received the decision to grant differential pay uplifts to SAS doctors on the 2021 and 2008 contracts as part of the 2023/24 pay round. Trust leaders told us that this was largely received neutrally by all SAS doctors (48% for those on the 2008 contracts and 42% for those on the 2021 contracts). However, 33% reported that SAS doctors on the 2021 contracts received the decision negatively (22%) or very negatively (11%), compared to 20% of SAS doctors on the 2008 contracts (13% negatively and 7% very negatively).

Local clinical excellence awards

In our last submission to the DDRB, we noted that 81% of trust leaders saw reform to local clinical excellence awards (LCEAs) as important or very important, particularly as a result of the negative impact they have on the gender pay gap⁵⁹. Trust leaders had noted an opportunity, with LCEAs paused during the pandemic, for the scheme to end and for the funding to instead be moved into base pay for consultants. We therefore welcome the LCEA reform proposals outlined as part of the deal in principle for consultants, reached between the government and the BMA.

Comprehensive workforce planning

Trust leaders consistently tell us that the biggest risk to the services provided in their system is the lack of staff. As such, 78% of trust leaders are worried about whether their trust has capacity to meet demand for services over the next 12 months⁶⁰. Workforce shortages are therefore the key limiting factor in efforts to bring down waiting lists and delivering high quality patient care⁶¹. Retention of

⁵⁹ NHS Providers, 'NHS Providers submission to the Review Body on Doctors' and Dentists' Remuneration 2023/24 pay round', December 2022: <https://nhsproviders.org/media/694797/nhs-providers-ddrb-evidence-2023-24.pdf>

⁶⁰ NHS Providers, 'State of the provider sector', November 2023: <https://nhsproviders.org/state-of-the-provider-sector-2023>

⁶¹ Royal College of Physicians, 'Workforce coalition letter to the Prime Minister', March 2022: <https://www.rcplondon.ac.uk/news/over-100-health-organisations-sign-open-letter-prime-minister-urging-him-strengthen-workforce>

senior doctors is particularly concerning in this regard, as they are ultimately responsible for determining a patient's care. In 2022, nearly 3,000 consultants left the register, this was a 6% increase from 2018⁶².

NHS England's Long Term Workforce Plan

NHS Providers has long been calling for a plan to place the NHS workforce on a sustainable footing. The publication of the NHS LTWP by NHSE, following Chancellor Jeremy Hunt's commitment in the 2022 Autumn Statement to publish "a comprehensive NHS workforce plan, including independently verified workforce forecasts", was therefore a significant and welcome step. We have since published a detailed view of the LTWP⁶³. We also look forward to the publication of the update to Framework 15, as a useful strategic grounding for the LTWP.

Much of the focus in the LTWP is on recruitment. While the ambition to increase training places for nurses and doctors is very welcome, retention of staff is the area that will have the biggest immediate impact, but was ultimately lightest on detail in the plan. A recent study published in the BMJ found that less than a quarter of final-year medical students intend to enter specialty training immediately after the Foundation Programme and only 17% of medical students were satisfied or very satisfied with the overall prospect of working in the NHS⁶⁴.

It is also disappointing that the plan does not cover the social care workforce, which is key for the NHS as a whole, or staff in non-clinical roles. Trust leaders consistently tell us there are severe shortages of staff in non-clinical roles such as administration, estates, IT, and call handling. It is therefore disappointing that a specific focus on these critical non-clinical roles is absent from the LTWP, as is any focus on managers. This risk undermining the 'one workforce' approach encouraged as part of local multi-disciplinary teams (MDTs) and regional system working.

⁶² GMC, 'The state of medical education and practice in the UK', November 2023: https://www.gmc-uk.org/-/media/documents/workforce-report-2023-full-report_pdf-103569478.pdf

⁶³ NHS Providers, 'NHS Providers view: NHS England's Long Term Workforce Plan, November 2023: <https://nhsproviders.org/media/697794/long-term-workforce-plan-detailed-member-briefing-november-2023.pdf>

⁶⁴ BMJ Open, 'Career intentions of medical students in the UK: a national, cross-sectional study (AIMS study)', July 2023: <https://bmjopen.bmj.com/content/13/9/e075598>

Apprenticeships and new roles

Apprenticeships are an important part of workforce planning, and we support their expansion across the NHS, including the new Medical Doctor Degree Apprenticeship. This new route into the service should make medical careers more accessible and we therefore look forward to early data on its impact. However, this is not the only way to diversify pipelines, and reform of the apprenticeship levy is needed to enable further use of apprentices. Respondents to our annual pay survey consistently highlighted increased flexibility and support with backfill funding as practical changes that need to be made. We are members of the apprenticeships task and finish group as part of the non-pay elements of the AfC deal. While reforms to the levy are outside the scope of this group, members consistently tell us this is where change would have the largest positive impact.

In previous submissions to the DDRB we have highlighted that trusts support increased use of alternative roles within the health service, including those under the medical associate professions umbrella such as physician associates (PAs) and anaesthesia associates (AAs). These roles continue to be underutilised due to restrictions on fully incorporating them into workforce planning. We welcome the implementation of regulation for these roles expected in 2024, as this will increase skills mix and capacity within teams, and provide greater clarity for PAs/AAs, their employers, other members of staff and patients.

Agency and internationally recruited staff

Sustained workforce shortages have led to an overreliance on locum and agency staff⁶⁵. While NHSE has introduced caps on the recruitment of agency staff to bring down agency spend, this is challenging when both vacancy rates and service demand continue to increase. A recent survey of our members found that almost 8 in 10 trusts said it would be extremely difficult (37%) or difficult (41%) for their system to live within the agency spend limits for 2023/24⁶⁶. Figures published by NHSE show that agency spending was £3.5bn in 2022/23, compared to £3bn in 2021/22^{67,68}. Despite this, trusts are making huge efforts; Chief Finance Officer's update at the NHS England board meeting on

⁶⁵ NHS England, 'Consolidated NHS provider accounts 2020/21', 2023: <https://www.england.nhs.uk/wp-content/uploads/2023/01/consolidated-provider-accounts-21-22-final.pdf>

⁶⁶ NHS Providers, 'Stretched to the limit: tackling the NHS productivity challenge', January 2023: <https://nhsproviders.org/stretched-to-the-limit>

⁶⁷ HSJ, 'Reversal of huge achievement as agency spending breaches £3bn', December 2023: <https://www.hsj.co.uk/finance-and-efficiency/reversal-of-huge-achievement-as-agency-spending-breaches-3bn/7036259.article>

⁶⁸ NHS England, 'Financial performance report, fourth quarter 2022/23', December 2023: <https://www.england.nhs.uk/wp-content/uploads/2017/06/nhs-quarterly-report-q4-22-23.pdf>

7 December 2023 noted indications that agency spend is 10% down in real terms this year compared to the same period last year⁶⁹, though system board papers show that there is significant variation across the country. We are interested to see the upcoming support for trust-level policies reflected in the LTWP, centred on encouraging staff to offer their time to a bank instead of an agency.

While internationally recruited staff are invaluable to the NHS, and international recruitment will remain an important element of workforce planning in perpetuity, the current overreliance on overseas recruitment is unsustainable. We therefore agree with the ambition set out in the LTWP to make international recruitment more sustainable by strengthening national pipelines. The national provision of appropriate additional resource to trusts for them to provide additional training placements and supervision will be a key lever to realising this ambition.

Retention and flexibility

It has been well documented that NHS staff have been working at full pelt in a service that has faced funding challenges, workforce shortages and rising patient demand over the last decade. Alongside this, staff have faced compounding pressures including the Covid-19 pandemic, the cost of living crisis and the longest period of industrial action in the NHS' history. Taken together, this has led to staff reporting a decline in their morale and wellbeing⁷⁰, and staff are leaving the service at a concerning rate⁷¹.

2022 NHS staff survey data showed 32.3% of staff reported often thinking about leaving their organisation, a five year high⁷². Trust leaders continually express their concern about staff retention, with many stating it is the biggest workforce issue. With 84% of trust leaders worried about staff morale⁷³, they are continually innovating to support their staff and ensure staff are working in environments that empower a happy and healthy workforce⁷⁴. This year, our pay survey again asked

⁶⁹ NHS England, 'Financial performance update', December 2023: <https://www.england.nhs.uk/long-read/financial-performance-update-7-dec-23/>

⁷⁰ NHS Providers, 'NHS Staff Survey results 2022', March 2023: <https://nhsproviders.org/media/695230/otdb-nhs-staff-survey-results-2022.pdf>

⁷¹ NHS Digital, NHS workforce statistics – June 2023: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/june-2023>

⁷² NHS Providers, 'NHS Staff Survey results 2022', March 2023: <https://nhsproviders.org/media/695230/otdb-nhs-staff-survey-results-2022.pdf>

⁷³ NHS Providers, 'State of the provider sector', November 2023: <https://nhsproviders.org/state-of-the-provider-sector-2023>

⁷⁴ NHS Providers, 'Providers Deliver: enabling wellbeing within trusts', October 2023: <https://nhsproviders.org/providers-deliver-enabling-wellbeing-within-trusts>

how confident trust leaders are that their organisation is progressing the 2020/21 People Plan. 95% of respondents were very or somewhat confident of progression in the 'looking after our people' area (no respondents reported being not confident, or not at all confident, in this), and that their actions are having a positive impact for staff. Working environments that support staff and their wellbeing are not only a moral imperative, but research has shown that they directly impact the quality of patient care and services and organisational efficiency⁷⁵. The importance of improving staff wellbeing and the impact this has on retention is reflected in the current national policy context, with clear emphasis in the 2020/21 People Plan, LTWP and EDI Improvement Plan. This is a welcome policy response from national bodies, and it is important to enable local drivers to support staff retention. However, national drivers such as pay and working conditions must also be addressed to help resolve high workload demands and vacancy rates for the long term. We were also disappointed to see the removal of national funding for staff wellbeing hubs, reducing access for many NHS staff to mental health services which they need^{76, 77}.

One of the simplest ways to recruit and retain staff is to pay them fairly, but for the NHS to remain an attractive place to work and a competitive employer, it is also critical that workplaces become more inclusive, compassionate and supportive, with accessible opportunities for flexible working and continuous professional development and training. Work-life balance is continually cited as one of the main reasons for staff leaving the NHS⁷⁸. 52% of respondents to our pay survey said they were confident that flexible working is being successfully introduced for clinical roles, compared to 93% for non-clinical roles. A greater focus is needed in supporting trusts to implement flexible working options for clinical roles, for example, support with developing and embedding flexible rota design and self-rostering options.

Almost half (47%) of respondents to our pay survey said that their trust has experienced an increase in doctors working less than full time (LTFT) in the last 12 months. When asked which staffing group has seen the biggest increase in LTFT working, respondents were most likely to say this has been

⁷⁵ Society of Occupational Medicine, 'Organisational interventions to support staff wellbeing: case studies and learnings from the NHS', March 2023: https://www.som.org.uk/sites/som.org.uk/files/Organisational_Interventions_to_Support_Staff_Wellbeing_in_the_NHS.pdf.

⁷⁶ NHS Providers, 'NHS Staff Mental Health and Wellbeing Hubs', April 2023: <https://nhsproviders.org/media/695447/nhs-staff-mental-health-and-wellbeing-hubs-letter-to-steve-barclay-april-2023-final.pdf>

⁷⁷ British Psychological Society, 'Learning from NHS staff mental health and wellbeing hubs', December 2023: <https://cms.bps.org.uk/sites/default/files/2023-12/BPS%20Learning%20from%20the%20NHS%20Staff%20Mental%20Health%20and%20Wellbeing%20Hubs%20report.pdf>

⁷⁸ NHS Digital, NHS workforce statistics – June 2023: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/june-2023>

more common for consultants (43%), followed by juniors (38%). Almost one in five (19%) said that this increase has been seen across all groups. Respondents stated that the most common reason for this change in working pattern is a desire for increased flexibility and better work life balance. Trust leaders told us that the implications of this for their organisation include reduced capacity to meet demand, rota challenges and increasing agency spend; but they also referenced higher engagement, lower sickness/absence rates, and higher retention among doctors who work LTFT. As mentioned previously, opportunities for flexible working only boost staff engagement and retention, but there is also an impact on overall productivity.

Respondents consistently raised organisational culture as a key enabler to driving and promoting flexible working options for all staff. Opportunities for career progression are also important for improving staff retention, enabling them to work to their full potential, and enhance their skills. These opportunities ultimately lead to better patient care and improved quality of services and reduce staff turnover⁷⁹.

Equality, diversity and inclusion

Trust leaders were concerned by the letter sent to ICB chairs from the former secretary of state for health and social care, Steve Barclay, asking for justification of spending on EDI staff and projects⁸⁰. NHS Providers firmly rejects this approach. EDI roles are not a wasteful expenditure, but a strategic investment that pays dividends in the form of better patient care, a more inclusive work environment that supports retention of valued staff, and ultimately, the eradication of health disparities^{81, 82}.

86% of trust leaders responding to our 'State of the Provider Sector' survey agreed or strongly agreed that their trust board is prioritising a clear focus on promoting race equality and tackling discrimination, and many noted that having a strong and increased national focus on EDI has allowed them to make further progress. Respondents noted that the largest barriers to progress were limited time, operational pressures and lack of resources to invest and deliver plans (this is particularly

⁷⁹ Nuffield Trust, 'Waste not, want not: Strategies to improve the supply of clinical staff to the NHS', September 2023: https://www.nuffieldtrust.org.uk/sites/default/files/2023-09/Nuffield%20Trust%20-%20Waste%20not%20want%20not_WEB_FINAL.pdf

⁸⁰ NHS Providers, 'NHS Providers responds to Steve Barclay letter on EDI roles', October 2023: <https://nhsproviders.org/news-blogs/news/nhs-providers-responds-to-steve-barclay-letter-on-edi-roles>

⁸¹ NHS Providers, 'Equality, diversity and inclusion are no luxury for the NHS', October 2023: <https://nhsproviders.org/news-blogs/blogs/equality-diversity-and-inclusion-are-no-luxury-for-the-nhs>

⁸² National Library of Medicine, 'Diversity improves performance and outcomes', February 2019: <https://pubmed.ncbi.nlm.nih.gov/30765101/>

notable given the redistribution of funding for longer term strategic projects in order to pay for the 2023/34 pay award). We welcomed NHSE's EDI Improvement Plan and the acknowledgement of the importance of embedding EDI to aid retention and recruitment and improve staff experience⁸³. Despite the progress that NHS organisations are making, and the explicit focus on this agenda from national bodies, it is clear that there remains much work to be done, as demonstrated in recent (Medical) Workforce Race Equality Standard and Disability Workforce Equality Standard national reports and NHS staff survey data^{84, 85, 86}.

Internationally educated staff play a vital role in the composition, skills mix, and experience of the NHS workforce. The health care system would not be able to deliver its services without them, and, as such, international recruitment will continue to be an important part of future workforce planning⁸⁷. In July 2023, the government announced a range of changes to the immigration health surcharge and increases to visa fees⁸⁸. In this year's pay survey, we asked our members about the impact of these changes. 63% of respondents were extremely or moderately concerned about the financial impact on their organisation, and 41% of respondents were extremely or moderately concerned that these increases will deter international applicants. International recruitment not only addresses workforce shortages, but adds value by increasing the diversity of skills, practice and thinking, and the overall cultural competence of the workforce. Given the sustained high vacancy rates across the NHS, we are concerned about the negative short and long term impact of these increased fees and by their framing as necessary to ensure a pay uplift for NHS and other public sector workers.

NHS Providers continues to highlight the work trusts are implementing to embed supportive and inclusive cultures^{89, 90, 91}. Our race equality programme helps to embed race equality as a core part of

⁸³ NHS Providers, 'NHS England equality, diversity and inclusion improvement plan', June 2023: <https://nhsproviders.org/media/695905/nhse-edi-improvement-plan-next-day-briefing.pdf>

⁸⁴ NHS Providers, 'NHS Workforce Race Equality Standard report 2022', February 2023: https://nhsproviders.org/media/695151/wres-2023-report-on-2022-data-otdb_final-1.pdf

⁸⁵ NHS Providers, 'Workforce Disability Equality Standard (WDES) 2022', September 2023: <https://nhsproviders.org/media/697125/workforce-disability-equality-standard-wdes-briefing-2022-final.pdf>

⁸⁶ NHS Providers, 'NHS Staff Survey results 2022', March 2023: <https://nhsproviders.org/media/695230/otdb-nhs-staff-survey-results-2022.pdf>

⁸⁷ NHS Providers, 'A guide to supporting your internationally educated workforce', July 2023: <https://nhsproviders.org/a-guide-to-supporting-your-internationally-educated-workforce>

⁸⁸ NHS Employers, 'Immigration Health Surcharge uplift and visa fees increase', July 2023: <https://www.nhsemployers.org/news/immigration-health-surcharge-uplift-and-visa-fees-increase>

⁸⁹ NHS Providers, 'Providers Deliver: enabling wellbeing within trusts', October 2023: <https://nhsproviders.org/providers-deliver-enabling-wellbeing-within-trusts>

the board's business⁹² and focuses on sharing research, evidence-based interventions and lived experiences through a range of events⁹³ and resources⁹⁴. Recent outputs have included a focus on reducing the racial disciplinary gap⁹⁵.

Locally employed doctors

It is welcome to see more of a focus this year on locally employed doctors (LEDs) by both the DDRB and other stakeholders, including NHSE. The GMC's recent 'State of Medical Education and Practice' report shows that the LED workforce is growing rapidly compared to other groups, including SAS doctors⁹⁶. It is helpful to have increased data granularity to allow for a deeper understanding of LEDs who have often been grouped with SAS doctors in the past.

We welcome the flexibility provided by local contracts, both for employers and employees, but it is important that LEDs are fully supported with career progression and training, as well as with their experience of working in the health service. 67% of respondents to our pay survey said they employ LEDs (similar to last year's figure of 69%), with 39% on short-term contract, 26% on permanent contracts and 35% reporting an even split across both contract types. Only 6% of respondents reported employing LEDs on permanent contracts in our 2022/23 survey, which means there has been an increase of 20 percentage points.

One comment from a respondent at a Combined Acute and Community trust particularly stood out to us, as it pointed to a universal issue in terms of encouraging LEDs to undertake SAS roles:

"We often have difficulties in persuading LEDs to take up SAS roles within the organisation. Whilst basic rates of pay are higher for SAS doctors, the doctors often find that their overall pay has dropped because of the way in which additional hours over full-time are remunerated."

⁹⁰ NHS Providers, 'How trusts are supporting disabled and neurodivergent staff', November 2022: <https://nhsproviders.org/news-blogs/blogs/how-trusts-are-supporting-disabled-and-neurodivergent-staff>

⁹¹ NHS Providers, 'Wellbeing and inclusion: How ambulance trusts are seeking improvement for staff', August 2023: <https://nhsproviders.org/wellbeing-and-inclusion>

⁹² NHS Providers, Race Equality programme: <https://nhsproviders.org/programmes/race-equality>

⁹³ NHS Providers, Race Equality programme – events: <https://nhsproviders.org/development-offer/race-equality/events>

⁹⁴ NHS Providers, Race Equality programme – resources: <https://nhsproviders.org/development-offer/race-equality/resources>

⁹⁵ NHS Providers, 'Closing the gap: A guide to addressing racial discrimination in disciplinarys', October 2023: <https://nhsproviders.org/closing-the-gap-a-guide-to-addressing-racial-discrimination-in-disciplinarys>

⁹⁶ GMC, 'The state of medical education and practice in the UK', November 2023: https://www.gmc-uk.org/-/media/documents/workforce-report-2023-full-report_pdf-103569478.pdf

Additional PAs [programmed activities] and an on-call supplement tends to be lower than the equivalent additional hours/night duty supplement/on-call supplement, etc."

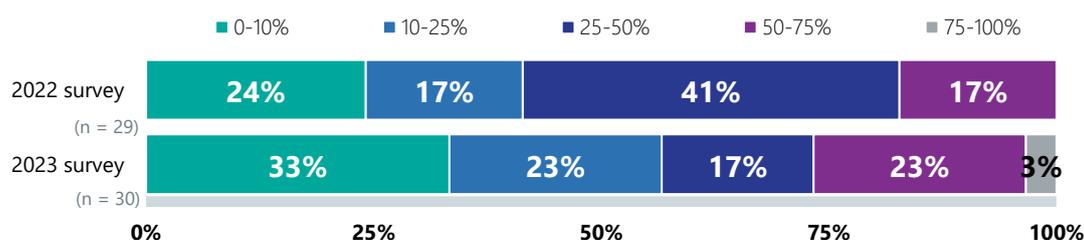
If the DDRB is tasked with looking at pay parity between LEDs and doctors on national contracts, we suggest that these would be productive areas of initial focus.

The majority of respondents reported that 0-10% of their LEDs are internationally recruited (see figure 1). There is variation between trusts, with non-acute trusts more likely (40%) to report 0-10% of their LEDs being internationally recruited compared to 32% of acute trusts. Non-acute trusts are more likely (20%) to report that 50-75% of their LEDs are internationally recruited, compared to 16% for acute trusts. In comparison to responses to our 2022 pay survey, more respondents reported internationally recruited LEDs making up a larger proportion of their LED workforce in 2023 (see figure 1).

87% of respondents said they collect data on the protected characteristics of their LEDs, while 47% collect data on their experience at work. This compares to 72% and 44% respectively in the previous year. It is positive to see an increase across both measures. While international medical graduates make up a proportion of LEDs, it's important to note that many UK trained graduates also take up LED posts due to the increased flexibility offered by these roles.

FIGURE 1

Please give a rough estimate of the number of LEDs in your trust who are internationally recruited.



In our most recent pay survey, 23% of respondents reported an increase in LEDs moving to national contracts, while 47% did not. Trust leaders tell us that pastoral support, better access to training (and associated budgets), and nationally agreed study leave are key for ensuring an improved experience at work for LEDs. Respondents also tell us that many organisations mirror national contracts for their LEDs.

Productivity

Although there has been an increase in the overall NHS workforce and spending, this growth has not kept up with service demand. Increased productivity is a clear priority for the government and national bodies. In the 2023 Autumn Statement, as a result of the Chancellor's productivity review, a

target to increase productivity by at least 0.5% was introduced for the public sector^{97, 98}. It is important that this review accurately reflects the productivity challenge facing the NHS, as we have concerns about the metrics used by DHSC and NHS England when measuring productivity across acute trusts, as well as community and mental health care providers⁹⁹. The LTWP also outlines ambitious assumptions about productivity growth between 1.5%-2% per year, far exceeding historic trends¹⁰⁰. We question whether these assumptions will be achievable. We welcome, however, the emphasis within the LTWP that NHSE's productivity aims are "categorically not about staff working harder" but based on staff being enabled to working differently. Despite the clear directives for the NHS to deliver more activity, it is important to note that NHS organisations are already making great strides in recovering services, including carrying out more diagnostic tests than ever before and bringing down the number of people experiencing the longest waits¹⁰¹. Responding to our annual pay survey, 71% of trust leaders were very or somewhat confident of progression in the 'new ways of working and delivering care' area of the 2020/21 People Plan.

Many of the factors impacting productivity growth are outside of trusts' control. Increasing patient acuity, for example, is impacting the average time spent in hospital due to patients' needs often being more complex, clinically, meaning diagnosis and care takes longer¹⁰². Prolonged industrial action has also had an impact on care delivery and backlog recovery. Trust leaders repeatedly told us that they lost valuable leadership and managerial headspace and time for strategic planning due to industrial action, and planning for the strikes had a big impact on the delivery of operational priorities¹⁰³. As mentioned throughout this submission, relentless operational pressures have impacted the psychological wellbeing of staff and workplace experience. This has had an adverse impact on

⁹⁷ NHS Providers, 'Autumn Statement – November 2023', November 2023: <https://nhsproviders.org/media/697811/autumn-statement-on-the-day-briefing-november-2023.pdf>

⁹⁸ NHS Providers, 'NHS Providers view: NHS England's Long Term Workforce Plan', November 2023:

<https://nhsproviders.org/media/697794/long-term-workforce-plan-detailed-member-briefing-november-2023.pdf>

⁹⁹ NHS Providers, 'Stretched to the limit: Tackling the NHS productivity challenge', July 2023: <https://nhsproviders.org/stretched-to-the-limit>

¹⁰⁰ NHS England, 'NHS Long Term Workforce Plan', June 2023: <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf>

¹⁰¹ NHS Providers, 'Stretched to the limit: Tackling the NHS productivity challenge', July 2023: <https://nhsproviders.org/stretched-to-the-limit>

¹⁰² NHS Providers, 'Boosting NHS productivity demands a healthy dose of realism', December 2023: <https://nhsproviders.org/news-blogs/blogs/boosting-nhs-productivity-demands-a-healthy-dose-of-realism>

¹⁰³ NHS Providers, 'NHS industrial action: the impact on patients, staff and performance', July 2023: <https://nhsproviders.org/media/696855/nhs-providers-briefing-nhs-industrial-action-the-impact-on-patients-staff-and-performance-july-2023-members.pdf>

discretionary effort from staff, such as their willingness to work unpaid overtime. Limited staff availability has also led to increased agency spend, which is further constraining activity growth¹⁰⁴.

The operational ask of the NHS, including the national priority to improve productivity, cannot be delivered without adequate capital investment, and yet, there is little doubt that the NHS has been starved of significant capital investment in recent years¹⁰⁵. Major operational capital investment is needed to drive substantial and long overdue improvements to service capacity, increase productivity, improve the safety and experience of patients and staff, and to prevent the further deterioration of the NHS estate.

55% of respondents to our productivity survey stated that investment in and enablement of digital technologies will have a major impact on increasing productivity growth in 2023/24¹⁰⁶, and 77% of respondents to our 'State of the Provider Sector' survey said digital ways of working are very important to ensure the sustainability of health services¹⁰⁷. However, almost 6 in 10 trust leaders are not confident or not at all confident that the potential of digital ways of working is being fully taken advantage of, with lack of funding and skills cited as the main reason for this¹⁰⁸. Further investment in digital technology and transformation is essential to enabling and embedding smarter working across the health service, transforming care for patients and improving access to services. We look forward to the forthcoming Digital Workforce Plan that will focus on building a workforce that can meet the digital transformation ambitions of the health and care sector.

Community dentists

As requested by the DDRB, this year our pay survey asked trust leaders about community dentists. 74% of respondents said that their trust does not employ community dentists and just under a quarter said that their trust does. Members from non-acute trusts were more likely to say that their trust employs community dentists (42%) compared to those from acute trusts (18%). We asked about the impact of starting salaries on recruitment and retention; 27% of respondents who said that their

¹⁰⁴ NHS Providers, 'Stretched to the limit: Tackling the NHS productivity challenge', July 2023: <https://nhsproviders.org/stretched-to-the-limit>

¹⁰⁵ NHS Providers, 'No more sticking plasters: Repairing and transforming the NHS estate', March 2023: <https://nhsproviders.org/no-more-sticking-plasters>

¹⁰⁶ NHS Providers, 'Stretched to the limit: Tackling the NHS productivity challenge', July 2023: <https://nhsproviders.org/stretched-to-the-limit>

¹⁰⁷ NHS Providers, 'State of the provider sector', November 2023: <https://nhsproviders.org/state-of-the-provider-sector-2023>

¹⁰⁸ Ibid.

trust employs community dentists said that the starting salary for these staff is creating recruitment and retention issues, the same proportion (27%) said that it is not, and 45% did not know.

Further information and contact

We would be pleased to supply any further supplementary information and respond to questions from the Review Body on Doctors' and Dentists' Remuneration. We look forward to discussing the evidence further in our scheduled oral evidence session.

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