18 January 2021

Review Body on Doctors' and Dentists' Remuneration (DDRB) – 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

We welcome the opportunity to submit evidence to the Doctors' and Dentists' Remuneration Review Body (DDRB), on behalf of NHS trusts and foundation trusts to inform the 2021/22 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 Providers
  - This online survey of HR directors in NHS trusts and foundation trusts was conducted in November 2020. Data is based on responses from 43 trusts, representing 20% of the provider sector, with all regions and trust types represented in the responses. This was a lower response rate than usual, which was expected given the enormous operational pressures within the NHS as a result of COVID-19.
- A survey of trust leaders conducted by NHS Providers in August 2020[1]
- National workforce data[2]
- NHS Providers' 2020/21 DDRB written evidence[3]

[1] https://nhsproviders.org/the-state-of-the-nhs-provider-sector-2020/key-findings

[2] https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics

[3] https://nhsproviders.org/resource-library/submissions/doctors-and-dentists-remuneration-review-body-202021-pay-round-submission

Key messages

- The impact of the NHS COVID-19 response on staff wellbeing and retention is vast and must not be understated. There is real fear among trust leaders that significant numbers of staff could choose to leave the NHS once the pandemic response has subsided.
- HR directors support higher pay uplifts than usual, and equal recognition, for all groups of doctors in light of the pandemic.
  - 59% support a pay rise of 3% or above for all doctors.
  - 75% agree that specialty and associate specialist (SAS) doctors and consultants should receive the same uplift.
  - 53% support a pay increase for doctors in training above their contractual 2% rise (38% flagged that this was conditional on consultants and SAS doctors also receiving an uplift above 2%).
- Contract reform for SAS doctors and consultants is equally important to HR directors, and reform of consultants' local clinical excellence awards (CEAs) is a priority.
  - 88% view reform of SAS doctors' contracts as important (35% "very important").
  - 83% view a funded multi-year deal for consultants as important (35% "very important").
  - 85% view reform of local clinical excellence awards (CEAs) as important, with 50% of those deeming it "very important".
- The ongoing trade-off between levels of pay and staff numbers, with funding for both being taken from the current five-year settlement for the NHS, has made it increasingly impossible for either issue to be satisfactorily addressed.
- It is of the utmost importance to make fair, informed decisions on pay awards as quickly as possible for NHS staff who are tired and are working in incredibly challenging conditions. We are supportive of all efforts to ensure pay awards are implemented by April.
- 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.
- Recruitment activity in the NHS has been significantly disrupted by the pandemic, so vacancy figures must be viewed with caution. We believe that the headline figures of NHS Digital's vacancy data remain of immediate use, as they represent the situation as it was at the time, but year on year comparisons should be avoided.
- Work to address issues of racial inequality within the NHS is of vital importance, and must be adopted by trusts as the default, long-term approach to workforce management. The DDRB can play a valuable role in this work by carefully considering the impact of new pay recommendations, and other workforce recommendations, on ethnic minority doctors.

DDRB Remit for 2021/22

In his remit letter to the DDRB, the Health and Social Care Secretary focusses on the economic downturn caused by the COVID-19 pandemic, and the resultant pay restraint now in place across most of the public sector (which NHS staff are exempt from). As well as the wider financial context, the letter notes that any pay awards for doctors will impact on planned workforce growth, which must remain affordable "given the NHS budget is set until 2023/24".[4] The message, repeated since 2019, continues to be that there is direct trade-off between levels of pay and staff numbers, with funding for both being taken from the current five-year funding settlement for the NHS. This constriction has made it increasingly difficult for either issue to be satisfactorily addressed.

The remit letter invites "comments and observations" for doctors and dentists in training, rather than pay recommendations, as this group will be entering the third year of a multi-year pay deal. However, in this submission we will be making comment on pay for doctors and dentists in training, considering work undertaken by all groups of doctors during the pandemic.

We note that talks have concluded between the Department of Health and Social Care (DHSC), NHS Employers, and the British Medical Association (BMA), regarding two multi-year contract deals for specialty and associate specialist (SAS) doctors. As the proposed contracts are awaiting sign off before a referendum of BMA members, this submission will comment on pay awards for SAS doctors – though we expect that any agreed deals will impact the scope of recommendations made by the DDRB for this group.

As in previous years, the remit letter does not note any plans to restart talks regarding a new consultant contract, and nor does it mention the progression of talks regarding clinical excellence awards (CEAs). Whilst the remit letter does not explicitly ask for recommendations on CEAs, given that trust leaders have expressed particular concern about this element of consultants' pay, this submission will make reference to them in addition to an annual pay award for consultants.

Finally, the letter speaks of expediating the pay round this year. Given that publication of the remit letters was significantly delayed, we are concerned that timelines will be pushed. We believe that it is of the utmost importance to make fair, informed decisions on pay awards as quickly as possible for

[4] https://www.gov.uk/government/publications/review-body-on-doctors-and-dentists-remuneration-remit-letter-2021-to-2022/review-body-on-doctors-and-dentists-remuneration-remit-letter-2021-to-2022

NHS staff who are tired and are working in incredibly challenging conditions. We are supportive of all efforts to ensure pay awards are implemented by April.

Our views on the 2021/22 pay awards

COVID-19

The COVID-19 pandemic has placed extreme pressure on all NHS staff, coming at a time when there was already over 100,000 workforce vacancies in the trust sector alone.[5] To build additional capacity among doctors in the first wave of the virus, final-year medical students were fast-tracked and given temporary registration to begin clinical work; doctors who had previously left the NHS were invited to re-join the workforce; a number of doctors were redeployed; certain non-urgent services were temporarily suspended; annual leave was in some cases postponed; and the NHS saw a rapid expansion of virtual consultations and remote care. At the time of writing, the NHS is under increasing pressure due to the current wave of the virus, with the highest number of COVID-positive patients to date and bed capacity, oxygen, and staff numbers stretched incredibly thinly. The NHS is now considering another series of emergency contingency arrangements, above and beyond those from the first wave, to maximise NHS capacity. The situation could not be more grave, or more challenging for staff.

Value and allocation of pay uplifts for all doctors in 2021/22

Trust leaders have repeatedly told us that they are incredibly grateful for the good will and commitment from the NHS workforce during the pandemic, but they are keenly aware of enormous individual effort that this has taken. The impact of the NHS COVID-19 response on staff wellbeing and retention cannot be understated. NHS Providers conducted a survey of trust chairs and executive directors in August, following the first wave, which found 99% of respondents concerned about levels of burnout across the workforce.[6] In January 2021, a survey of 2,018 GMB members working in the NHS found that 60% are considering leaving the service.[7] This would suggest a significant increase on the IPPR's findings in May 2020 that one in five health and care staff were more likely to leave their jobs as a result of working through COVID-19.[8] It is therefore unsurprising that when asked about the

[5] https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics

[6] https://nhsproviders.org/the-state-of-the-nhs-provider-sector-2020/key-findings

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

[8] https://www.ippr.org/news-and-media/press-releases/covid-19-one-in-five-healthcare-workers-could-quit-after-pandemic-unless-urgent-government-action-is-taken-ippr-warns

level of pay needed to improve medical recruitment, retention and morale in 2021/22, 59% of HR directors responded in support of a pay rise of 3% or above for all doctors, with a further 25% stating that at least 2% is needed.[9]

The results of our survey show consistent support for all doctors receiving equitable pay rises, with 75% of respondents agreeing that SAS doctors and consultants should receive the same percentage uplift, and 53% supporting a pay increase for doctors in training above the pre-agreed 2% (with 38% of these respondents flagging that this was conditional on consultants and SAS doctors also being given an uplift above 2%).[10] In the supporting comments, there were repeated suggestions of one-off bonus payments for doctors in training, if their current contractual uplift of 2% could not be increased. Trusts therefore do not favour pay targeting between medical staff grades in 2021/22, with one HR director summarising that "this is a year for recognising the contribution across all groups equally".[11]

The clear themes from the responses to our survey are that:

- The work which all doctors have done during the COVID-19 pandemic should be rewarded monetarily and equally.
- There is support from HR directors for higher pay uplifts than usual.

Economic context

Despite this support for higher pay uplifts than usual, we do appreciate that the Secretary of State has been clear in his remit letter to the DDRB that finances are constrained in light of the economic downturn caused by the COVID-19 pandemic. However, the reality is that the five-year funding settlement for the NHS must not only be protected in the face of economic downturn, but additional investment has to be made. There needs to be clear messaging and reassurance of this, given that only 21% of respondents to our survey were confident that funding for all doctors' pay rises will be fully costed and funded by central government to their trust in 2021/22.[12]

We are pleased that doctors and other NHS staff are exempt from the public sector pay freeze but pay uplifts must be meaningful, given the environment in which staff have worked over the last year

[9] NHS Providers online survey of HR directors in NHS trusts and foundation trusts, November 2020.

[10] Ibid.

[11] Ibid.

[12] Ibid.

(as outlined above). Given the current commitment of the Secretary of State to fund NHS staff pay from within the existing five-year financial settlement, the level of pay uplifts will be a challenging decision, but one which is ultimately down to how the government chooses to allocate central funding. Whilst additional funding for HEE (announced in the 2020 Spending Review) was welcome, there has to be greater certainty and long-term investment in doctors' education and training.

In our evidence to the DDRB in previous years, we have repeatedly stated that the only sustainable solution to workforce challenges in the NHS is sufficient focus and investment in both staff pay, and recruitment and retention. A clear, fully costed workforce plan is vital to the future of the NHS. This is why it will not be enough to simply ring-fence the five-year funding settlement – despite the economic climate that government is faced with, additional investment is needed. Our statement to the DDRB last year remains true: "ultimately the question of pay versus staff numbers is one of affordability and choice, and as such is one for the government to decide."[13]

Doctors in training

As noted above, 53% of HR directors who responded to our survey support a pay increase for doctors in training above the 2% which they are due as per their current multi-year deal.[14] Whilst 38% of these respondents flagged that this should be conditional on consultants and SAS doctors also being given an uplift above 2%, consistent calls from HR directors for one-off bonus payments in the absence of an additional uplift make it clear that there is appetite to recognise the efforts of this group during the COVID-19 pandemic.[15] One respondent noted that "junior doctors carry significant responsibility which should be recognised."[16]

It is of vital importance that the recruitment of doctors is invested in, as noted earlier in this submission. Part of this effort includes ensuring the profession is attractive for prospective doctors, which includes fair pay.

[13] https://nhsproviders.org/resource-library/submissions/doctors-and-dentists-remuneration-review-body-202021-pay-round-submission

[14] NHS Providers online survey of HR directors in NHS trusts and foundation trusts, November 2020.

[15] Ibid.

[16] Ibid.

Specialty and associate specialist doctors

We are pleased that DHSC, NHS Employers and the BMA are in the process of confirming an in-principle agreement on two new contracts for SAS doctors. Rejuvenation of the Specialty Doctor contract, and creation of a Specialist grade contract, is welcome and long overdue. 88% of HR directors who responded to our survey view reform of SAS doctors' contracts as important (35% "very important"), with one respondent noting that "SAS doctors are the "engine room" of many Trusts. They feel that their current [terms and conditions] don't reflect the contributions they make to the NHS," and any new deal should "recognise that SAS doctors' pay needs uplifting."[17] We await the results of the BMA's member referendum in February and expect that any agreed deals will impact the scope of recommendations made by the DDRB for this group. We note again that HR directors have spoken in favour of equal recognition for all groups of doctors in 2021/22, with 59% supporting a pay rise of 3% or above, and a further 25% stating that at least 2% is needed.[18]

The way in which SAS doctors are treated and valued continues to be important to trust leaders. A survey of NHS organisations, published by NHS Employers in March 2020, found that 86% of respondents had taken steps to implement the SAS charter.[19] This is particularly noteworthy given the General Medical Council (GMC)'s earlier findings that SAS and locally employed doctors are more likely than other members of staff to experience bullying, harassment and undermining behaviour from their colleagues.[20]

Trusts are therefore continuing to work to improve their offer to SAS doctors, but NHS Employers found that 85% of respondents were still struggling to recruit to these roles.[21] We are therefore hopeful that the reformed Specialty Doctor contract, and new Specialist grade contract, will address these issues of recognition and reward.

Consultants

The issue of pension taxation for senior doctors, a key area of concern in our previous submission to the DDRB, seems to have been resolved (or at least, is no longer coming to the fore in issues raised

[17] NHS Providers online survey of HR directors in NHS trusts and foundation trusts, November 2020.

[18] Ibid.

[19] https://www.nhsemployers.org/case-studies-and-resources/2020/07/sas-survey-report

[20] https://www.gmc-uk.org/-/media/documents/sas-and-le-doctors-survey-initial-findings-report-060120_pdf-81152021.pdf

[21] https://www.nhsemployers.org/case-studies-and-resources/2020/07/sas-survey-report

by trust leaders,) following the policy changes announced by the Chancellor on 11 March 2020. However, whilst the issues have at least been mitigated, annual allowance tapering is still in play and likely to remain a frustration for many.

The attention of HR directors has now returned primarily to the matter of CEAs. 85% said that reform of local CEAs was important, with 50% of those deeming it "very important". Every comment in response to this question in our survey stated the urgency of CEA reform.[22] This is a significant result and reflects trust leaders' continued concern about the inequities presented by the current local CEA scheme. Indeed, three respondents suggested that CEAs should be removed altogether given the scheme's detrimental effect on the gender pay gap.[23] Whilst it is understandable that the current local CEA arrangements have been extended until 2022 (due to the pandemic taking priority for those involved in negotiations), it is certainly not desirable, and we are supportive of efforts to significantly alter local performance pay frameworks. This must, however, result in simplistic systems that are easy to run, not administratively burdensome, and address the issues of gender and racial inequality which result from the current scheme. As one HR director noted, "reform of CEAs needs to be seen in the context of its impact on gender pay gap and also divisiveness/inequity with other staff groups, particularly as we expand higher clinical non-medical roles."[24]

Reform of the consultant contract also remains desirable, with 83% answering that a funded multi-year deal for consultant doctors is important.[25] Our position remains that this would help to restore trust between the government and unions representing senior doctors. We would support prioritisation of this work, alongside reform of CEAs, as soon as practicable.

We note again that HR directors have spoken in favour of equal recognition for all groups of doctors in 2021/22, with 59% supporting a pay rise of 3% or above, and a further 25% stating that at least 2% is needed.[26]

[22] NHS Providers online survey of HR directors in NHS trusts and foundation trusts, November 2020.

[23] https://www.gov.uk/government/publications/independent-review-into-gender-pay-gaps-in-medicine-in-england

[24] NHS Providers online survey of HR directors in NHS trusts and foundation trusts, November 2020.

[25] Ibid.

[26] Ibid.

Our views on other workforce pressures facing the NHS

Pay and reward must be viewed alongside the other workforce challenges in the NHS – particularly in light of the NHS response to the COVID-19 pandemic. Improved pay offers will only make NHS careers more attractive and sustainable if they are accompanied by a programme of work to improve the recruitment, retention, wellbeing, and morale of doctors across the country.

Race inequality

COVID-19 has brought long-standing race inequalities into sharp relief. The disproportionate effect of the virus on Black, Asian, and minority ethnic people, including those working in health and care settings, quickly became clear during the outbreak's initial peak. In direct response, trusts carried out risk assessments and took action to protect at-risk staff. 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, but by early October the Chief People Officer, Prerana Issar, stated that 95% of risk assessments had taken place for Black, Asian and minority ethnic staff. Trusts found this a useful first step to reaching individualised solutions, which had to be tailored to meet each staff member's needs and preferences. While redeployment was necessary in some cases, guidance from national bodies helped trusts to identify levels of risk, without prescribing a "one size fits all" outcome for all Black, Asian, and minority ethnic staff. It remains true, however, that the opportunities for redeployment from patient-facing work are limited across the service and impacted significantly by the large workforce gaps discussed in this submission.

These 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.

The NHS People Plan 2020/21 makes welcome commitments around equality and diversity and ensuring that staff from Black, Asian and minority ethnic communities are supported.[27] Government must therefore prioritise funding to ensure the measures in the People Plan can be delivered. We believe that the DDRB can play a valuable role by carefully considering the impact of new pay

[27] https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf

recommendations – and recommendations for broader improvements for the workforce – on ethnic minority doctors, given the inequalities faced by people of colour working within the NHS.

Vacancies

The NHS was under significant pressure well before the COVID-19 pandemic began. Following the longest and deepest financial squeeze in NHS history, there were over 100,000 vacancies across NHS trusts at the start of 2020.[28] In Q1 of 2020/21, there were 8,278 medical vacancies.[29] By Q2, the total number of doctors had increased by 0.9%, despite a fall in the number of junior doctors.[30] However, recruitment activity in the NHS has been significantly disrupted by the pandemic. This is most apparent in significantly lower reported advertised vacancies between March and June 2020, at the height of the first wave.[31] Whilst some recruitment efforts increased in response to the demand resulting from COVID-19 – most notably, the initiative to bring back NHS staff who had previously left the workforce – this was not the case in the main.

We believe that the headline figures of NHS Digital's vacancy data remain of immediate use, as they represent the situation as it was at the time, but year on year comparisons should be avoided whilst figures are affected by a different approach to recruitment during the pandemic. More widely, ongoing variations and issues in the way that vacancies are recorded make it extremely difficult to ascertain the true number of vacant roles in the NHS. Given this, we welcome the upcoming improvement of data collection at employer, system, and national levels in 2020/21 to aid workforce planning, as announced in the NHS People Plan 2020/21.[32]

Recruitment and retention

Investment in recruitment and retention of doctors is vital, but Health Education England's (HEE) budget has been continually constrained in the last five years. The spending review in Autumn 2020 provided an additional £260 million in 2021/22 and, while all new money is welcome, this increase in the HEE budget will leave it at a similar level to the overall funding for 2018/19 and close to £1 billion

[28] https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/february-2015---june-2019-provisional-experimental-statistics

[29] https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/february-2015---march-2020-experimental-statistics

[30] https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/august-2020

[31] Ibid.

[32] https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf

lower than the budget for 2013/14, prior to large scale funding cuts.[33] This will make it particularly difficult to double the number of medical school places from 7,500 to 15,000 per year, an endeavour which the Royal College of Physicians has calculated to be necessary to sustain the medical workforce.[34] Equally, whilst the NHS People Plan 2020/21 has stated that HEE are continuing to increase flexibility for doctors' training, aiming for all junior doctors to be able to apply for flexibility in their chosen training programme by 2022/23, this will be challenging without full funding.[35]

There have been higher rates of retention across the past 12 months, but there is a distinct lack of confidence among trust leaders that this will continue once the pandemic response has subsided. We note again the GMB's findings that 60% of 2,018 respondents who work in the NHS are considering leaving the service.[36] There is mounting concern by the likelihood of a highly demoralised and clinically traumatised workforce in the coming months, with emerging evidence of anxiety, depression, and post-traumatic stress for staff on the front lines of the pandemic response.[37]

The NHS People Plan 2020/21 is lacking in detail when it comes to addressing current and future gaps in the medical workforce. We believe that it would be of great benefit to see evidence-based actions set out in the next iteration of the People Plan, and a roadmap which will address the recruitment and retention of doctors in the NHS.

Wellbeing

Trusts are conscious of the impact on NHS staff wellbeing which has been brought about by personal risk of infection when caring for COVID-19 positive patients, alongside the possibility of bringing infection home to loved ones, and the trauma of caring for a huge influx of critically ill patients. This is all set against the context, highlighted by the 2019 NHS Staff Survey, that an unsustainable level of discretionary additional effort was being given by staff even before the pandemic hit.[38] Only 22.9% of respondents said they "never" or "rarely" experienced unrealistic time pressures in their jobs, and just 32.3% said there were enough staff in their organisation to allow them to do their job.[39] It is no longer

[33] https://www.hsj.co.uk/finance-and-efficiency/governments-new-training-funding-not-enough/7025867.article

[34] https://www.rcplondon.ac.uk/projects/outputs/double-or-quits-blueprint-expanding-medical-school-places

[35] https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf

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

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

[38] https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/

[39] Ibid.

sustainable for the NHS to rely on additional, discretionary effort from its dedicated staff to meet the rising demand for care. The NHS People Plan 2020/21, published in July, recognised these concerns and has dedicated a chapter to "looking after our people" – but it doesn't go far enough.[40]

While the People Plan 2020/21 offers a coordinated national approach to the physical health and wellbeing of staff – for example through infection control and prevention measures, personal protective equipment (PPE) systems, flu vaccination programmes, and risk assessments – the same is lacking for mental wellbeing. The reliance remains for organisations to take local action on this front, with the mandated appointment of a wellbeing guardian as the only national change. Local action needs steady funding to continue longer term, and to address the issues of staff wellbeing that were prevalent prior to the pandemic. Inclusion of pastoral care staff and post-traumatic stress disorder support (vital to wellbeing during the pandemic in particular) via access to mental and occupational health services must also be ensured. Trust leaders have told us that access to clinical psychologist support for teams has been particularly difficult to come by. Central funding and coordinated access to specialist resource would enable this.

To protect the wellbeing of NHS doctors in the long term, enough additional staff are needed not only to cover existing workforce gaps, but also to build flexibility into the system. Wellbeing is often spoken of in terms of the individual, but by building a resilient system, staff wellbeing will be far better protected by realistic workloads, more regular and reliable breaks, and better work life balance. The Healthcare Safety Investigation Branch (HSIB), has stated that, based on safety science research, patient safety in the NHS would also be enhanced most effectively by looking at organisational resilience.[41]

The NHS requires an appropriately funded, well-co-ordinated approach to supporting staff, to underpin recruitment and retention for the longer term. We believe that the anticipated next publication of the NHS People Plan will be an appropriate forum for this approach to be set out, but hope that the DDRB makes its recommendations over the reward and recognition of doctors with the short and long-term wellbeing of the medical workforce firmly in mind. The impact of pay on doctors' wellbeing should be continually monitored in future submissions.

[40] https://www.england.nhs.uk/wp-content/uploads/2020/07/We_Are_The_NHS_Action_For_All_Of_Us_FINAL_24_08_20.pdf

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

Further information

We would be pleased to respond to supplementary questions from the DDRB and welcome the opportunity to discuss our evidence further at an oral evidence session.

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