

Department of Health and Social Care call for evidence: separate pay spine for nursing

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.

This document outlines our response to the Department of Health and Social Care's (DHSC) [call for evidence](#) on a separate pay spine for nursing, utilising results from a specific survey of NHS trust leaders in February 2024¹ and other feedback which we have gathered from our members. Should you have any questions, please contact Olli Potter, senior policy officer (workforce), oliver.potter@nhsproviders.org.

Note: the [blue highlights](#) below denote our given response to multiple choice questions.

Understanding the problems

Is there any evidence to suggest that the current AfC pay structure is creating issues for the career progression and professional development of nursing staff in the NHS?

- **Yes**
- No
- Don't know

Please explain your answer and provide any evidence you have to support your views.

47% of respondents to our February 2024 survey disagreed that Agenda for Change (AfC) is appropriate to support the development of nursing careers. 39% agreed it was appropriate. When

¹ This online survey was sent HR directors, medical directors and nursing directors in NHS trusts and foundation trusts in February 2024. We received 72 responses from 63 unique trusts, accounting for 30% of the provider sector in England, with all regions represented in the responses. We received responses from acute, mental health and ambulance trusts, as well as combined trusts that deliver community services. Throughout this is referred to as, 'our February 2024 survey'.

disaggregated by role, 69% of nursing directors, 43% of medical directors and 31% of HR directors disagreed.

In our annual survey of HR directors², respondents also raised concerns that the structure of AfC is too rigid, with a disproportionate focus on time in service rather than experience and competencies developed in a role. They reported that a lack of flexibility saw staff moving across NHS trusts to accelerate pay progression. This is easier for those working in urban localities with a higher number of NHS trusts covering smaller geographies, however, staff should be able to progress more easily within one organisation. This would benefit those staff, their colleagues, the employer and patients. These issues affect all staff under AfC terms and conditions, not just nursing staff.

Trust leaders continue to tell us that the increment points in AfC are too long, which results in high performing staff leaving organisations to increase their pay. Trust leaders would also like to see an update to the Knowledge and Skills Framework (KSF). A number of respondents to our February 2024 survey noted that for nursing specifically, there is a lack of clinical roles at more senior levels, which results in nursing staff moving away from patient facing roles as they become more senior. A medical director responding to our survey noted that this is not the case for medical directors and other senior clinical leaders.

As outlined in our 2024/25 [submission](#) to the NHS Pay Review Body (NHSPRB), there are also concerns regarding progression between bands 6 and 7, as well as bands 8 and 9. Respondents to our February 2024 survey noted that while these issues are not specific to nursing staff, those at band 6 and 7 tend to affect ward managers, who are often nurses. Respondents to our 2023 annual pay survey shared that the top three disincentives to promotion and retention in bands 8 and 9 are the fixed 5-year pay increment, remuneration not being commensurate with responsibility, and the loss of unsocial hours payments.

In summary, while there is evidence specific to nursing careers, it is clear that there are elements of the current structure that are not supportive to career progression and professional development across all roles under AfC terms and conditions. As such, there is scope to amend AfC as it currently stands to improve career progression and professional development for all AfC staff.

² This online survey of HR directors in NHS trusts and foundation trusts was conducted from December 2021 to January 2022. Data is based on responses from 45 trusts, accounting for 20% of the provider sector, with all regions and trust types represented in the responses. Throughout this is referred to as, 'our 2021 annual pay survey'.

Is there any evidence to demonstrate that issues with career progression and professional development are impacting the recruitment and retention of nursing staff in the NHS?

- Yes
- No
- Don't know

Please provide any evidence you have to support your answer.

In our response to the previous question, we outline issues related to career development and progression, for both nursing staff and wider AfC staff groups. These issues also have an impact on recruitment and retention.

More broadly, there are wider challenges in the NHS that impact recruitment and retention. In Q3 2023/24 there were 34,709 nursing vacancies. This represents a 17.3% decrease since the previous quarter, but still highlights a significant and persistent vacancy gap.

While the ambitions to increase the nursing workforce outlined in [NHS England's Long Term Workforce Plan \(LTWP\)](#) are welcome, it is concerning to see that recent [data](#) from the University and Colleges Admissions Service (UCAS) shows that the number of nursing applicants in England has fallen from a peak of 36,410 in 2021 to 27,370 in 2023. The number of applicants also fell in 2022.

All NHS staff are working under increased pressure in the health service, against the backdrop of the most widespread industrial action seen in the NHS' 75 year history, efforts to tackle the care backlog and the ongoing impact of working through the Covid-19 pandemic. Responding to our annual [State of the Provider sector survey](#) between September and October 2023, 84% of trust leaders reported concern about staff burnout and 83% reported concern about staff morale. Across the service, the most common reason for staff sickness absence (25.2%) remains anxiety, stress, and depression.

Trust leaders are doing all that they can to support their staff to improve retention and recruitment, organisational culture and working environments. While pay is one significant factor in recruitment and retention of staff, it is outside the remit of NHS trust leaders locally and as outlined in our submission to the NHSPRB, any pay award for 2024/25 must be fully funded by government.

All of these factors, combined with those outlined in our response to the previous question, point to the interlinked nature of concerns regarding career development and progression, and, in turn, recruitment and retention.

To what extent could existing AfC arrangements accommodate changes to the nursing profession, including changing responsibilities within roles and the introduction of new nursing roles?

- Fully
- Partially
- Not at all
- **Don't know**

Please explain your answer and provide any evidence you have to support your views.

NHS Providers is not best placed to answer this question with regard to changing responsibilities or new roles, but it is important that any options explored are co-produced with nursing staff and student representatives, as well as nursing directors.

As in our response to previous questions, it is our view that there is scope for changes to be made within the existing AfC framework to improve career progression and professional development for all staff under its scope. For nursing staff specifically, this includes a consideration of progression from band 5 to 6 and opening up opportunities for nursing staff to increase their seniority without having to step back from direct patient care. On this specific point, a nursing director responding to our February 2024 survey said: "the issue is lack of clinical roles at senior bands rather than the AfC structure in itself - too often the only route to more senior bands is to move into management roles rather than remaining clinical and using expertise in [a] clinical role."

Is there any evidence to suggest that issues with career progression and professional development in the NHS are unique to nursing, and would therefore require a solution that is exclusive to nursing?

- Yes
- **No**
- Don't know

Please explain your answer and provide any evidence you have to support your views.

There are issues across AfC related to career progression and professional development, which play out in different ways, dependent on role and setting. As noted in our response to the previous question, some of these are specific to nursing, but it is our view that these can be tackled by reform to the existing pay framework to ensure growth and development opportunities are available to all AfC staff. These include length of service requirements, and the 'concertina effect' seen across AfC when the pay uplift resulting from movement to a new AfC band does not adequately reflect the additional responsibilities of a new role.

Trust leaders are clear that these concerns are across the board for AfC staff, with one respondent to our 2021 annual pay survey saying: “there is not enough progression through the pay bands to recognise the development in role. This goes beyond nursing”. Another respondent to the same survey said, “the gaps between pay points are long. We need to focus on competencies and new roles - not traditional staff groups. The job banding process needs a national review.”

Against the backdrop of ongoing industrial disputes across three medical workforces (junior doctors, consultants and SAS doctors) at the time of submission, it is also clear that contractual concerns are not limited to AfC staff. All industrial action seen in the NHS since December 2022 has related to pay as well as non-pay elements of the respective contracts, pointing to wider concerns about conditions, working environments and development opportunities.

Separate pay arrangements for nursing staff

Do you think the introduction of a separate nursing pay spine would improve the career progression and professional development of nursing staff?

- Yes
- **No**
- Don't know

Please share any relevant experiences or evidence to support your views.

71% of trust leaders responding to our February 2024 survey strongly agreed (47%) or agreed (24%) that any changes made to AfC should be for the benefit of all staff within its scope, not just nursing staff. When considered by role, HR directors were the most likely to agree (89%; 72% strongly agreed and 17% agreed), followed by the majority of nursing directors (55%; 21% strongly agreed and 34% agreed). Opinions from medical directors were more diverse, with 43% agreeing (29% strongly agreed, 14% agreed) changes should apply to all AfC staff, 28% disagreeing and sizeable proportion responding, ‘don’t know’ (14%). It is worth noting that medical staff do not sit under the same contract or pay review body as AfC staff. In our most recent submissions to the three pay review bodies with a remit for NHS pay, we, therefore, repeat the importance of the pay review bodies acknowledging their individual pay rounds run in parallel in a system where multidisciplinary team (MDT) working is commonplace. We would therefore encourage the same approach in consideration of contractual changes for any given NHS staff group.

In the free text comments for this question, an HR director from a mental health and learning disability trust said “we are one workforce with increasing need for flexibility across professions. This

[proposed separate pay spine] is divisive and unhelpful." A nursing director from an acute trust gave a similar reflection, stating "it's time for the AfC structure to be reviewed overall, for all staff groups." Similarly, from our 2021 annual pay survey, an HR director from a mental health and learning disability trust said, "addressing one group in isolation is always short term and ultimately damaging across the rest of [the] professional groups regardless of the short term 'win'."

Do you think there are any additional benefits to introducing a separate nursing pay spine that are not directly related to career progression and professional development?

- Yes
- No
- Don't know

Please share any relevant experiences or evidence to support your views.

No further comments.

Do you think there would be risks or potential unintended consequences of separating nursing staff from the current AfC pay arrangements?

- Yes
- No
- Don't know

Please share any relevant experiences or evidence to support your views.

The biggest risk to separating nursing staff from the current AfC pay arrangement is that it would undermine the structure as a whole. The AfC structure was designed and implemented to enhance recruitment, retention and staff motivation, while supporting new ways of working and improving the delivery of patient care. A [study](#) published in Human Resources for Health in June 2008 found the main benefits of AfC were considered to be fairness, harmonised conditions, equal pay claim protection and the scope to introduce new roles and working practices. Separating nursing staff from the current structure would challenge the integrity of AfC and risk disharmony among staff under AfC terms and conditions and working as part of MDTs. Responding to our February 2024 survey of NHS trust leaders, a nursing director from an acute trust said: "I think this would undermine the whole concept of AfC. If it was to go ahead it should trigger a full review of AfC as it signals the premise on which its based no longer stands."

A separate pay structure for nursing staff would risk undermining the 'one workforce' approach encouraged as part of local MDTs and regional system working. The LTWP's ambitions to enhance

MDT working and enable new ways of working would also be more challenging to achieve were this separate pay spine to be introduced. An HR director from a combined acute and community trust responding to our February 2024 survey said: “this is unnecessary and potentially undermines multidisciplinary working. We already experience issues with doctors and AfC staff on the same rota on different terms and conditions.” It is our view that wider reform of the current AfC structure to address issues highlighted in responses to earlier questions would be a better way to address the concerns staff have with the current pay and progression system.

There is also a risk that a separate pay spine for nursing staff would fracture relationships between staff groups against the backdrop of ongoing and unresolved industrial action in the NHS. NHS Providers welcomed the decision by the majority of AfC trade unions in May 2023 to accept the pay deal offered by the government. However, due to delays in resolving wider industrial action across the service, industrial relationships at both national and local level are yet to be fully repaired and the management of a national dispute at local level is extremely challenging. The pressure ongoing and long term strike action has created on staff has impacted morale and engagement. The introduction of a separate pay structure for nursing staff would likely create further dissatisfaction among staff and it is possible that local level relationships would deteriorate as a result. An HR director from a mental health trust responding to our February 2024 survey said: “there are other issues with AfC to attend to, not dividing the workforce further into separate groups.”

The introduction of a separate pay spine for nursing staff would also create risks to the NHS Staff Council as a functioning body. The government’s initial decision in March 2022 to open negotiations with the Royal College of Nursing (RCN) only, ahead of engaging other AfC unions, damaged inter-union relationships within the Staff Council. We are concerned that there would be a further deterioration in the relationship between AfC unions if this separate pay structure were to be introduced.

Survey data and vacancy rates show that morale among staff is low. The current pressures that staff are facing and working within have been well documented. Alongside this, staff have faced compounding pressures due to the continued impact of the Covid-19 pandemic, severe staff shortages and a cost of living crisis. Workforce shortages are a major concern for trust leaders, alongside staff morale. It is likely that the introduction of a separate pay structure for nursing staff would exacerbate feelings of discontent for many staff and impact staff attrition; we saw bank staff expressing clear dissatisfaction that they were excluded from the “Covid-19 bonus” payment awarded to AfC staff by government for 2023/24. Responding to our February 2024 survey of NHS trust

leaders, an HR director from an acute specialist trust said if the nurse pay spine proposal were implemented, “other staff groups will ask why they are not being treated the same way.”

Finally, it is important to note that 59% of respondents to our February 2024 survey said they disagree with the principle of introducing a separate pay spine exclusively for nursing staff, while 29% agreed and 11% neither agreed nor disagreed.

Do you agree or disagree with the principle of introducing a separate pay spine exclusively for nursing staff?

- Agree
- Neither agree nor disagree
- **Disagree**
- Don't know

Design of a separate nursing pay spine

What would be the benefits, if any, of option 1?

In our view, there would be limited benefit to the implementation of option 1, aside from improved relationships with the Royal College of Nursing (RCN), a key stakeholder in the AfC landscape.

The benefit of option 1 over option 2 is that nursing staff would remain within the AfC framework, resulting in the retention of the same terms and conditions across all AfC staff, the continued application of the Job Evaluation Scheme and a continued role for the NHS Staff Council as a representative body. This could, however, effectively result in limited tangible change for nursing staff and therefore points to the benefit of wider AfC reform over separation by staff group.

What would be the challenges and wider implications, if any, of option 1?

There is a risk that other staff groups under the scope of AfC would seek the implementation of separate and specific pay spines as a result of option 1 being implemented. An HR director at an acute trust who responded to our February 2024 survey noted, “[the] issues being raised regarding nursing are mirrored across many professional staff groups.” Respondents also noted that a separate pay spine for nursing would be unfair to allied health professionals (AHPs) with “similar levels of education and experience” to some nurses, and who also sit under the scope of AfC. A move towards multiple separate pay spines by professional group would ultimately undermine the structure of AfC

as a whole, challenge dynamics between different professional groups, and add significant administrative burden at a national and local level. This capacity, as well funds that would be used towards implementation, would – in our view - be better used for wider reform of AfC to benefit of all staff under its scope.

What practical steps and decisions would be needed to implement option 1?

NHS Employers and trade unions representing AfC staff are better placed to advise on the practical steps and decisions required to implement option 1. However, it would be crucial that any implementation plan considers the risk of, and appropriate mitigations against, unintended consequences for wider AfC staff were option 1 were to be implemented. It will also be important to consider how these changes would be introduced and then managed going forward via the NHS Staff Council.

What would be the benefits, if any, of option 2?

It is a possible that nursing staff may feel better represented as a result of implementation of option 2, however in our view, wider reforms to AfC could be designed to address nursing staff and wider AfC staff concerns, many of which, as outlined in our responses to previous questions, result from the same issues. The benefit of option 2 over option 1 for nursing staff is the opportunity for greater tangible change, however, there are significant risks to this approach for both nursing staff and all staff under AfC terms and conditions, which we outline in our response to the following question.

What would be the challenges and wider implications, if any, of option 2?

The proposals outlined for option 2 would require significant resource at a national and local level to the benefit of one staff group. This would be challenging at a time of strained industrial relations and would undermine the 'one workforce' ethos central to a collaborative health system, centred on the work of MDTs. These resources could be better utilised as part of a wider reform package to the benefit of all staff under AfC terms and conditions.

A significant challenge in the implementation of option 2 would be the need to build a separate pay spine and its associated mechanisms from the ground up. There is a risk that other staff groups currently under AfC terms and conditions would, as a result of this, also seek to move to a separate pay spine. This would risk unnecessary duplication that a wider review of AfC would avoid by consulting across staff groups and with a diverse range of stakeholders from the outset. It would also

avoid the risk of significant divergence across staff groups currently under AfC, while reforming the framework to the benefit of all AfC staff.

We are, again, concerned that there would be a further deterioration in the relationship between AfC unions if this separate pay structure were to be introduced, which risks undermining inter-union and Staff Council relationships.

What practical steps and decisions would be needed to implement option 2?

NHS Employers and trade unions representing AfC staff are better placed to advise on the practical steps and decisions required to implement option 2, however it would be important to ensure effective stakeholder management to mitigate against the risks outlined above, including the functionality of the NHS Staff Council, were option 2 to be implemented.

If a separate nursing pay spine were introduced, which of the following would you prefer?

- Introduce a separate nursing pay spine within the AfC contract (option 1)
- Introduce a separate nursing pay spine as part of a new contract for nursing staff (option 2)
- No preference - both options would work
- **No preference - neither option would work**
- Don't know

Please explain your answer.

59% of respondents to our February 2024 survey said they disagree with the principle of introducing a separate pay spine exclusively for nursing staff, while 29% agreed and 11% neither agreed nor disagreed.

In terms of the presented options, 50% of respondents said that both options 1 and 2 would be equally difficult to implement locally, while 28% said option 2 would be more difficult to implement locally (compared to 6% for option 1). HR directors, who would be central to local implementation, were the most likely to respond that neither option would work (56%).

A majority of trust leaders responding to the February 2024 survey are of the view that both options would improve recruitment, retention and professional development 'very little' or 'not at all' (option 1: 68%, option 2: 45%), emphasising the inequity that both of the proposed options would cause between staff groups within AfC. An HR director from a combined acute and community trust responding to our survey said: "I don't agree either option would materially support recruitment,

retention or development of professional staff – taking a single approach to nursing will negatively impact all other staff groups, both clinical and non-clinical.”

If you have any views on which members of the nursing workforce should be in scope of a separate nursing pay spine, please outline them. Please include how your suggested approach would best support the recruitment, retention and development of nursing staff in the NHS.

No response.

If you have any views on how nursing roles should be assessed against a separate nursing pay spine, please outline them. Please include how your suggested approach would best support the recruitment, retention and development of nursing staff in the NHS.

No response.

Other approaches

Are there any adjustments that could be made to the existing AfC pay structure, or any existing flexibilities within AfC that could be used more effectively, to address any issues you have identified in the 'Understanding the problems' section?

- Yes
- No
- Don't know

Please explain your answer and provide any evidence you have to support your views.

Trust leaders are concerned that pay progression within AfC is too rigid and based mainly on length of service rather than ability, which often leads to high performing staff moving from one organisation to another to accelerate their pay progression. In our view, examination of how AfC can be better structured to support NHS careers and progression for all staff under its terms and conditions is necessary and would be a more efficient use of resources.

We would also welcome an exploration of introducing additional incremental salary points across more bands, i.e. bands a-d of band 8 could be introduced across other bands within AfC. This would help resolve the 'concertina effect' currently seen in AfC, by increasing the number of progression points within bands where our members, and other stakeholders, have identified progression is currently too rigid or too slow.

A continued focus on the implementation of various non-pay elements of the 2023/24 pay deal would also strengthen the current pay system. Specifically, continued focus on how the job evaluation scheme can be consistently applied for all staff to support pay progression and banding accuracy, while ensuring the pay evaluation process is fair, transparent and non-discriminatory. Additionally, the review of the NHSPRB process being conducted by DHSC could strengthen the current pay system if undertaken effectively. We submitted **our view** in response to DHSC's initial questionnaire on the review and are members of various stakeholder task and finish groups in support of this work. While the review is welcome, we note that progress to date has been slow, and it is disappointing that the 2024/25 pay round will again result in staff receiving a pay award after the start of the new financial year. As we note in our **evidence** to the NHSPRB, 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.

As part of the consultant pay deal in principle, agreed between the government and the British Medical Association (BMA), the DDRB process will also be reviewed, if the offer is accepted by trade union members. We would welcome this review and would expect there to be crossover between both the NHSPRB and DDRB reviews, with changes implemented ahead of the commencement of the 2025/26 pay round.

Finally, better contractual protection of time for professional development would enhance the current AfC pay system. Personal development opportunities are often difficult to access alongside heavy workloads, which impacts staff development and pay progression. Strengthening the current AfC structure to better facilitate access to development will therefore improve staff recruitment, retention and progression.

Are there other measures that could be considered to support any issues you have identified in the 'Understanding the problems' section?

- **Yes**
- No
- Don't know

Please explain your answer and provide any evidence you have to support your views.

Continued focus on implementing the ambitions of the LTWP will be essential to enhancing staff recruitment and retention, and ensuring the NHS is fit for the future and a great place to work. The LTWP highlights multiple interdependencies that will influence its success, such as improved

infrastructure, education funding and investment in social care. However, full funding would be the biggest single enabler to the plan's ambitions. NHS Providers welcomes the overall ambitions of the plan and has been supporting NHS England (NHSE) in achieving local level implementation. However, we note that progress to implement the ambitions set out in the plan has, to date, been slow.

Implementation of the high impact actions set out in NHSE's equality, diversity and inclusion (EDI) improvement plan will also be an important lever to enhancing equitable career progression and professional development. Data across recent Workforce Race and Disability Equality Standard national reports and the NHS staff survey show that staff continue to face inequitable experiences at work – for example, the [2023 NHS staff survey](#) found that just over half (56.4%) of staff report that their organisation acts fairly regarding promotion and career progression, with this dropping to 35.9% for staff identifying as Caribbean.

Domestic training and recruitment pipelines must be strengthened to place the NHS on a sustainable footing where staff have time and capacity for continuing professional development (CPD) and opportunities to partake in non-mandatory training. Current workforce shortfalls affect staff capacity to engage with these opportunities, which is concerning given the fact that they are integral to career progression and professional development, as well as the delivery of high quality, safe and effective patient care.

Opportunities for flexible working and new ways of working are also an important lever for career progression, and importantly, increased satisfaction and engagement at work. Staff are increasingly seeking opportunities to work in more flexible ways and work/life balance is among the most common [reason for staff leaving](#) the NHS. Embracing flexible working aids recruitment and retention, and it is therefore important to ensure trusts are supported to continue adapting to changing working patterns.

Finally, inclusive, supportive and respectful working environments are key to enhanced staff satisfaction. Promoting compassion and inclusivity empower colleagues and foster a positive workplace culture, leading to increased recruitment and retention. Overall, it is essential for the NHS to remain an attractive place to work and a competitive employer, to reduce staff turnover, increase employee satisfaction and support the retention of organisational memory, which in turn fosters high quality services and better patient care.

Is there evidence of effective solutions that are currently in place within the NHS to support the issues you have identified in the 'Understanding the problems' section?

- Yes

- No
- Don't know

Please explain your answer and provide any evidence you have to support your views.

Trust leaders are continually innovating to support their staff and ensure they are working in environments that empower a happy and healthy workforce, to in turn aid recruitment, retention and staff morale. 95% of respondents to our 2023 pay survey said they were very or somewhat confident about their progress on the 'looking after our people' pillar of the NHS People Plan (no respondents reported being not confident, or not at all confident), and that their actions are having a positive impact for staff.

Our recent [Providers Deliver](#) report highlighted numerous examples of trusts that are investing in targeted interventions to support the physical, mental and emotional wellbeing of their workforce, demonstrating benefits to both staff and employers. For example, Lincolnshire Partnership NHS Foundation Trust has invested in its staff wellbeing service for nearly 13 years and has seen demonstrable benefits from its investment in staff access to mental health practitioners. 99% of all staff who accessed the support offered said it has had a positive impact on their wellbeing, it helped them do their job better and supported them to stay in work or get back to work more quickly. Royal Berkshire NHS Foundation Trust opened a dedicated staff health and wellbeing centre, which enables staff to rest and recharge during their working day in a building that is separate from the buildings delivering patient care. A staff feedback [video](#) highlights the positive impact 'the Oasis' has had on morale and wellbeing. Trusts are increasingly embedding supportive and inclusive cultures that celebrate diversity and ensure workplace cultures are safe and compassionate. One example is [Oxleas NHS Foundation Trust](#) that has implemented a central reasonable adjustment budget to ease line managers' concerns about costs affecting their individual budgets and has reduced the period between the request and arrangement of adjustments. [Guy's and St Thomas' NHS Foundation Trust](#) has also implemented targeted interventions to support their internationally educated nurses through the objective structured clinical examinations (OSCE).

Organisational culture is a key enabler to driving and promoting flexible working options for all staff and trusts are continuing to adapt to the changing working patterns of their workforce. 52% of respondents to our 2023 pay survey said they were confident that flexible working is being successfully introduced for clinical roles, compared to 93% for non-clinical roles. Greater focus is therefore needed in supporting trusts to implement flexible working options for clinical roles, including, for example, support with developing and embedding flexible rota design and self-rostering options.

Vacancy rates and workload demands across the NHS will require action by government and national NHS bodies for these to be resolved sustainably, however, evidence from our members shows that local, proactive measures are helping to improve staff wellbeing, retention and workplace satisfaction.