18 January 2021

NHS Pay Review Body 2021/22 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 trusts and foundation 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 voluntary membership, collectively accounting for £87bn of annual expenditure and employing more than one million staff.

Our submission

For the purposes of this submission, we have drawn on several information sources, including:

- A survey of trust HR directors in November-December 2020
- National workforce data
- Previous written submissions to the NHS Pay Review Body and Doctors and Dentists Remuneration Body (2019/20 and 2020/21)
- Other surveys and sources of feedback from trust leaders, including our *State of the Provider Sector* and *Workforce Flexibility in the NHS* reports, our Annual Conference and Exhibition and HR directors network meetings in October-November 2020

Remit

In his remit letter to the Chair of the NHS Pay Review Body (PRB), the Secretary of State for Health and Social Care, Matt Hancock, stated the Government's commitment "to continue to provide NHS workers with a pay rise". While the Chancellor's spending review in November included a pay "pause" for most public sector workers, Hancock indicated that healthcare staff would be treated as an exception, with the government recognising "the uniquely challenging impact coronavirus is having on the NHS".

The Secretary of State framed the pay review process within the context of the significant impact COVID-19 is having on the UK economy, saying he expected the PRB's recommendations "to take account of the extremely challenging fiscal and economic outlook, and consider the affordability of pay awards". The remit letter further discussed affordability within the context of an NHS revenue budget which is "set" until 2023/24, and the need for workforce growth and the "close relationship between pay and staff numbers". Instructions to consider the impact of pay awards on an existing NHS budget settlement and on the ability of the NHS to grow its workforce mirror key messages provided by the Government to the Doctors and Dentists Remuneration Body (DDRB) in recent years.

The remit letter notes that the spending review did include a pay rise of at least £250 for public sector workers earning less than £24,000 per year (due to be introduced from 1 April). This would apply to thousands of NHS staff between Agenda for Change bands 1-4, with the Secretary of State confirming that these staff should "expect to receive pay increases no lower than this level and… recommendations (should) be made within this context".

Key messages

- Trusts have told us it is critical for staff throughout the NHS to receive a meaningful, real terms pay increase in 2021/22. A significant majority (82%) of respondents to our survey this year called for a pay uplift of at least a 3%, with only 14% saying it should be 2% or less.
- The coronavirus pandemic has impacted trust views on pay awards as we draw to the close of the current three-year deal. Over the past nine months, trust leaders have consistently emphasised the need to recognise and reward the efforts of staff who have gone above and beyond to protect the public and continue to provide COVID and non-COVID care.
- It is essential that pay awards are fully funded by the Government and affordable for trusts to administer for all eligible staff. Affordability of pay rises has presented a key financial and operational challenge for trusts in recent years, due to flaws in the broader design of the three-year pay settlement.
- The Government needs to ensure funding is made available to specifically cover uplifts for Agenda for Change staff working in local authority commissioned NHS services. Given an inconsistent approach over the past three years, there is very little confidence among community trusts that central funds will be allocated to solve this issue in 2021/22.
- Workload and burnout concerns have multiplied as a result of COVID, with trust leaders consistently telling us of their fear for the wellbeing of their staff, and over the future state of the workforce if large numbers decide to leave the service after the worst of the pandemic is over.

- The workforce is overstretched with high rates of sickness contributing to an immediate operational concern: on 6 January, almost 100,000 NHS staff were absent from work across England with almost 50% linked to COVID-19 related sickness or self-isolation. There is an obvious correlation between persistent workforce gaps prior to the pandemic and a service that is now being forced to reduce its offering to patients in some areas.
- The pandemic has made it clearer than ever that the NHS needs a fully funded, agreed, workforce plan that gives the NHS the increases in long term workforce numbers and financial support for existing staff it so desperately requires.
- Within this the Government must be more ambitious when it comes to restoring funding for CPD. 88% of HR directors said more funding for CPD was important, with current investment below the levels of 2014/15 prior to cuts.
- There is more trusts can and must do to improve pay, progression and the overall working lives of ethnic minority staff who are disproportionately employed within the lower bands of the AfC framework. The PRB must also carefully consider the impact of new pay recommendations and other workforce recommendations on Black, Asian and minority ethnic staff.

Pay decision for Agenda for Change staff 2021/22

Context: end of three-year deal and the coronavirus pandemic

The current three-year pay deal for Agenda for Change (AfC) staff will end on 31 March 2021 and it is important to retain a general sense of context for this year's pay review outside of the dominating spectre of COVID-19 and its impact on staff and the service. In other words, the PRB would have been considering pay recommendations for AfC staff despite the pandemic, and the nature of pay rises across the three-year period leading up to 2021 provides a benchmark-of-sorts for this year's review.

The agreement, backdated to 1 April 2018, provided for cumulative pay rises between 6.5% and 29% across the three-year period[1], with proportionately higher increases directed towards those staff towards the bottom of pay bands: an approach we expressed our support for[2]. The deal also provided its most significant pay rises in the final year for many. For example, assuming annual pay progression, a band 5 paramedic employed on the second spine point in 2018/19 will have seen their basic pay increase by around £1,200 in April 2019 (5%), and then by around £2,750 in April 2020

[1] https://fullfact.org/health/nhs-pay-whats-deal/

[2] https://nhsproviders.org/news-blogs/news/nhs-providers-welcomes-pay-agreement

(11%). A nurse newly promoted to band 6 before the three-year period will have received an increase of around £2,350 in April 2019 (8%), followed by a rise of £2,775 moving into year three in April 2020 (9%).[3]

The coronavirus pandemic has certainly impacted trust views on pay awards as we draw to the close of the current three-year deal. Over the past nine months, trust leaders have consistently emphasised the need to recognise and reward the efforts of staff who have gone above and beyond to protect the public and provide treatment for the hundreds of thousands of people affected by COVID and other health issues. This can be seen in the high proportion of trust HR directors who told us they would support a COVID 'bonus' payment for staff: 71% of respondents to our recent pay survey said this should be an important priority for the government (38% important, 33% very important).[4]

One trust HR director said, "staff need to feel recognised for their work this year", with another respondent noting the importance of being "rewarded for the extraordinary effort they have made this year". These are consistent themes with others saying that pay awards this year should "reflect the enormous effort" of responding to the outbreak and that a COVID bonus payment would "show staff they are appreciated (acknowledging) the work undertaken during the pandemic".

Our view on a pay award for 2021/22

We believe there would have been significant merit in the introduction of a new, fully funded multi-year pay deal, given the benefits this could provide to workforce and financial planning within organisations and across systems for the short and medium term. 79% of respondents to our survey agreed this should have been a priority. However, it is the prerogative of negotiating parties on the government and staff side to consider the benefits and drawbacks of such an approach and this has ultimately not been an option pursued with any vigour to this point. As such – and given the remit of the PRB has been set for the 2021/22 pay round only – further evidence and comments on pay in this submission are based on the likely implementation of a single-year award.

Trusts have told us it is critical for staff throughout the NHS to receive a meaningful, real terms pay increase in 2021/22. A significant majority (82%) of respondents to our survey called for a pay uplift of at least a 3%, with only 14% saying it should be 2% or less. We have not surveyed HR directors or

[3] https://www.nhsemployers.org/pay-pensions-and-reward/2018-contract-refresh/pay-journey-tool, examples used with April and October pay step dates, respectively.

[4] NHS Providers pay survey of HR directors, November-December 2020. Unless stated otherwise, subsequent references to 'this year's' or 'our' pay survey refer to the same exercise. Please see a contextual note on responses at the conclusion of this submission.

other trust leaders in recent years on pay uplifts for AfC staff, with the PRB's focus on implementation and impact of the current three-year deal. As such we cannot compare this finding to past years, however, it is worth noting that trusts are calling for a similar rise for doctors (61% responded 3% or above), with greater support for a higher percentage rise for medical staff than in recent years, during which we have consistently been polling for views on doctors pay awards.[5]

We appreciate the Secretary of State's request for the PRB to consider the impact of coronavirus on the national economy. While it is not our role to provide an analysis of the UK's fiscal outlook, it is clear that significantly increased expenditure and reduced revenue for the exchequer has created a strain on departmental budgets, including for the current long-term NHS settlement. We agree that the economic context is challenging: the key piece of this challenge is how the government chooses to prioritise areas for funding and/or consider new ways of increasing revenue to ensure ongoing and appropriate levels of financial support for key public services and public sector staff.

We are pleased by the decision to prioritise pay rises for NHS staff during a period in which many other key workers will be disappointed to be facing real terms pay decreases. Trusts have made it clear that pay uplifts must be meaningful, given the huge contribution of their staff throughout a pandemic which has presented severe challenges in their working lives. At the time of writing – with record numbers of COVID infection and hospitalisation rates each day – these challenges have become more pressing than ever. We expand on the pressures caused to staff during the pandemic and potential consequences for the workforce below.

Implementation and affordability

It is essential that pay awards are fully funded by the Government and affordable for trusts to administer for all eligible staff. Affordability of pay rises has presented a key financial and operational challenge for trusts as employing organisations in recent years, due to imperfections in the broader design of the three-year pay settlement.

Our evidence to the PRB in 2019/20 summarised the key issues faced by trusts affecting affordability of pay rises within the first year of the AfC deal, noting the "significant financial strain… as a result of unclear and ultimately inadequate funding from central government".[6] Specifically, the initial allocation committed by the Treasury to cover costs of the deal was found to be insufficient due to

[5] Our submissions to the DDRB in 2019/20 and 2020/21 provide more information.

[6] https://nhsproviders.org/media/605847/nhs-providers-nhs-pay-review-written-evidence-2019-20-final.pdf

changes in the workforce baseline used and a failure to capture several categories of eligible staff. As a result, trusts were forced to find additional funds from within existing budgets to cover the full costs of the deal.

Eligibility and funding issues were subsequently discussed at length with the Government and to some extent resolved with additional money. Lessons learned from 2018, and the likely award of a more simplistic one-year deal, should mitigate concerns around affordability in 2021/22. It is extremely important that similar issues do not arise to avoid a repeat of the financial burden placed on stretched provider budgets in 2018, particularly given the additional challenges presented to trusts by the rising costs of COVID.

NHS staff in local authority commissioned services

There has been a specific, ongoing challenge for trusts delivering community services commissioned by local authorities which have failed to receive funding to meet the costs of pay rises for their workforce, despite these staff being employed on AfC contracts. While the Government eventually pledged to provide additional funding to community trusts to meet these costs in 2019/20, no similar commitment was made for the final year of the pay deal leading to a substantial additional cost burden for some organisations.

The financial challenges brought about by this situation have been highlighted to us through our Community Network – run in partnership with the NHS Confederation – and several trusts providing community services (14) shared evidence on this issue in our survey for this pay round. Given the inconsistent approach from the government over the course of the three-year deal and the uncertainty this has created for providers and their staff, there is very little confidence that funding will be allocated to solve this issue in 2021/22. Only three of the 14 trusts (22%) believe they will receive funding to cover the costs of AfC pay uplifts for their staff working in local authority commissioned services next year.

We do not see a good reason for this funding to be withheld by central government and there is scant rationale for community trusts – nor local authorities – to bear the additional costs of well-deserved pay uplifts for their staff in 2021/22. Asked about the impact of unfunded uplifts, half of these trusts said the provision of services would be affected as a result.

Finally, it is worth reminding the PRB of other challenges with the implementation of the current AfC deal highlighted by our 2019/20 evidence, outside of those relating to affordability. These include a

lack of clear information on applying the deal in complex cases and delays to technical guidance issued by national bodies. We believe similar challenges are more likely to be avoided in the coming financial year if the methodology for calculating costs of pay settlements is co-produced with input from trusts and other employing organisations.

Wider issues affecting recruitment, retention and morale

There are a broad range of factors influencing the experience of staff working in the NHS and their decision to join or remain in the NHS workforce. And while it is essential to wellbeing and morale for pay to be set at a level which ensures staff feel valued, progress on these wider measures remains an important part of supporting both the success of the pay deal in improving the satisfaction of NHS staff and making the NHS a better place to work.

Workforce pressures, burnout & wellbeing: before and during COVID

The NHS had been under significant pressure for some time before the initial coronavirus outbreak in the UK in March 2020. Demand for services had been increasing year-on-year in the context of constrained finances and workforce shortages. After the longest and deepest financial squeeze in NHS history (in the period since 2010) the service entered the pandemic with over 100,000 vacancies in the trust sector alone.[7] Close to 40,000 of these vacancies were in the nursing workforce, with tens of thousands more in the allied health, clinical support, and other professions on AfC terms and conditions and falling under the PRB's remit.

High vacancy rates in the NHS have resulted in persistent rota gaps within trusts, filled predominantly by shifts taken by bank and agency staff.[8] Many temporary shifts are filled by staff already on substantive contracts and, separately, findings from recent NHS staff surveys show an unsustainable level of overtime undertaken by the workforce: in 2019, 35% worked additional unpaid hours on a weekly basis and 56% worked additional unpaid hours. More than half of those working additional unpaid time were doing so for an average of 5 hours or more per week.[9]

---

[7] https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---september-2020

[8] In its last published "Quarterly performance of the provider sector" document, NHS Improvement said "Intelligence suggests approximately 80% (of vacancies) are being filled by a combination of bank (64%) and agency staff (36%)." https://improvement.nhs.uk/documents/4942/Performance_of_the_NHS_provider_sector_for_the_quarter_ended_31_Dec_2018.pdf

[9] NHS Staff Survey 2019, questions 10b & 10c: https://www.nhsstaffsurveyresults.com/homepage/national-results-2019/trends-questions-2019/

Research has shown that workload is one of – if not the most – significant determinants of stress at work and, ultimately, burnout for staff.[10] Prior to the pandemic, over three-quarters of staff routinely faced unrealistic time pressures in their jobs[11] and this was reflected in widespread concern across the sector that the workforce was being asked to provide a level of discretionary effort beyond that which is realistic.

These concerns have multiplied as a result of COVID, with trust leaders consistently telling us of their fear for the wellbeing of their staff, and over the future state of the workforce if large numbers decide to leave the service after the worst of the pandemic is over. A survey of trust leaders in August 2020 prior to the start of the second wave of the pandemic found 99% of trust leaders were concerned about the level of burnout in their workforce.[12] While retention rates have been encouraging over the past 12 months, there is a lack of confidence among trust leaders this will hold up beyond the end of the COVID emergency period. We note a recent survey of 2,000 GMB members working in the NHS in which over 60% admitted having considered leaving the service in the past six months[13], and there is mounting concern over the potential to see a highly demoralised and clinically traumatised workforce in the coming months, with emerging evidence of anxiety, depression and post-traumatic stress for staff at the centre of the pandemic response.[14]

There are also immediate, operational pressures linked to the effect of COVID on staff wellbeing. A central role for staff in the mass vaccination campaign and unprecedented levels of absence[15], either through sickness or the need to self-isolate, is affecting some trusts' ability to deliver a full range of services, with emergency procedures paused within the worst affected organisations. There is an obvious correlation between persistent workforce gaps leading up to the pandemic, an overstretched workforce going above and beyond to protect the public over the past 12 months, and a service that – despite incredible efforts at all levels of the workforce within trusts – is being forced to prioritise and reduce its offering to patients in some areas.

---

[10] https://iaap-journals.onlinelibrary.wiley.com/doi/abs/10.1111/1464-0597.00152
https://www.frontiersin.org/articles/10.3389/fpsyg.2018.01897/full
https://employeebenefits.co.uk/top-three-causes-workplace-stress-solve/

[11] NHS Staff Survey 2019, question 6a: https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/

[12] https://nhsproviders.org/media/690250/the-state-of-the-nhs-provider-sector-october-2020.pdf

[13] https://www.gmb.org.uk/news/almost-two-thirds-nhs-staff-ready-walk

[14] https://www.bbc.co.uk/news/health-55630157

[15] https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-hospital-activity/

The NHS people plan: 2020/21 and beyond

We were pleased to see staff wellbeing feature so prominently in the 2020/21 people plan, released at the end of last July. The plan's 'people promise', setting out the actions for trusts and conditions staff should expect from their employment in the NHS, was generally well received. While our feedback from HR directors and other trust leaders indicated many of the initiatives or requirements for boards were already in place or under development, in other areas the list of actions has provided some clarity over priorities and purpose when it comes to implementing change to support staff wellbeing.

Additionally, the NHS England/Improvement online hub of wellbeing resources[16] has been useful for staff during the pandemic, and – independent of this – trusts have been taking local action: a poll of trust leaders during our annual conference in October found that over 90% of organisations have put in place their own programmes or 'offers' to provide additional staff wellbeing support during this extremely challenging period for the NHS.[17]

Workforce funding in the spending review

While other elements of this year's people plan were welcomed by trust leaders – in particular, the strong focus on reducing discrimination and improving the working lives of Black, Asian and minority ethnic staff – the reception to the plan on the whole was mixed. This was partly due to the lack of answers provided by the plan in some key areas, including on training numbers and on staff pay. While we recognise NHS England/Improvement, which published the document, does not hold decisions on pay awards within its remit, the absence of any mention of staff pay and reward was notable in a plan responding primarily to the effects of the pandemic.

The plan admits that transformation beyond this financial year required "further (clarity on) the available budget to expand the workforce… in the forthcoming spending review" and this appears to have been the greatest factor limiting the scope of the 2020/21 document. While the interim people plan released in 2019 promised considerable work on the 'future operating model' for the workforce, this appears to have been temporarily lost as a result of uncertainty over funding and workforce planning. Following the spending review announcement in November, uncertainty has given way to disappointment with an additional £260 million providing some room for short-term investment in

[16] https://people.nhs.uk/

[17] In response to the question, "Has your organisation introduced new local policies or initiatives during the pandemic to respond to its impact on staff wellbeing?", 29 of 31 trust leaders (94%) said "yes", 1 (3%) said "no", and 1 (3%) answered "we've relied on wellbeing support from national bodies, e.g. NHS England/Improvement".

training and development, but no support for long-term workforce planning. While all new money is welcome, this limited increase in the HEE budget will leave it at a similar level to the overall funding for 2018/19 and close to £1 billion lower than the budget for 2013/14, prior to large scale funding cuts.

In last year's evidence we discussed the critical importance of investment in workforce development (CPD), and this continues to hold true. While centralised CPD funding makes up a very small slice of the overall HEE budget, support for training and career development is a key piece of the overall offer to staff and must be treated as such by the Government. 88% of HR directors said more funding for CPD was important, and it was seen as a greater priority than additional financial support for flexible working (83% said this was important); for clinical placements (83%); for healthcare students (78%); or to support overseas recruitment (52%).

Overall, the pandemic has made it clearer than ever that the NHS needs a fully funded, agreed, workforce plan that gives the NHS the increases in long term workforce numbers and financial support for existing staff it so desperately requires. We are encouraged by the significant increase in applications to nursing degree study (15%) this year following the introduction of maintenance grants for students, and a general rising interest in healthcare careers during the pandemic. But there is no room for complacency or ambiguity on the shape and size of the future workforce, given the general pressures and severe impact of COVID as set out in this submission.

Trade-offs and workforce flexibility

Recent remit letters from the Secretary of State to the DDRB have made strong note of an apparent "direct trade-off" between levels of pay and staff numbers in the medical profession, and this year there is a similar message to the PRB, with Matt Hancock noting a "close relationship between pay and staff numbers" in the context of affordability for the Government. We accept there is a plan to fund both pay increases and workforce growth from within the five-year NHS England settlement – which is notionally "set" in value for the duration – and do not believe other immediate or longer-term service priorities should be compromised by the awarding of meaningful pay rises for staff.

However, we do not accept that decisions around the levels of funding for pay awards and workforce growth truly constitute a direct trade off. We would repeat the message from our evidence to the DDRB in 2019/20, that "focusing on pay while underinvesting in recruitment and retention, or vice versa, is unlikely to provide a sustainable long or short-term solution to workforce challenges in the NHS". Indeed, the constricted framing of these priorities has made it increasingly difficult for either issue to be satisfactorily addressed. In this year's pay survey, half of HR directors (50%) agreed that

additional funding for pay and staff numbers are "both equally important", opposed to those who cited a preference for funding towards workforce growth (33%) versus greater pay (15%).

Flexible working and deployment

Increased flexibility in the deployment of staff between different clinical settings and trust sites were among the innovations utilised to strong effect for the NHS during the first wave of the pandemic last year. The service also benefitted from a tranche of recently retired or lapsed registrant 'returners' and final year students with fast-tracked registration at a time when it urgently needed additional support in great numbers. We discussed the benefits, and some limitations, of increased flexible working and workforce innovation in our "Workforce Flexibility in the NHS" report, published last summer.[18]

Our report emphasised that these flexibilities need to be codified and adopted into practice in a number of areas for the NHS to truly benefit from this experience. The willingness of professional bodies and royal colleges to support staff to work differently during the pandemic – alongside work across the sector from key stakeholders, including NHSE/I within the 'beneficial changes' programme – should ensure some positives are taken from the experience of working through COVID.

Trusts have underlined the importance of greater flexibility for the NHS workforce in a number of ongoing priority areas including in the development of NHS apprenticeships: 93% of HR directors in our survey said that additional funding and/or reform of apprenticeships is important. While a recent funding boost for some nurse apprentices was announced last year and is welcome, it is too early to evaluate the impact of this new money, and some trusts have expressed concern over the impact of tight eligibility requirements for financial support. Fuller utilisation of professionals working in new roles in the NHS continued to be a priority for trusts, with 95% of respondents citing this as an important priority.

Inequalities and inclusivity in the NHS workforce

Issues around inclusivity in the NHS have been at the front of mind for NHS leaders in recent months. The death of George Floyd in the United States last May and the global protests for racial justice which followed had a significant impact on NHS staff and leaders. Alongside this, evidence continued to mount over the devastating and disproportionate impact COVID-19 has had on ethnic minority people and communities in the UK.[19] These circumstances and events have raised awareness and

[18] https://nhsproviders.org/media/690388/workforce-flexibility-during-covid19.pdf

[19] https://nhsproviders.org/media/689698/otdb-covid-19-phe-bame-report.pdf

highlighted growing concern within the NHS over the levels of structural racism and racial inequalities faced by Black, Asian and ethnic minority staff.

While it is not possible, or appropriate within this submission, to explore in detail the issues under discussion for NHS leaders when it comes to addressing racial and other inequalities in the NHS, it is worth highlighting some of the key points of concern around pay, progression and wellbeing of Black, Asian and minority ethnic staff in the service which we believe to be relevant to the PRB during this pay round (and in future years).

Once the evidence of disproportionate impact came to light, trusts moved to prioritise Black, Asian and minority ethnic staff for COVID risk assessments. It is certainly the case that this process did not take place as quickly as trusts, staff and the wider NHS would have liked in some areas[20], however by early October the Chief People Officer, Prerana Issar, stated that 95% of risk assessments had been completed for Black, Asian and minority ethnic staff.[21] One of the frustrations for trusts has been their limited scope to act upon the results of risk assessments. While redeployment away from frontline roles has been an entirely appropriate and necessary course of action for some of those found to be at greater risk, the opportunities for redeployment from patient-facing work are scarce across the service and impacted significantly by the large workforce gaps discussed in this submission.

On the whole, however, risk assessment processes have set the foundations for more engagement on health and wellbeing issues between staff and their managers. NHS leaders and staff have sought to understand the actions that can be taken to address issues of racial inequality within their organisations, not only in the face of COVID-19, but with the ultimate aim of confronting structural racism and racial inequalities within the NHS. This work is of vital importance, and must be adopted as default, long-term approach to workforce management across the NHS.

Separately, the Equality and Human Rights Commission (EHRC) has launched a statutory inquiry into the experiences of ethnic minority people working on the frontline in lower-paid health and care roles.[22] We welcome this piece of work and look forward to engaging with the EHRC over the role of trusts as employers and anchor institutions within local communities. Trusts have made it clear to us, particularly throughout the second half of 2020, that there is much more they can and must do to

[20] https://www.bmj.com/content/370/bmj.m2792

[21] Statement made during a virtual panel session at NHS Providers Annual Conference and Exhibition, October 2020.

[22] https://www.equalityhumanrights.com/en/inquiries-and-investigations/inquiry-racial-inequality-health-and-social-care-workplaces

improve pay, progression and the overall working lives of Black, Asian and minority ethnic staff who are disproportionately employed within the lower bands of the AfC framework.[23]

While some of these actions relate to the critical need to improve representation on boards, focus needs to rest on barriers to advancement throughout the workforce. We believe there is a role for the PRB to play in this area, by carefully considering the impact of new pay recommendations – and recommendations for broader improvements for the workforce – on Black Asian and minority ethnic staff, given the inequalities they face working within the NHS.

A note on our pay survey

In November-December 2020, NHS Providers ran an online survey of HR directors in NHS trusts and foundation trusts. Data is based on 43 responses, representing 20% of the provider sector, with all regions and trust types represented in the survey. While the response rate is slightly lower than in previous years (57 responses were recorded in 2020/21; 56 responses in 2019/20), this eventuality was expected and is consistent with surveys of boards we've undertaken on other matters over the past 10 months. Slightly reduced response rates reflect the unprecedented workload for boards and all staff created by the coronavirus pandemic and our efforts to significantly scale down non-essential communication with trusts in recognition of this.

Further information

We would be pleased to supply any further supplementary information and respond to questions from the NHS Pay Review Body, and welcome the opportunity to discuss the evidence further in an oral evidence session.

For more information please contact NHS Providers workforce policy advisor Finn O'Dwyer-Cunliffe at Finn.O'Dwyer-Cunliffe@nhsproviders.org

[23] https://nhsproviders.org/inclusive-leadership/bame-representation-and-experience-in-the-nhs