

Review Body on Doctors' and Dentists' Remuneration 2025/26 pay round

Written evidence from NHS Providers

About NHS Providers

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate. NHS Providers has all trusts in England in voluntary membership, collectively accounting for £124bn of annual expenditure and employing 1.5 million people.

Our submission

We welcome the opportunity to submit evidence to the Review Body on Doctors' and Dentists' Remuneration (DDRB) on behalf of NHS trusts and foundation trusts, to inform the 2025/26 pay round for doctors. For the purposes of this submission, we are providing relevant findings from our annual survey of trust HR directors¹ and our annual 'State of the Provider Sector' survey,² accompanied by key messages and context. We have identified relevant context for this pay round through conversation with our members, stakeholders, and the DDRB. As such, our evidence gives NHS trusts' perspective on:

- The political and policy direction for the service
- Service pressures and workforce data
- Trust finances and national pay funding
- DDRB process and remit
- Negotiated deals and industrial relationships in the NHS
- Workforce planning

¹ This online survey of HR directors in NHS trusts and foundation trusts was conducted in September 2024. Data is based on responses from 41 trusts, accounting for 20% of the provider sector, with all regions and trust types represented.

² NHS Providers, 'State of the Provider Sector', November 2024: <https://nhsproviders.org/state-of-the-provider-sector-2024>

- Workforce equality, diversity and inclusion
- Pay awards for 2025/26
- Flexible pay premia (FPP)
- UK labour markets
- SAS contract uptake and role creation
- Impact of pension reforms
- National Clinical Impact awards (NCIAs)
- Locally Employed Doctors (LEDs)

These themes will be relevant for the DDRB's consideration regarding the recruitment, retention and experience of doctors, as well as the strategic direction for the NHS being set by the new government, which staff will be integral to achieving.

Key messages

- **Context:** The current context for NHS staff is challenging, with sustained high service demand and dilapidated physical working environments, industrial relationships that are still in recovery, and a new government with plans for service reform which staff are key to. The role of the DDRB as an independent pay review process remains important, as pay is a key lever to ensuring that the NHS can attract and retain the doctors it needs.
- **Trust finances:** In order to manage or improve the current financial position of their trust, 85% of our survey respondents said it is very likely or likely that their trust will have to reconfigure services, and 87% said they are very likely or likely to review responsibilities within clinical roles with a view to optimisation. Other common themes centred on staffing and recruitment, including recruitment freezes across non-clinical roles, eliminating bank and agency spend and scaling back spending on training and personal development.
- **Agency spend:** Agency spending is significantly reduced this year, following sustained focus on this area from trust leaders, and is now at its lowest since 2017, with trusts on plan to meet the target reduction in agency spending of £500m for 2024/25.
- **Timing:** We welcome the earlier timing of the remit letter, and consequent commencement of the pay round, this year. While this is progress on previous years, it is disappointing that the 2025/26 pay award will again not be confirmed in time for the start of the financial year. We are keen to see this amended for the 2026/27 pay round.
- **Pay award process:** In our annual survey of trust HR Directors, we asked our members which model for NHS pay awards they would prefer to see in future years. Over half (56%) would like to

see multi-year pay awards recommended. Only 10% of respondents said they would like to see annual pay awards via the pay review bodies (which is the current model).

- **Funding (national):** We again ask that the DDRB makes an explicit recommendation for government to commit to fully funding any pay uplifts it decides to award NHS staff, to ensure that cost pressures are not passed onto trusts. This is of particular importance this year, with trusts under significant financial strain, concerned about staff numbers and quality of patient care.
- **Funding (community and mental health trusts):** The calculation of funding allocations for pay costs disadvantages community and mental health trusts, an ongoing concern for these providers.
- **Trade union deals:** It is our understanding that all of the non-pay elements agreed in national deals for hospital doctors with the BMA are yet to be completed. It is important for deals made with unions to be implemented in full and hope to see progress towards this set out in other parties' submissions to the DDRB this year.
- **GP action:** While the impact of ongoing GP action has not yet been felt to a significant degree across the system, we ask the DDRB to impress upon government the importance of not letting action escalate before resolving the GPs' contractual dispute.
- **Pay for 2025/26:** 44% of respondents to our annual pay survey said that a pay uplift of at least 5% would be needed for 2025/26 to support recruitment, retention and morale for doctors.
- **Flexible Pay Premia (FPP):** Many respondents felt that the current FPP for training programmes were correctly targeted.
- **Specialist grade posts:** 86% of responding trusts reported creating specialist grade posts since the grade's introduction in 2021. Only 8% said they have not created any specialist grade posts.
- **Impact of pension reform:** 47% of responding trusts have seen consultants undertaking more additional work over the last year, as a result of increased pension flexibilities by the last government.
- **Retirement rates:** 34% of responding trusts have seen an increase in the retirement rate of doctors since April 2024. This is a considerable increase on results for the same question in last year's survey, when just 2% of respondents reported an increase.
- **Ethnicity pay gap:** 31% of respondents said their trust's ethnicity pay gap has decreased in the last two years, while 36% said their trust's ethnicity pay gap has stayed the same. 7% said they have seen their trust's ethnicity pay gap increase in the last two years, and 26% said they did not know.
- **Staffing:** Only 26% of respondents are confident about their trust having the right numbers, quality and mix of staff in currently in place to deliver high quality healthcare to patients and service users. Just 3% were very confident. 20% were very worried and 34% were worried.
- **Burnout:** 75% of respondents were extremely or moderately concerned about the current level of burnout across their workforce.

Context

Political and policy context

Wes Streeting, Secretary of State for Health and Social Care, has been clear about his vision for the NHS to work with government as an engine for economic growth by: cutting waiting times and improving public health to support people into work; building links between NHS and life sciences and medical technology, to grow those industries and develop new treatments; and focusing on NHS organisations' role as anchor institutions, providing training and job opportunities in local economies. He has set out three "key shifts" for the service, from hospital to community, analogue to digital, and sickness to prevention. The 10 Year Plan for the NHS, currently under development, is due to detail how these shifts may be achieved, in light of the findings of the Darzi review which was published in September.³ We await the detail of this plan and are submitting an organisational response to its consultation process, as we did for the Darzi review. We are clear that, as is always the case, staff will be crucial to the delivery of these policy aims. Their recruitment, retention and experience at work is a key lever to realising government's ambitions for the NHS.

Service pressures and workforce data

Demand across the NHS remains high, and waiting lists are proving hard to bring down despite focussed efforts. Staff therefore remain under intense pressure. As of September 2024, there were 7.57m treatments on the elective care waiting list – a reduction from 7.64m in August but remaining high overall.⁴ There are currently 1.1million service users on community services waiting lists, 10.1% higher than February 2024, when 13 new providers came into scope of reporting for CYP services.⁵ In September 2024, there were 41.1% more referrals to mental health services, and in October there were 36.6% more Category 1 ambulance calls, than before the pandemic.⁶ Nearly three quarters of respondents to our State of the Provider Sector survey (71%) think that it is very unlikely (25%) or unlikely (46%) that the NHS can meet the constitutional standards over the next five years, and 79%

³ NHS Providers on the day briefing - The Darzi Review: Independent investigation of the NHS in England, 3 September 2024: <https://nhsproviders.org/resources/briefings/on-the-day-briefing-lord-darzis-independent-investigation-of-the-nhs-in-england>

⁴ NHS England, Consultant-led Referral to Treatment Waiting Times Data 2024-25, September 2024: <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2024-25/>

⁵ NHS England, Community Health Services Waiting Lists, September 2024: <https://www.england.nhs.uk/statistics/statistical-work-areas/community-health-services-waiting-lists/>

⁶ NHS Digital, Mental Health Services Monthly Statistics, Performance September 2024: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/performance-september-2024>

are very worried (26%) or worried (53%) about whether their trust has capacity to meet demand for services over the next 12 months.⁷

Winter is expected to be challenging, with over nine in 10 survey respondents (96%) reporting that they are extremely or moderately concerned about the impact of seasonal pressures over winter on their trust and local area.⁸ The most common reasons for concerns were related to financial constraints and staffing provisions. At the most recent NHSE Board meeting on 3 October, it was reported that overall workforce levels in the NHS have reduced by 1.2% since the start of the year.⁹ As noted above, NHSE have specified that in order for trusts to keep to their financial plans, they must look again at their total workforce headcount “as you go through September, October [and] November” (see page 8).¹⁰

In our State of the Provider Sector survey, 26% of respondents said they were confident about their trust having the right numbers, quality and mix of staff currently in place to deliver high quality healthcare to patients and service users. Only 3% were very confident. 20% were very worried and 34% were worried about their trust having the right numbers, quality and mix of staff to deliver high quality healthcare currently, a figure similar to before the pandemic (59%). In the survey comments, one community trust also noted that “Covid-19 followed by industrial action has also adversely impacted on the resilience of our staff who no longer will go that extra mile.”¹¹

These figures all point to the scale of the challenge facing the NHS and its patients. Staff recruitment, retention, and experience at work will be crucial in meeting these challenges.

Regarding staff morale, over three quarters of survey respondents (78%) were extremely (28%) or moderately (43%) concerned about their workforce. 22% were slightly concerned and only 1% were not at all concerned. The proportion of those extremely and moderately concerned is down from

⁷ NHS Providers, ‘State of the Provider Sector’, November 2024: <https://nhsproviders.org/state-of-the-provider-sector-2024>

⁸ Ibid.

⁹ Financial Performance update, NHS England board meeting, 3 October 2024: <https://www.england.nhs.uk/long-read/financial-performance-update-oct-2024/>

¹⁰ Video of the NHS England board meeting, 3 October 2024: <https://www.england.nhs.uk/publication/video-of-the-nhs-england-board-meeting-3-october-2024/>

¹¹ NHS Providers, ‘State of the Provider Sector’, November 2024: <https://nhsproviders.org/state-of-the-provider-sector-2024/state-of-the-sector>

83% last year (40% were extremely concerned and 43% were moderately concerned last year) but remains very high.¹²

Key findings from the most recent NHS Staff Survey include:¹³

- Staff satisfaction with pay remains low, with only 31.2% of staff happy with their level of pay. This does, however, represent a 5.6 percentage point increase on the previous year's results. Pay satisfaction remains lowest among nursing and healthcare assistants (19.9%) and ambulance staff (23.6%).
- Under a third (32.4%) of staff think their organisation has enough staff for them to do their job properly, and only 26.3% say they never or rarely experience unrealistic time pressures.
- Despite slight positive improvements, all measures relating to burnout have remained persistently high. While there is a slight increase on the previous year's results, it is worrying that only just over half (55.9%) of staff said they have a good work/life balance. Four in ten (42.7%) staff often or always feel worn out at the end of their shift and three in ten (30.4%) staff feel burnt out because of their work. The measure related to burnout increases to four in ten (41.7%) for staff working in ambulance trusts.
- This tallies with our annual State of the Provider Sector survey, which found that 75% of respondents were extremely (32%) or moderately (43%) concerned about the current level of burnout across their workforce. Only 1% were not at all concerned. This year, a smaller proportion of respondents are extremely concerned compared to last year (42%) but the proportion of those moderately concerned is similar (42%).¹⁴ This demonstrates the ongoing pressure on NHS staff.
- In the comments to our State of the Provider Sector survey, respondents noted variation in the level of burnout and morale across their workforce between services. Some highlighted the positive investment made in staff wellbeing and support made available from reduced temporary staffing. However, several members emphasised the strain on staff from industrial action, the pandemic, estate conditions and increased demand, stating that burnout and "an exodus of talent" would continue to be an inevitability in current conditions.¹⁵

¹² Ibid.

¹³ NHS Staff Survey National Results, March 2024: <https://www.nhsstaffsurveys.com/results/national-results/>

¹⁴ NHS Providers, 'State of the Provider Sector', November 2024: <https://nhsproviders.org/state-of-the-provider-sector-2024/state-of-the-sector>

¹⁵ Ibid.

- Almost 9% of staff report experiencing unwanted behaviour of a sexual nature from patients, relatives and the public, while 3.8% of staff report experiences of the same behaviour from colleagues. Reports of these incidents is highest among ambulance staff.
 - This was the first time that questions around sexual safety were included in the NHS Staff Survey, and findings were stark.
 - It is worth noting that a new legal duty on all employers to take reasonable steps to prevent sexual harassment was introduced in October. NHSE has produced a framework supporting trusts to set up a process for anonymous reporting of sexual harassment.¹⁶
 - NHS Operational Planning Guidance,¹⁷ published in March 2024, called for trusts to embed the 10 principles and actions included in the Sexual Safety Charter, which all trusts have now signed up to.¹⁸
- Staff confidence in speaking up about any concern has slightly increased, however, staff confidence in raising concerns about unsafe clinical practice has slightly decreased.
- Measures relating to line management are at a five-year high, with more staff reporting that their immediate manager takes a positive interest in their health and wellbeing and seven in ten respondents agreeing that their immediate manager values their work.
- Staff satisfaction with the opportunities for flexible working patterns has improved and is now at a five-year high (57.4%). Across trust types, satisfaction remains highest amongst staff working in community trusts (67.9%).

Trust finances

Despite a comparatively generous settlement for health in the October Budget (see page 9), the financial situation for NHS trusts is currently very challenging. Latest national data shows that systems are significantly behind plan, on top of which, trusts and systems are tasked with delivering stretching efficiency savings of £9.3bn this year – significantly more than the £7.2bn of savings required in 23/24.¹⁹ By the end of July 2024, the aggregate system deficit stood at £487m with overspends

¹⁶ NHS England, National people sexual misconduct policy framework, 16 October 2024:

<https://www.england.nhs.uk/publication/national-people-sexual-misconduct-policy-framework/>

¹⁷ NHS England, Priorities and operational planning guidance 2024/25, 27 March 2024:

<https://www.england.nhs.uk/publication/priorities-and-operational-planning-guidance-2024-25/>

¹⁸ NHS England, Sexual safety in healthcare – organisational charter, 4 September 2023: <https://www.england.nhs.uk/publication/sexual-safety-in-healthcare-organisational-charter/>

¹⁹ Financial Performance update, NHS England board meeting, 3 October 2024: <https://www.england.nhs.uk/long-read/financial-performance-update-oct-2024/>

driven primarily by slippage against efficiency plans.²⁰ When asked what actions may need to be taken to manage or improve the financial position of their trust, 85% of respondents to our State of the Providers Sector survey in November 2024 said it is very likely (34%) or likely (51%) that their trust will have to reconfigure services. Respondents are also concerned about the national reliance on non-recurrent savings, with concerns around delivering efficiency targets and a breakeven position in a sustainable way.²¹

NHSE have specified that in order for trusts to keep to their financial plans, they must look again at their total workforce headcount “through September, October [and] November.”²² While NHSE also told trusts to keep their substantive staff and focus on reducing temporary staffing, trusts are already on track for agency spend reduction targets (see next paragraph). As such, ability to further reduce temporary staffing costs is diminishing, and there are concerns of upcoming impacts on substantive staff. Our State of the Provider Sector survey asked trust leaders about the actions their trusts and/or ICBs have taken, or are considering, to help manage or improve their financial positions. 87% of respondents said it is very likely (32%) or likely (55%) that their trust will have to review responsibilities within clinical roles, with a view to optimisation. Other common themes centred on action on staffing and recruitment, including: recruitment freezes across non-clinical roles, eliminating bank and agency spend and scaling back spending on training and personal development.²³ There are public examples of substantive staffing cost saving action beginning to take place, such as Guy's and St Thomas' NHS Foundation Trust's plans to halve their estates team.²⁴ When asked about their biggest concern in relation to their trust's finances over the next 12 months, respondents to our State of the Provider Sector survey frequently raised the issue of required headcount reduction, pressure of delivering the financial position with impact on staff wellbeing and patient care, and continued agency spend. In the comments, one ambulance trust explicitly noted that there will be a “consequence on patient care of remaining in budget.”²⁵

²⁰ Ibid.

²¹ NHS Providers, 'State of the Provider Sector', November 2024: <https://nhsproviders.org/state-of-the-provider-sector-2024>

²² Video of the NHS England board meeting, 3 October 2024: <https://www.england.nhs.uk/publication/video-of-the-nhs-england-board-meeting-3-october-2024/>

²³ NHS Providers, 'State of the Provider Sector', November 2024: <https://nhsproviders.org/state-of-the-provider-sector-2024>

²⁴ HSJ article, Trust proposes to cut its estates team by half, 6 November 2024: <https://www.hsj.co.uk/acute-care/trust-proposes-to-cut-its-estates-team-by-half/7038128.article>

²⁵ NHS Providers, 'State of the Provider Sector', November 2024: <https://nhsproviders.org/state-of-the-provider-sector-2024>

However, it was confirmed at the 3 October NHSE board meeting that approximately half of providers are now on track to meet their plans. £2.0 billion in savings had been delivered by the end of month 4 of this financial year – £0.2 billion below plan but £0.4bn higher than the equivalent period in 2023/24.²⁶ Agency spending is also significantly reduced this year, following sustained focus on this area from trust leaders, and is now at its lowest since 2017 (2.8% of total pay costs), with trusts on plan to meet the target reduction in agency spending of £500m for 2024/25.²⁷ Additional good news is that acute sector productivity growth is up by approximately 2.8% on 2023/24 levels.²⁸ Work continues on identifying appropriate metrics to aid with analysis of productivity levels across the NHS. This is important not only in terms of data, but also in terms of reframing the productivity conversation to one of value for patients through a continuous improvement approach. This type of approach is effective in creating productivity gains and requires staff engagement.

Pay funding

Despite the NHS receiving the largest settlement across the public sector at the Budget on 30 October, it is not yet clear whether trusts will stand to benefit from the significant in-year funding uplift to day-to-day spending or how this uplift will be allocated across the health service. The government is allocating an extra £22.6 billion in resource spending for DHSC in 2025/26, compared with the 2023/24 outturn position.²⁹ This is real terms growth of 4.0%, the highest since before 2010 excluding settlements covering the years of the Covid-19 pandemic. However, there are significant in-year pressures (such as the recurrent costs of the NHS pay awards), and manifesto commitments (e.g. 40,000 new appointments) which will likely absorb a sizeable portion of the revised settlement. The remainder of this pot has not yet been allocated, which means there is currently no clarity if there will be funding to cover winter pressures. On top of this, the Budget set employer National Insurance contributions to rise from 13.8% to 15% in April 2025. Treasury (HMT) have assured the public sector that its costs will be covered, but detail on how this will be done is also unclear. Social and primary care providers, however, will not have their NI costs covered, which is likely to impact their staffing positions, with consequences for secondary care demand.

²⁶ Financial Performance update, NHS England board meeting, 3 October 2024: <https://www.england.nhs.uk/long-read/financial-performance-update-oct-2024/>

²⁷ Ibid.

²⁸ Video of the NHS England board meeting, 3 October 2024: <https://www.england.nhs.uk/publication/video-of-the-nhs-england-board-meeting-3-october-2024/>

²⁹ Gov.uk, What you need to know about the Autumn Budget 2024, 1 November 2024: <https://www.gov.uk/government/news/what-you-need-to-know-about-the-autumn-budget-2024>

Against this financial picture at national and trust level, we again ask that the DDRB makes an explicit recommendation for government to commit to fully funding the pay uplifts it decides to award NHS doctors. Trust leaders are acutely aware the health budget is constrained. However, funding pay uplifts by raiding frontline budgets can have significant operational implications, and scaling back vital medium and long-term transformation spend (e.g. on frontline digitisation) will only make it harder to improve patient care and move care to the least costly settings. There is also no room within trusts' own budgets to fund pay awards.

As mentioned in our previous submissions to the DDRB, the calculation of funding allocations disadvantages community and mental health trusts compared to acute trusts.^{30, 31} This remains a concern for these providers and represents a barrier to achieving two of the government's intended three shifts – moving more care out of hospital and moving from treatment to prevention.

DDRB process and remit

We welcome the significantly earlier timing of the remit letter, and consequent commencement of the pay round, this year. However, it is disappointing that the 2025/26 pay award will again not be confirmed in time for the start of the financial year, and we are keen to see this amended for the 2026/27 pay round.

Following an extended period of strained industrial relationships with doctors, we also welcome the Secretary of State's statement in his remit letter relating to new terms of reference for the DDRB. It states "as per the wording of the consultant deal, I request that you use [the new terms of reference] for this and future rounds."³² We understand that there will not be a formal consultation on these terms of reference, but we are happy to comment should the DDRB, DHSC, or other stakeholders welcome our views.

The remit letter also notes "the resident doctors' deal agreed on 16 September 2024" and its request for DDRB "to consider, as part of your pay recommendations, the overall reward package and career

³⁰ NHS Providers, Review Body on Doctors' and Dentists' Remuneration 2023/24 pay round - Written evidence from NHS Providers, December 2023: <https://nhsproviders.org/media/694796/nhs-providers-nhs-prb-evidence-2023-24.pdf>

³¹ NHS Providers, Review Body on Doctors' and Dentists' Remuneration 2024/25 pay round - Written evidence from NHS Providers, December 2023: <https://nhsproviders.org/media/697980/nhs-providers-ddrb-submission-2024-25.pdf>

³² Gov.uk, Review Body on Doctors' and Dentists' Remuneration remit letter: 2025 to 2026, 30 September 2024: <https://www.gov.uk/government/publications/review-body-on-doctors-and-dentists-remuneration-remit-letter-2025-to-2026>

progression for resident doctors to ensure that medicine is an attractive and rewarding career choice to deliver our consultants and GPs of the future.”³³ We are aware that the DDRB has always had the power to look at international pay comparisons, and that they have endeavoured to take into consideration the attractiveness of careers for doctors. We understand that the DDRB is exploring new ways of choosing pay comparators, including international comparators. We hope that this work, and the explicit wording of the remit letter this year, will be encouraging to all parties involved in the pay setting process, and we would be happy to support this work as it progresses.

In our annual survey of trust HR Directors, we asked our members which model for NHS pay awards they would prefer to see enacted in future.

- Over half (56%) would like to see multi-year pay awards as a result of recommendations for the same from the review bodies.
- 24% would like to see multi-year pay deals agreed between the government and trade unions.
- 10% would like to see annual pay deals agreed between the government and trade unions.
- 10% of respondents said they would like to see annual pay awards via the pay review bodies. This is the current model.

In the comments, respondents were of the view that multi-year pay deals would be beneficial for financial planning. Some also expressed the view that pay deals should be agreed with unions, or it is likely that in future, there will again be strikes and difficult industrial relationships which trusts can't manage at local level. Respondents remain of the view that pay awards need to be given promptly at the start of a financial year.

Negotiated deals and industrial relationships

The DDRB is not a mechanism for resolving industrial disputes, but instead is part of a pay setting process. It is for the government and trade unions representing doctors to resolve any industrial disputes, but the state of industrial relationships in the NHS forms important context for the DDRB's decisions. The DDRB is therefore likely to have an interest in the key non-pay elements from the hospital doctors' deals, listed below, which have been reached in recent months. It is our understanding that all of these elements are yet to be completed. We believe it is important for deals made with unions to be implemented in full and hope to see progress towards this set out in other parties' submissions to the DDRB this year.

³³ Ibid.

SAS doctors

- A package of support for locally employed doctors (LEDs).
- Measures to facilitate career progression.

Consultants

- DDRB to analyse trends in the wider labour market, consider comparator professions and relevant international comparators, and balance considerations within their terms of reference.
- Unions to input to DDRB panel's job specifications and partake in sifting stage of DDRB panel recruitment process.

Resident doctors

- DDRB to recommend annual uplifts to flexible pay premia, and to consider overall reward package and career progression for junior doctors.
- Rotational training model to be reviewed, as well as quantity of medical training numbers.
- BMA, DHSC, and NHSE to renegotiate the exception reporting process, with the intention of enabling TOIL or payment for all time worked above contracted hours, so long as this time is exception reported.

The DDRB will also be aware of ongoing action by GPs in response to a nationally imposed contract and payment for primary care services, which BMA GP members rejected in a landslide ballot earlier this year. GPs are still delivering contracted work, but the BMA have prepared a list of 10 actions for each GP practice to take as they see fit, with impacts designed to be system wide.³⁴ While impacts haven't yet been felt to a significant degree, we ask the DDRB to impress upon government the importance of not letting it get to that point before resolving the GPs' dispute.

Industrial relationships with AfC staff also remain strained. With most non-pay elements of the 2023 AfC deal remaining outstanding, the AfC trade unions have expressed their concern with the slow progress, exacerbated by government's agreement with the BMA for resident doctors to receive a backdated pay award averaging 22.3% across two years (2023/24 – 2024/25). This is a significantly higher award than was given to AfC staff over the same period. One respondent to our annual survey

³⁴ BMA, Protect your patients, protect your GP practice: <https://www.bma.org.uk/our-campaigns/gp-campaigns/contracts/gp-contract-202425-changes>

of trust HR directors noted that “the disparity between AfC and doctors is widening and causing significant discontent among clinical colleagues.”

Repair of industrial relationships across the whole service is important to ensure that teams function well, and enacting agreed deals in full must be a priority for government and NHSE.

Workforce planning

Progress towards current NHS Long Term Workforce Plan (LTWP) ambitions has been slow. We know that trusts are concerned about the staffing costs to meet financial plans, against the long-term ambitions of the LTWP. The LTWP is due to be updated in summer 2025, and while we look forward to clarity on progress that has been made, we also expect that the ambitions are likely to be revised in line with the new government’s financial and policy approaches for the NHS. We also expect that the LTWP update’s content will be contingent upon the outcome of the NHS 10 Year Plan, due for publication in May.

We set out our view on the LTWP in our NHSPRB submission last year,³⁵ and it can also be found on our website.³⁶ We also note the importance of a robust plan for the educator workforce in the NHS, in order to achieve the ambitions to increase overall staff numbers. NHSE has been working on a plan to this end and we would like to see this included in the LTWP. Similarly, a digital data and technology workforce plan has been under development at NHSE for some time, and we would like to see this published as part of the LTWP update. Our members frequently tell us that it is hard to attract and retain digital talent in the NHS, as other sectors can offer much more competitive salaries. This must be addressed if the shift from analogue to digital is to be fully realised.

Equality, diversity, and inclusion

NHSE’s Equality, Diversity and Inclusion (EDI) Improvement Plan,³⁷ published in June 2023, continues to be implemented by trusts. We are supporting both trusts and NHSE in its implementation and have published a number of case studies on trusts’ progress to date. Key successes include:

³⁵ NHS Providers, ‘NHS Pay Review Body 2024/25 pay round Written evidence from NHS Providers’, December 2023:

<https://nhsproviders.org/resources/submissions/nhs-providers-submission-to-the-nhs-pay-review-body-202425-pay-round>

³⁶ NHS Providers view: NHS England’s Long Term Workforce Plan, November 2023: <https://nhsproviders.org/media/697794/long-term-workforce-plan-detailed-member-briefing-november-2023.pdf>

³⁷ NHS Providers briefing, NHS England equality, diversity and inclusion improvement plan, June 2023:

<https://nhsproviders.org/media/695905/nhse-edi-improvement-plan-next-day-briefing.pdf>

- “Building a fairer Oxleas five step challenge,” resulting in a sharp increase in staff disability declaration at Oxleas NHS Foundation Trust.³⁸
- Berkshire Healthcare NHS Foundation Trust’s disaggregation of their ethnicity pay gap data, to better target EDI initiatives.³⁹
- Mid Yorkshire Teaching NHS Trust’s “Stay and Thrive” programme, a series of interventions which are successfully supporting their internationally educated workforce.⁴⁰

We also conducted a series of structured interviews and roundtables with our members in spring 2024, to understand the successes, challenges and barriers being experienced by NHS organisations as they implement the high impact actions (HIAs) outlined in the EDI improvement plan.⁴¹ Members told us that to fully enact the plan, they felt more support was required in the form of:

- Increased EDI resource and expertise, particularly around data analysis.
- Dedicated centralised funding for finance initiatives that relate to the plan’s HIAs.
- Centralised systems, with dashboards and templates to support action towards HIAs.
- Centrally developed resources to support delivery of HIAs, with a focus on technical guidance on data collection and analysis, and talent management.
- Workshops and peer learning events to share good practice and case studies, and information on how other organisations are progressing against the HIAs.
- Greater support and stronger relationships with trusts and NHSE regional and national teams.
- Greater support for community interest companies (CICs), including forums for them to communicate with peers and other providers.

These findings were also shared with NHSE.

Key findings from the most recent NHS Staff Survey, published in March 2024, include:⁴²

³⁸ NHS Providers, report - Providers Deliver: enabling wellbeing within trusts, Oxleas NHS Foundation Trust: Supportive and inclusive cultures, October 2023: <https://nhsproviders.org/providers-deliver-enabling-wellbeing-within-trusts/oxleas-nhs-foundation-trust>

³⁹ NHS Providers, report - Counting the Cost: Understanding your Ethnicity Pay Gap, Berkshire Healthcare NHS Foundation Trust, October 2024: <https://nhsproviders.org/counting-the-cost-understanding-your-ethnicity-pay-gap/case-study-berkshire-healthcare-nhs-foundation-trust>

⁴⁰ NHS Providers, A Guide to Supporting your Internationally Educated Workforce, July 2023: <https://nhsproviders.org/a-guide-to-supporting-your-internationally-educated-workforce/creating-a-sense-of-belonging/support-programmes-case-study-the-mid-yorkshire-teaching-nhs-trust>

⁴¹ NHS Providers, Learnings from the equality, diversity and inclusion improvement plan system collaborative, May 2024: <https://nhsproviders.org/media/698577/nhs-edi-improvement-plan-insights-2024.pdf>

⁴² NHS Staff Survey National Results, March 2024: <https://www.nhsstaffsurveys.com/results/national-results/>

- Instances of staff experiencing discrimination at work are at their highest levels since 2019. However, there has been an increase in staff who think their organisation respects individual differences, such as cultures, working styles, backgrounds and ideas.
 - It is important to note that there can be an increase in reporting of discrimination when a workplace culture begins to focus on reducing discrimination. However, the next listed finding demonstrates that unacceptable behaviours are still prevalent in the NHS.
- Ethnic minority staff remain more likely to experience harassment, bullying or abuse from patients, their families and the public (28.6%), compared to their white colleagues (24.7%). This is also the case regarding these behaviours from a manager or other colleagues.
- The Workforce Race Equality Standard (WRES) data report this year did not include this latest Staff Survey data. Our briefing on the WRES report included the 2023 Staff Survey data where possible, which may be of interest to the DDRB.⁴³
- Disabled staff are slightly more likely to report that their organisation acts fairly with regard to promotion opportunities and career progression compared to 2022. However, only 36.9% of disabled staff feel valued for their work compared to 47.8% of non-disabled staff, a gap of 10.9 percentage points.
- The Workforce Disability Equality Standard (WDES) report this year did not include this latest Staff Survey data. Our briefing on the WDES report included the 2023 Staff Survey data where possible, which may be of interest to the DDRB.⁴⁴
- It is also worth noting that the WDES report this year does not include the same level of intersectional analysis as the 2022 report, which was highly beneficial to trusts working toward the implementation of the intersectional high impact actions outlined in NHSE's equality, diversity and inclusion (EDI) improvement plan.

In our State of the Provider Sector survey this year, 86% of respondents strongly agreed or agreed that their trust's board is prioritising a clear focus on promoting race equality and tackling discrimination.⁴⁵ This is the same percentage as last year. A key focus for many trusts in their improvement work has been on reducing health inequalities, particularly by promoting racial equality for both patients and staff. Some trusts reported they are pushing their efforts in this space further than before. One Combined Acute and Community Trust reported that their organisation "has

⁴³ NHS Providers, briefing: NHS Workforce Race Equality Standard report 2023, 19 March 2024: <https://nhsproviders.org/media/698333/nhs-providers-briefing-wres-2023-on-2022-data.pdf>

⁴⁴ NHS Providers, briefing: NHS Workforce Disability Equality Standard report 2023, 19 March 2024: <https://nhsproviders.org/media/698334/nhs-providers-briefing-wdes-2023-on-2022-data-v2.pdf>

⁴⁵ NHS Providers, 'State of the Provider Sector', November 2024: <https://nhsproviders.org/state-of-the-provider-sector-2024>

improved in equality, diversity and inclusion and has a robust action plan in place to improve the experience for our workforce from reviewing our recruitment process to ensure staff feel it is a fair process, introducing equality advocates onto panels for senior managers. We have seen an improvement in diversity of our senior leaders with 36.4% of leaders who are Black, Asian and Minority ethnic, 71.45% of leaders are female, 6.8% of leaders have declared a disability and 5% of leaders are LGBT+.”⁴⁶

In our annual survey of trust HR directors this year, many trusts also gave examples of the positive work they have been doing to improve equality, diversity and inclusion in their organisation including inclusive recruitment activities; staff networks; increased focus on development opportunities for staff from ethnic minority backgrounds; and work aligning with the EDI Improvement Plan, such as action plans to achieve the plan’s targets. Almost a third of respondents (31%) said their trust’s ethnicity pay gap has decreased in the last two years, while over a third (36%) said their trust’s ethnicity pay gap has stayed the same. 7% of respondents said they have seen their trust’s ethnicity pay gap increase in the last two years, and 26% said they did not know. So there is again notable progress, with more to be done.

We continue to support trusts in these efforts via our Race Equality programme,⁴⁷ which helps to embed race equality as a core part of the board’s business and focuses on sharing research, evidence-based interventions and lived experiences through a range of events and resources. Recent outputs have included a guide to support trust board members to understand their organisation’s ethnicity pay gap and the steps that can be taken to narrow and eliminate it.⁴⁸

Findings from our annual survey of trust HR directors⁴⁹

Pay awards for 2025/26

When considering recruitment, retention and morale, two fifths of respondents (44%) said a 5% pay uplift is needed in 2025/26 for doctors.

- 17% said an uplift of at least 6%

⁴⁶ Ibid.

⁴⁷ NHS Providers Race Equality programme: <https://nhsproviders.org/programmes/race-equality>

⁴⁸ NHS Providers and Hempsons - Counting the Cost: Understanding Your Ethnicity Pay Gap, October 2024: <https://nhsproviders.org/counting-the-cost-understanding-your-ethnicity-pay-gap>

⁴⁹ This online survey of HR directors in NHS trusts and foundation trusts was conducted in September 2024. Data is based on responses from 41 trusts, accounting for 20% of the provider sector, with all regions and trust types represented.

- 8% said an uplift of at least 3% or 4%
- 8% also said an uplift of 10% or more

In the comments, one trust noted that the disparity between AfC and doctors is widening, and that this is causing significant discontent among clinical colleagues.

Flexible pay premia (FPP)

Half of all respondents (50%) said their trust covers a geographical area which would benefit from its resident doctors receiving FPP. 75% of respondents from London and 64% of respondents from the Midlands said that their area would benefit from flexible pay premia. If trusts thought they would benefit from FPP for their resident doctors, they were asked what geography they covered. Responses to this question came from across England, but trusts from Sussex, Shropshire, Devon, Yorkshire and the Midlands were more frequently represented. A quarter of respondents (25%) said their trust did not cover a geographical area which would benefit from its resident doctors receiving FPP.

When asked about which training programmes would benefit from FPP, many trusts felt that the current FPP were correctly targeted. Psychiatry core and higher was the most common answer explicitly cited. Other programmes cited by multiple respondents were anaesthetics, paediatrics, and general practice.

UK labour markets

Only 6% of respondents said their trust has seen an increase in doctors leaving to work for the NHS in Scotland, Wales or Northern Ireland due to devolved nations having higher rates of pay than in England. This is down from 9% of respondents who reported an increase last year. Over three quarters of respondents (78%) said they have not seen an increase.

The respondents who said they have seen an increase in staff leaving to work for the NHS in Scotland, Wales or Northern Ireland were from the Midlands. Those from the East of England, London and North West were most likely to say no (each 100%).

SAS contract uptake and role creation

86% of respondents reported that they have created specialist grade posts in their trust since the 2021 creation of the specialist grade. Only 8% said they have not created any specialist grade posts.

- 81% said they have created fewer than 20 specialist grade posts.
- 16% have created 20-50 posts.

- No respondents have created more than 50 specialist grade posts.

In terms of existing SAS doctors moving across to the new contracts:

- A third of respondents (33%) have seen less than 10% of SAS doctors who were employed in their trust before April 2021, move across to the new 2021 speciality doctor or specialist grade contracts.
- A quarter of respondents (24%) said 10-25% have moved across.
- Over a quarter of respondents (27%) said 25-50%.
- 9% said 50-75%.
- 6% said over 75%.

A larger proportion of respondents from non-acute trusts (community, mental health, and learning disability) reported lower transition rates compared to those from acute trusts.

Impacts of pension reforms

Nearly half of respondents (47%) said that they have seen consultants undertaking more additional work over the last year, as a result of increased pension flexibilities introduced by the last government. 36% have seen consultants undertaking the same level of additional work. Some trusts noted the benefits of retire and return schemes, whilst one trust explained that their average retirement age has increased by two years over the last two years. Only 6% of respondents said they have now seen consultants undertaking less additional work.

However, just over a third of respondents (34%) said their trust has seen an increase in the retirement rate of doctors since April 2024. This is a considerable increase on results for the same question in last year's survey, when just 2% of respondents said they had seen an increase. Nearly half of respondents (46%) said their trust has seen the retirement rate of doctors' stay the same (down from 78% of respondents who said they had not seen a significant change last year.) One trust explained that they have seen an increase in doctors accessing their pensions early via partial retirement, in part due to the fear that future changes may be made to the NHS pension scheme that will reduce the benefits available.

Only 9% of respondents said their trust has seen a decrease in the retirement rate of doctors since April 2024, down from 4% of respondents last year.

National clinical impact awards (NCIAs)

Almost a quarter of respondents (22%) said that since the scheme was amended in 2022, their trust has seen benefits from awarding national clinical impact awards (NCIAS) to eligible doctors. Just over half of respondents (53%) said they have not seen benefits.

From comments provided by trusts, NCIAS are generally viewed by HR directors as a good way to recognise high performing doctors and as providing some benefits (more than one trust noted they have helped improve gender pay gaps). However, there was an overall sense that the scheme didn't positively affect as many colleagues as it could, perhaps pointing to a need to widen access and / or participation in it.

Responses were very similar across acute and non-acute trust types, however those from acute trusts were slightly more likely to say their trust has not received any benefits from awarding NCIAS to eligible doctors (57% of those from acute trusts said no).

Locally employed doctors (LEDs)

89% of respondents said their trust employs LEDs. This is a larger proportion of respondents compared to last year (67%). 6% of respondents this year said their trust does not employ LEDs, down from 22% of respondents last year.

A third of respondents (33%) said they have seen an increase in LEDs moving to national contracts. Almost half of respondents (47%) answered no to their trust seeing an increase in LEDs moving to national contracts. One respondent explicitly noted that their LED contracts mirror the national resident doctor contract, and we know that this is a common practice.

Over half of respondents (54%) estimated that around 0-10% of the LEDs in their trust have taken this contract instead of, or immediately after, employment on a resident doctor contact. Over a third (38%) estimated this to be 10-25% and 8% estimated this to be 25-50%.

Almost a third (31%) of respondents estimated that 0-10% of the LEDs in their trust are internationally recruited. This is a similar proportion to those who estimated this last year (33%). Over a quarter (28%) estimated 10-25% of their LEDs to be internationally recruited. 14% estimated 25-50%, and 27% estimated over 50%.

One trust noted that whilst many of their LEDs are international medical graduates, they did not go overseas to recruit and were already in the UK job market. The division of overseas vs domestic

recruitment of LEDs may be worth exploring, to understand the experience and needs of this staff group in more granular detail.

The majority of respondents (81%) reported that their trusts' LEDs tend to be employed on fixed term contracts. Only 3% said that LEDs at their trust are employed on permanent contracts. 10% said there is roughly an even split between contract types.

Further information and contact

We would be pleased to supply any further supplementary information and respond to questions from the NHS Pay Review Body. We look forward to discussing the evidence further in our scheduled oral evidence session.

For more information, please contact NHS Providers' senior policy manager (workforce), Sarah White, sarah.white@nhsproviders.org.