

# NHS Pay Review Body 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 NHS Pay Review Body (PRB) on behalf of NHS trusts and foundation trusts, to inform the 2025/26 pay round for Agenda for Change (AfC) staff. For the purposes of this submission, we are providing relevant findings from our annual survey of trust HR directors<sup>1</sup> and our annual 'State of the Provider Sector' survey,<sup>2</sup> accompanied by key messages and context. We have identified relevant context for this pay round through conversation with our members, stakeholders, and the PRB. 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
- PRB process and remit
- Negotiated deals and industrial relationships in the NHS
- Workforce planning
- Workforce equality, diversity and inclusion
- Pay awards for 2025/26

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<sup>1</sup> 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.

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

- Outstanding concerns with the AfC pay structure
- Ongoing rebanding work
- Pensions
- The interaction between AfC and Very Senior Manager contracts.

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

We are pleased to have already arranged an oral evidence session with the PRB in January. We request that a list of topics for this session is shared with as much notice as possible (ideally more than 10 working days), so that we can prepare ourselves and our accompanying members to make our evidence as useful to the PRB as possible.

## 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. With AfC staff making up the majority of the NHS workforce, the role of the PRB as an independent pay review process remains important, as pay is a key lever to ensuring that the NHS can attract and retain the staff 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.

- **Band 2 and National Living Wage:** The annual issue of band 2 falling below National Living Wage (NLW) each April must be resolved for the long term. Band 2 should be set above the NLW. There is an opportunity for the PRB to align AfC pay scales with the real living wage.
- **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 PRB 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 already 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, which is an ongoing concern for these providers.
- **Funding (local authority contracted NHS staff):** 80% of survey respondents were either not at all confident or not confident that they will receive national funding to cover the costs of AfC pay uplifts for NHS staff working on local authority contracts in the next financial year.
- **AfC deal implementation:** Industrial relationships with AfC staff remain strained. Implementation of most of the non-pay elements of the 2023 AfC deal remains outstanding. It is important for the 2023 AfC deal to be implemented in full, and if there is intention not to do so from any party, this should be clearly communicated.
- **Mandate to address AfC pay structure:** Last year the PRB recommended for “the UK Government to issue the NHS Staff Council with a funded mandate to begin to resolve outstanding concerns within the AfC pay structure.” Trust leaders would welcome further information on this as part of DHSC’s submission to the PRB this year. More than 80% of our survey respondents said this was important for recruitment and retention.
- **Pay for 2025/26:** 64% of respondents said that a pay uplift of at least 5% would be needed for 2025/26 to support recruitment, retention and morale for AfC staff.
- **Ethnicity pay gap:** 31% of survey 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 survey respondents are confident about their trust having the right numbers, quality and mix of staff 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.<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup> Nearly three quarters of

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<sup>3</sup> 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>

<sup>4</sup> 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/>

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

<sup>6</sup> 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>

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

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.<sup>8</sup> 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.<sup>9</sup> 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 “through September, October [and] November” (see page 8).<sup>10</sup>

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.”<sup>11</sup>

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

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

<sup>8</sup> Ibid.

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

<sup>10</sup> 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/>

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

not at all concerned. The proportion of those extremely and moderately concerned is down from 83% last year (40% were extremely concerned and 43% were moderately concerned last year) but remains very high.<sup>12</sup>

Key findings from the most recent NHS Staff Survey include:<sup>13</sup>

- 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 survey 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%).<sup>14</sup> 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.<sup>15</sup>

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<sup>12</sup> Ibid.

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

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

<sup>15</sup> 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.<sup>16</sup>
  - NHS Operational Planning Guidance,<sup>17</sup> 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.<sup>18</sup>
- 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.<sup>19</sup> By the end of July 2024, the aggregate system deficit stood at £487m with overspends driven

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<sup>16</sup> NHS England, National people sexual misconduct policy framework, 16 October 2024:

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

<sup>17</sup> 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/>

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

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

primarily by slippage against efficiency plans.<sup>20</sup> 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 Provider Sector survey in November 2024 said it is very likely (34%) or likely (51%) that their trust will have to reconfigure services.<sup>21</sup> 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.<sup>22</sup>

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”.<sup>23</sup> 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 survey 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.<sup>24</sup> 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.<sup>25</sup> 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.”<sup>26</sup>

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<sup>20</sup> Ibid.

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

<sup>22</sup> Ibid.

<sup>23</sup> 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/>

<sup>24</sup> NHS Providers, 'State of the Provider Sector', November 2024: <https://nhsproviders.org/state-of-the-provider-sector-2024>

<sup>25</sup> 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>

<sup>26</sup> 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.<sup>27</sup> 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.<sup>28</sup> Additional good news is that acute sector productivity growth is up by approximately 2.8% on 2023/24 levels.<sup>29</sup> 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.<sup>30</sup> 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 the 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.

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<sup>27</sup> Financial Performance update, NHS England board meeting, 3 October 2024: <https://www.england.nhs.uk/long-read/financial-performance-update-oct-2024/>

<sup>28</sup> Ibid.

<sup>29</sup> 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/>

<sup>30</sup> 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 PRB makes an explicit recommendation for government to commit to fully funding the pay uplifts it decides to award NHS staff. Trust leaders are acutely aware the health budget is constrained. 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 PRB, the calculation of funding allocations disadvantages community and mental health trusts compared to acute trusts.<sup>31, 32</sup> 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.

## PRB 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.

Given that the Secretary of State's remit letter stated that NHS pay awards would not be implemented by April 2025, we note that when the current National Living Wage (NLW) of £11.44/hour increases to £12.21/hour in April 2025, the pay for band 2 (£12.08/hour) will fall below it.<sup>33</sup> The rise in April will incur a cost of 13p/hour more per person on band 2, before factoring in pension and other employer contributions. When we surveyed trust HR Directors, the increase was expected to be to £12.10/hour. Even at that level, a 2p/hour increase per person, 65% of respondents to our annual survey of trust HR Directors said they were extremely or moderately concerned about unplanned cost pressures for their trust when the NMW rises in April (27% extremely concerned, 38% moderately concerned). 62% of respondents reported being extremely or moderately concerned about new recruitment to band 2, and 42% were extremely (18%) or moderately (24%) concerned about the loss of staff as a result of

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<sup>31</sup> NHS Providers, 'NHS Pay Review Body 2023/24 pay round Written evidence from NHS Providers', December 2022: <https://nhsproviders.org/media/694796/nhs-providers-nhs-prb-evidence-2023-24.pdf>

<sup>32</sup> 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>

<sup>33</sup> NHS Employers, Pay scales for 2024/25, 20 August 2024: <https://www.nhsemployers.org/artides/pay-scales-202425>

the NLW increase. This is because other sectors can offer higher rates of pay for equivalent roles, such as administrative or estates staff.

The annual issue of band 2 falling below NLW each April has formed part of our evidence to the PRB several times before and must be resolved on a sustained basis. Our view remains – to aid recruitment and retention, we would welcome the entry point of band 2 being set above the NLW, instead of close to the legal minimum. In April 2022, we wrote to the chair of the PRB, alongside Unison and the Living Wage Foundation, as we believe there is an opportunity for the PRB to ensure that AfC pay scales are aligned with the real living wage.

While resolution of industrial disputes is outside the PRB's remit, we note that the 2023 AfC deal included a review of the PRB process, which has not concluded. We responded to the invitation to share views on the PRB process in June 2023 and understand that there has been no progress since then.<sup>34</sup> We believe it is important for the 2023 AfC deal to be implemented in full, and if there is intention not to do so from any party, this should be clearly communicated (see next section).

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. One noted that "waiting 6 months this time in a cost of living crisis was not acceptable."

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<sup>34</sup> NHS Providers response to invitation to share views on the NHS Pay Review Body process, June 2023:

<https://nhsproviders.org/media/696035/nhs-providers-response-to-dhsc-invitation-to-share-views-on-the-nhsprb-process-final.pdf>

## Negotiated deals and industrial relationships

The PRB 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 AfC staff to resolve any industrial disputes, but the state of industrial relationships in the NHS forms important context for the PRB's decisions. The PRB is therefore likely to have an interest in the progress of the 2023 AfC deal.<sup>35</sup>

Completed non-pay elements of the deal are as follows:

- Amendments to the AfC terms and conditions to support existing NHS staff to develop their careers through apprenticeships.
- Amending the NHS Pension Scheme to ensure that staff with 'special class status' can retire and return to work in the NHS without the previous limits on how much work they can do when they return.

Outstanding non-pay elements of the deal are as follows:

*NB: Working groups on each of these elements have concluded, but the groups' recommendations are yet to be enacted. Some recommendations require ministerial consideration, and some groups were unable to reach agreement on recommendations.*<sup>36</sup>

- Identifying measures to improve support for newly qualified healthcare professionals.
- Identifying ways that career progression could be improved for nurses.
- A review into the PRB process, to ensure that this operates effectively.
- Developing recommendations to support the fair and consistent application of the NHS job evaluation scheme, helping staff to be confident that they are in the appropriate pay band for the work they are asked to do.
- Reviewing and developing arrangements for safe staffing drawing on comparative best practice evidence from across different healthcare systems and settings
- Identifying ways to tackle and reduce violence against staff.
- Identifying changes that could be made to the AfC terms and conditions to help reduce reliance on agency workers.
- Staff Council to consider the introduction of a cap so that redundancy payments would not exceed £99,999.

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<sup>35</sup> Agenda for Change pay deal - non-pay commitments update, 23 May 2024: <https://www.nhsemployers.org/news/agenda-change-pay-deal-non-pay-commitments-update>

<sup>36</sup> NHS Employers, Agenda for Change pay deal 2023 - latest non-pay commitments update, 18 November 2024: <https://www.nhsemployers.org/articles/agenda-change-pay-deal-2023-latest-non-pay-commitments-update>

Industrial relationships with AfC staff 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 (formerly junior) doctors to receive a backdated pay award averaging 22.3% across two years (2023/24 – 2024/25).<sup>37</sup> This is a significantly higher award than was given to AfC staff over the same period. One respondent to our annual survey of trust HR Directors noted that "the disparity between AfC and doctors is widening and causing significant discontent among clinical colleagues."

Several AfC trade unions also continue to run local industrial action on rebanding cases. Currently, there is particular focus on healthcare support workers (HCSWs), or healthcare assistants (HCAs), in bands 2-3. However, this is likely to expand to nurses in bands 4-6 once their ongoing national profile review is complete. Agreements reached between unions and individual trusts vary in nature, and the financial impact for trusts of not only rebanding staff but also awarding them relevant backpay is significant. NHS England (NHSE) has been clear that these rebanding cases are for trusts to resolve locally. While the financial impacts of this have been on NHSE's risk register, our members have highlighted that these impacts are inhibiting local negotiation as neighbouring trusts are not all able to offer the same deals to unions and have asked for further support from the centre. We surveyed members on what this support would most usefully look like, and the results are included later in this submission (see page 22).

Finally, we note that the Secretary of State's remit letter states:

"I accepted your recommendations for 2024 to 2025 and in doing so committed to working with the NHS Staff Council to start addressing structural issues within the Agenda for Change contract. This work is ongoing and we will provide further information on this as part of our evidence submissions so that it can be considered accordingly when writing your report this year."<sup>38</sup>

The PRB's recommendation was in fact for "the UK Government to issue the NHS Staff Council with a funded mandate to begin to resolve outstanding concerns within the AfC pay structure."<sup>39</sup> We

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<sup>37</sup> BMA, Junior doctors in England vote to accept pay offer, 16 September 2024: <https://www.bma.org.uk/bma-media-centre/junior-doctors-in-england-vote-to-accept-pay-offer>

<sup>38</sup> NHS Pay Review Body remit letter: 2025 to 2026, 30 September 2024: <https://www.gov.uk/government/publications/nhs-pay-review-body-remit-letter-2025-to-2026/nhs-pay-review-body-remit-letter-2025-to-2026>

<sup>39</sup> NHS Pay Review Body, thirty-seventh report, July 2024: [https://assets.publishing.service.gov.uk/media/66c87cf66553ea61ea4f437c/NHSPRB\\_37th\\_Report\\_2024.pdf](https://assets.publishing.service.gov.uk/media/66c87cf66553ea61ea4f437c/NHSPRB_37th_Report_2024.pdf)

welcomed this recommendation and note that the funding has not yet been forthcoming. The NHS continues to struggle with high vacancy rates and strained industrial relationships, and there are several issues within the AfC pay structure which actively disincentivise staff from staying in, or progressing through, roles in the NHS. The cost of not addressing this is significant, as the current AfC structure will continue to create unplanned financial pressures, challenging funding envelopes and souring industrial relations. 82% of respondents to our annual survey of trust HR Directors said that work by the NHS Staff Council in resolving outstanding concerns within the AfC pay structure is extremely or moderately important for retaining existing AfC staff. 81% of respondents said that this work is also extremely (54%) or moderately (27%) important in recruiting new AfC staff, and over three quarters of respondents (77%) believe that this work is extremely (69%) or moderately (8%) important in helping with industrial relationships nationally.

We surveyed our members on the order of priority by band for addressing long-identified concerns within the AfC pay structure, and the results are included later in this submission (see page 19 and the appendix).

We await with interest the “further information” given on “work to start addressing structural issues within the Agenda for Change” in DHSC’s submission to the PRB this year.

## Workforce planning

Progress towards current NHS Long Term Workforce Plan (LTWP) ambitions has been slow. We know that trusts are concerned about the need to reduce 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,<sup>40</sup> and it can be found on our website.<sup>41</sup> We also note the importance of a robust plan for the educator workforce in the NHS, in

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<sup>40</sup> 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>

<sup>41</sup> 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>

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 update of 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,<sup>42</sup> 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:

- "Building a fairer Oxleas five step challenge," resulting in a sharp increase in staff disability declaration at Oxleas NHS Foundation Trust.<sup>43</sup>
- Berkshire Healthcare NHS Foundation Trust's disaggregation of their ethnicity pay gap data, to better target EDI initiatives.<sup>44</sup>
- Mid Yorkshire Teaching NHS Trust's "Stay and Thrive" programme, a series of interventions which are successfully supporting their internationally educated workforce.<sup>45</sup>
- Cornwall Partnership NHS Foundation Trust taking targeted action which has reduced turnover of the trust's internationally recruited nurses to just 2.7%<sup>46</sup>
- Barts Health NHS Trust, using targeted initiatives to increase representation of ethnic minority staff in roles at band 8A and above.<sup>47</sup>

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<sup>42</sup> 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>

<sup>43</sup> 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>

<sup>44</sup> 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>

<sup>45</sup> 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>

<sup>46</sup> NHS Providers, report - Providers Deliver: enabling wellbeing within trusts, Cornwall Partnership NHS Foundation Trust, creating a sense of belonging, October 2023: <https://nhsproviders.org/providers-deliver-enabling-wellbeing-within-trusts/cornwall-partnership-nhs-foundation-trust>

<sup>47</sup> NHS Providers, report - Counting the cost: Understanding your ethnicity pay gap, Barts Health NHS Trust, October 2024: <https://nhsproviders.org/counting-the-cost-understanding-your-ethnicity-pay-gap/case-study-barts-health-nhs-trust>

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.<sup>48</sup> 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 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:<sup>49</sup>

- 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 PRB.<sup>50</sup>

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<sup>48</sup> 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>

<sup>49</sup> NHS Staff Survey National Results, March 2024: <https://www.nhsstaffsurveys.com/results/national-results/>

<sup>50</sup> 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>



- 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 PRB.<sup>51</sup>
- 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.<sup>52</sup> 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 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+."<sup>53</sup>

In our annual survey of trust HR directors this year, many 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. Almost a third of respondents (31%) said their trust's ethnicity pay gap has decreased in the last two years, while over a

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<sup>51</sup> 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>

<sup>52</sup> NHS Providers, 'State of the Provider Sector', November 2024: <https://nhsproviders.org/state-of-the-provider-sector-2024>

<sup>53</sup> Ibid.

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,<sup>54</sup> 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.<sup>55</sup>

## Findings from our annual survey of trust HR directors<sup>56</sup>

### Pay awards for 2025/26

64% of respondents said that a pay uplift of at least 5% would be needed for 2025/26 to support recruitment, retention and morale for AfC staff.

- 14% of respondents said a pay uplift of at least 6% is needed
- 10% said a 4% pay uplift
- 5% said a 3% pay uplift
- One respondent said 2% pay uplift.
- It is notable that no respondents selected an increase of 7% or above, given that last year, 17% said that a pay increase of 7% or above was preferable.

Only one respondent (2%) said they have seen an increase in staff leaving to work for the NHS in Scotland, Wales or Northern Ireland as a result of differential rates for AfC staff in those countries. This was reported from a non-acute trust in the Midlands. This is lower than in the previous survey where 9% of respondents said they had seen an increase in staff leaving to work in these countries.

40% of respondents said their trust has absorbed or will absorb the unfunded costs of the pay uplifts not being nationally funded for NHS staff working on local authority (LA) contracts this financial year (2024/25), but that the scope or quality of the contracted service would likely be impacted as a result.

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<sup>54</sup> NHS Providers Race Equality programme: <https://nhsproviders.org/programmes/race-equality>

<sup>55</sup> 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>

<sup>56</sup> 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.

80% of respondents were either not at all confident or not confident that they will receive national funding to cover the costs of AfC pay uplifts for NHS staff working on local authority contracts in the next financial year (2025/26).

- Half of respondents (50%) said their trust will seek to negotiate with the LA to make up the shortfall if pay uplifts are not nationally funded for NHS staff working on LA contracts in 2025/26.
- A quarter of respondents (25%) said their trust would continue to deliver the contract, but they will not tender for it again.
- Another quarter (25%) of respondents said they would absorb the unfunded costs, but the scope or quality of the contracted service will be impacted.

One respondent from a mental health and community trust summarised the concerns which we have long been hearing from our members regarding LA contracted staff:

*"We cannot have a two-tier workforce where staff funded through NHS England/ICB contracts receive pay awards, and staff funded by LA contracts do not. We are not prepared to accept a two-tier workforce, so negotiate and manage our income to prevent this from happening. As the financial pressure increases this will become more difficult. The outcome of this could be that we stop delivering local authority contracts because we cannot afford to subsidise these contracts. That would move us away from integrated care and the 10 year plan. Resolving this is a key priority and has a large impact on community and mental health services."*

## Outstanding concerns within the AfC pay structure

As noted earlier in this submission (see page 14), we surveyed our members on the order of priority by band for addressing long-identified concerns within the AfC pay structure. These can be seen in the appendix. The subsections which follow provide further narrative on the results. We hope that this will be useful to the process resulting from the Secretary of State's commitment to working with the NHS Staff Council to start addressing structural issues within the AfC contract (see page 13).

### Overall

When looking at the AfC pay spine as a whole (rather than by specific bands), the most frequently selected issue was the overall salary level not being high enough to compete in the wider labour market for similar roles/skills. The highest concern in this regard was for band 2 at 64%, followed by band 3 and 5 at 57% each, then band 4 at 45%.

In the comments, respondents noted that lower banded roles are generally seen as 'pass through' grades, but this becomes problematic when staff members reach the top of the band without a clear

route for further progression. This challenges retention, as staff in these roles can't necessarily progress further without changing career path.

Another prominent concern was regarding pay increases for promotion to a given band not being enough to incentivise staff to go for a promotion, especially for band 8a, with 45% of respondents selecting this issue. When analysing supporting comments trusts gave, this issue was regularly emphasised across bands 5-9, with many outlining that additional benefits of higher bands are not worth the extra work.

Concern about intermediate pay points within a band, or the top of a band taking too long to reach, is prevalent across all bands. (See appendix.)

## **Band 2**

The biggest issue cited for band 2 was that the overall salary level isn't high enough to compete in the wider labour market (64% selected this option). The second most significant issue was that the band would benefit from the introduction of intermediate pay points (50% of respondents selected this option). One trust explicitly said they are introducing more apprenticeships in order to reduce the number of staff on band 2 in their organisation.

## **Band 3**

The most common issue cited as causing the biggest impact for band 3 roles was also that the overall salary level is not high enough to compete in wider labour market for similar roles/skills. Over half of respondents (57%) selected this option. This was followed by the view that there aren't enough intermediate pay points within the band, with 45% respondents citing this as an issue.

## **Band 4**

For roles at band 4, almost half of respondents believe that there aren't enough intermediate pay points within the band (48%). The second most common issue was that pay increases for promotion to this band are not enough to incentivise staff to go for a promotion (40%). For this band, the fact that the overall salary level isn't high enough to compete in the wider labour market was less significant than for bands 2 and 3, with 36% respondents citing this issue.

## **Band 5**

For band 5, the main issue facing trusts was, again, the fact that the overall salary was not high enough to compete in the wider labour market (57% respondents selected this option). This was well

above the second most selected issue for band 5 roles, which was the lack of intermediate pay points within the band, at 29%. In fact, there not being enough intermediate pay points was a prevalent issue across bands 5 to 9, averaging around 30% across all the different bands.

## **Band 6**

For band 6, the most prevalent issue was that pay increases for promotion were not high enough to incentivise staff to go for promotion (31%). This was closely followed by there not being enough intermediate pay points within the band (29%), but it is important to note that, for this band, the various issues respondents felt they were facing were more evenly spread than for the lower bands.

## **Band 7**

As with band 6, the most common issue at band 7 was that pay increases for promotion were not high enough to incentivise staff to take on a promotion (38%). Again, the second most significant issue was the lack of intermediate pay points within the band (29%).

## **Band 8a**

For band 8a, the most pressing issue for respondents is again that pay increases for promotion to this band are not high enough to incentivise staff to go for promotion, at 45%. As with the previous bands, the lack of intermediate pay points within the band is the second biggest issue (33%).

## **Band 8b and 8c**

For band 8b, different issues are more prominent. The lack of intermediate pay points within the band was chosen as the most significant, with 31% of respondents citing this issue, followed by the view that intermediate pay points within the band take too long to reach (26% respondents cited this issue). Overall, the various issues facing band 8b roles were more evenly spread than many of the lower bands. Band 8c roles generally face similar issues to band 8b roles, in a very similar order of priority.

## **Band 8d**

The most significant issue impacting band 8d roles is the lack of intermediate pay points within the band. However, it is notable that only 29% of respondents to this question selected this issue, suggesting that HR directors feel there is more spread among priority issues facing this band, rather than one, overwhelmingly significant issue.

## **Band 9**

Band 9 saw the highest number of respondents indicate there were no issues (29%), in comparison with results for the other bands. However, over half (52%) of respondents felt there were problems with the band's pay point structure (26% think there are not enough intermediate pay points within the band, and 26% think the intermediate pay points within the band take too long to reach). These two issues are by far the most significant for band 9 roles, both scoring significantly higher than the issues that came in joint-third place (overall salary not being high enough (7%); pay increase for promotion not enough to incentivise staff (7%); additional payments aren't enough (7%)).

## Rebanding

As noted earlier in this submission (see page 13), AfC trade unions have been running local re-banding cases for some staff in band 2. Due to an ongoing review of nursing profiles, it is likely that similar re-banding cases will soon be brought by trade unions for nurses in bands 4-6. We asked members what would be most helpful for their trust regarding ongoing and/or likely re-banding cases.

- The most common choice was clarity from NHSE on how to manage likely future costs from re-banding cases, including associated backpay with almost three quarters of respondents (71%) selecting this option.
- Over two thirds of respondents (69%) said they would find a clearer national approach to recognising role profiles within trusts, to reduce local variation.
- Another common need, selected by 57% of respondents, is for guidance from NHS England on how to manage existing costs from re-banding cases, including associated backpay.
- Fewer respondents said guidance on how to work effectively with unions locally (7%) would be helpful for their trust. 5% said the issue is not applicable to them, and 2% prefer to manage re-banding cases independently.
- In the comments, respondents also mentioned that a standardised, national approach would be helpful and highlighted the need for a proper national directive around dates of change to prevent a repeat of the issues which have arisen for band 2 workers.

We will be sharing these findings with NHSE and relevant trade unions.

## Pensions

26% of respondents said they have seen an increase in the number of AfC staff leaving the NHS pension scheme in 2024/25. This is down from 36% of respondents who said the same last year. 26% of respondents said the number of AfC staff leaving the NHS pension scheme in 2024/25 has stayed the same. 5% said there has been a decrease in leavers and 44% said they did not know.

Of the respondents who said there was an increase in the number of AfC staff leaving the NHS pension scheme in 2024/25, half of these (50%) said the main reason for this was the increased cost of living. This was also the top reason selected by respondents last year, but this year the figure for it is down from 63%. However, two fifths of respondents (40%) said the main reason was affordability, an increase from 25% of respondents last year. This shift makes sense, as the cost of living is no longer rising at such a sharp rate as it was last year, but the overall affordability of the pension scheme can remain a challenge for some staff.

## AfC and Very Senior Manager (VSM) interaction

We run an annual remuneration survey of trust executive and non-executive directors.<sup>57</sup> This year's data shows that in 2023/24, the majority of responding trusts (92%) reported that their executive directors were not on Agenda for Change pay scales. This is a similar result to 2022/23 (94%). From the data we collected, there was no clear correlation of roles which are more likely to be on AfC than VSM pay scales.

In our annual survey of trust HR directors, one respondent noted that Band 9 payments are now very similar to those of very senior managers. It was in this context that they called for an update to the VSM framework, which has been awaiting government sign-off for several years. We also note that for two consecutive years, the Senior Salaries Review Body has recommended a discretionary additional uplift to VSM pay, which trusts can use to address pay differentials between the top of the AfC pay scale and the bottom of the VSM contracts.

## Further information and contact

We would be pleased to respond to queries or requests for supplementary information from the NHS Pay Review Body. We look forward to further discussion in our scheduled oral evidence session.

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

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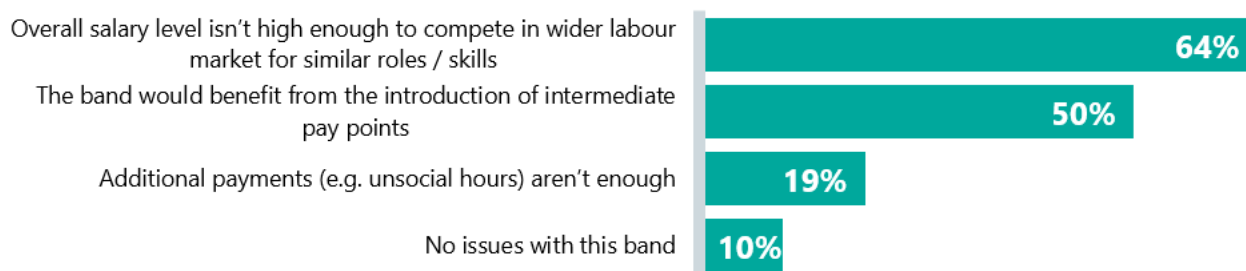
<sup>57</sup> This online survey of HR directors and company secretaries in NHS trusts and foundation trusts was conducted between July – August 2024. Data is based on responses from 142 trusts, accounting for 68% of the provider sector, with all regions, trust types and sizes represented. Data was submitted on behalf of all executive and non-executives at each responding trust.

## Appendix

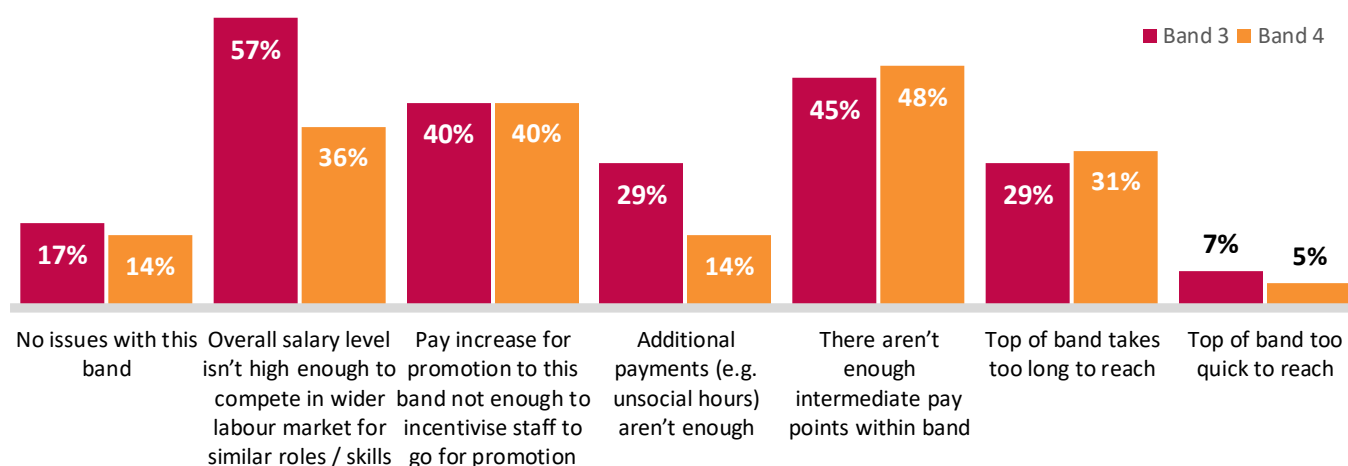
This appendix sets out the results from a set of questions asked as part of our online survey of HR directors in NHS trusts and foundation trusts. The questions asked respondents to select all applicable listed issues by AfC pay band.

The survey 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.

### Which of these issues are causing the biggest impact for band 2 roles in your organisation?



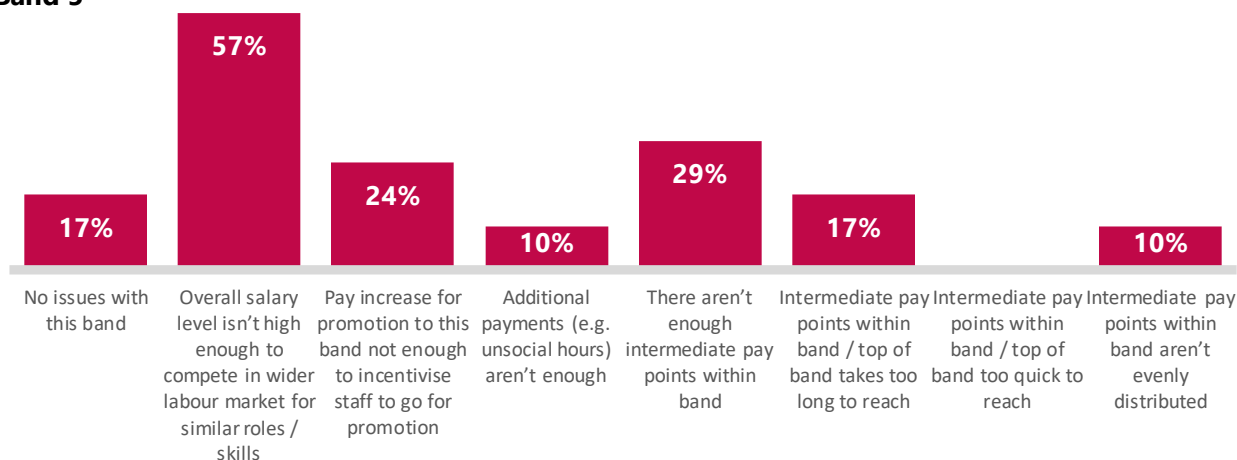
### Which of these issues are causing the biggest impact for band 3 and 4 roles in your organisation?



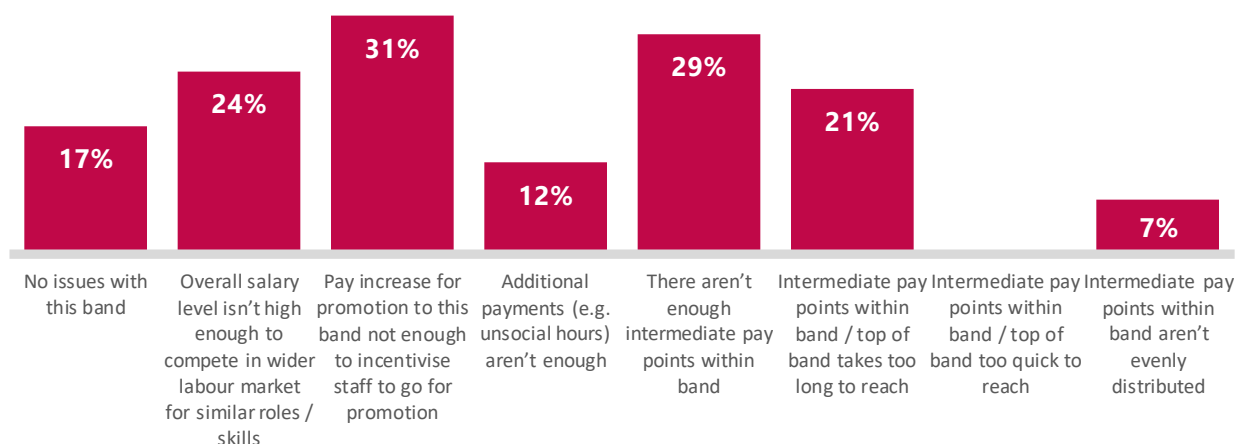
### Which of these issues are causing the biggest impact for bands 5-9 in your organisation?



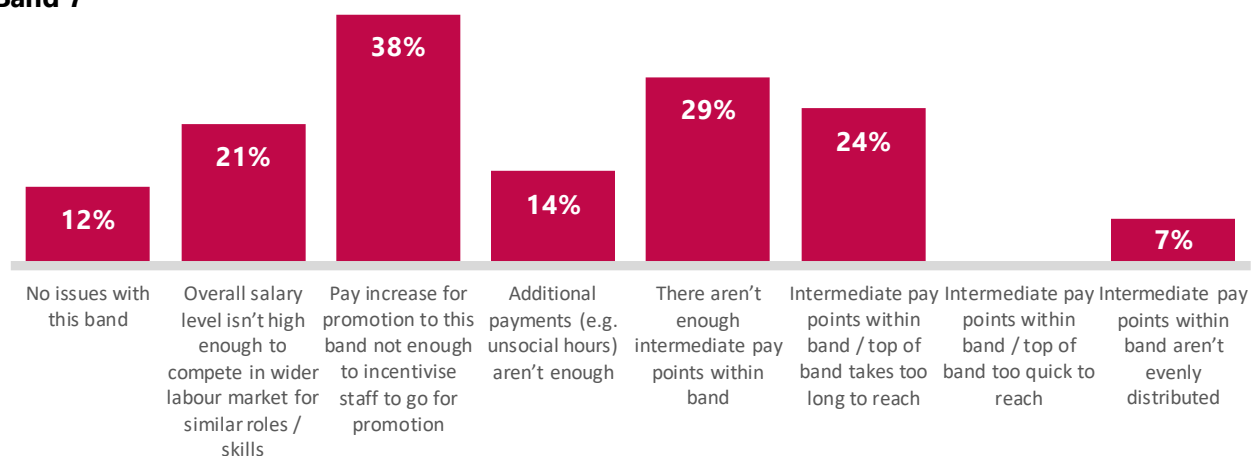
### Band 5



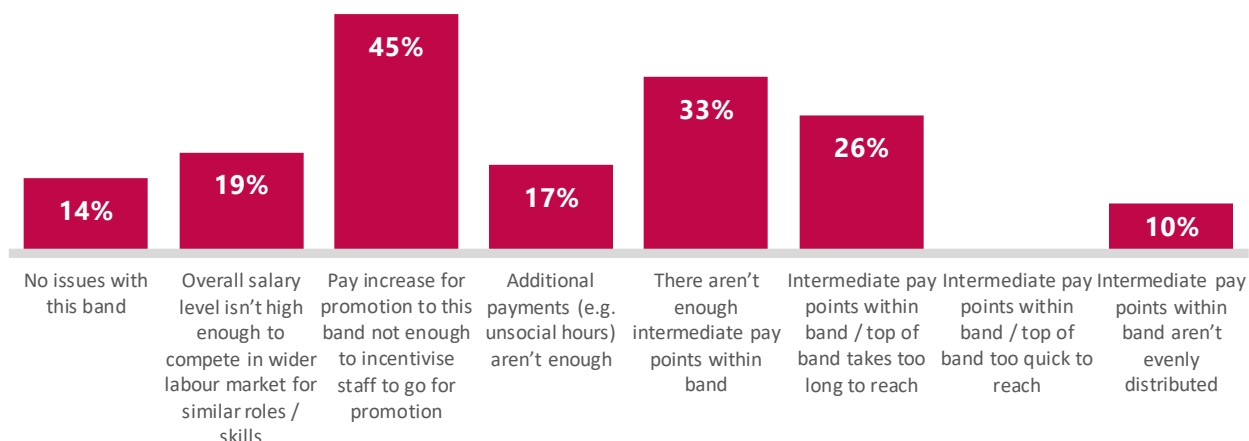
### Band 6



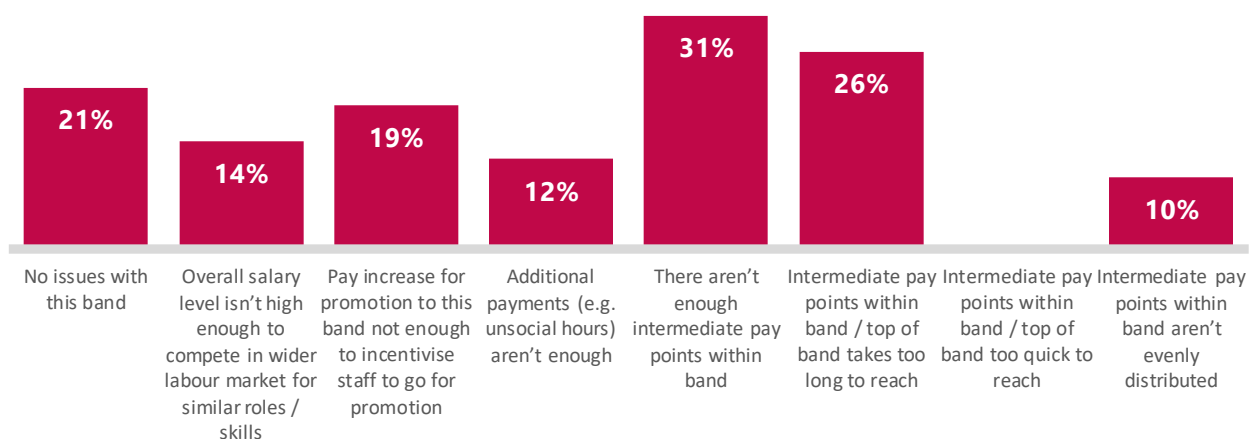
### Band 7



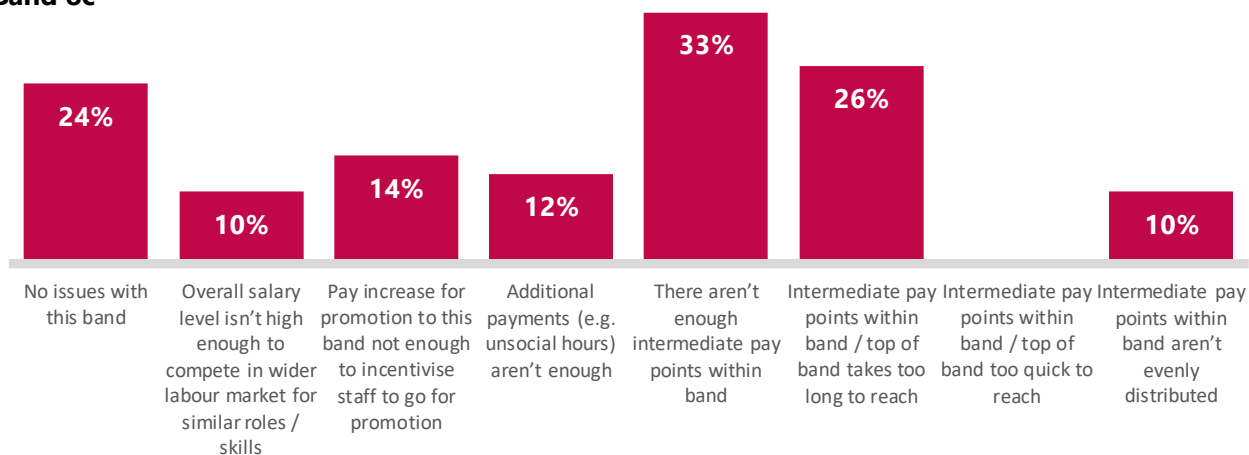
### Band 8a



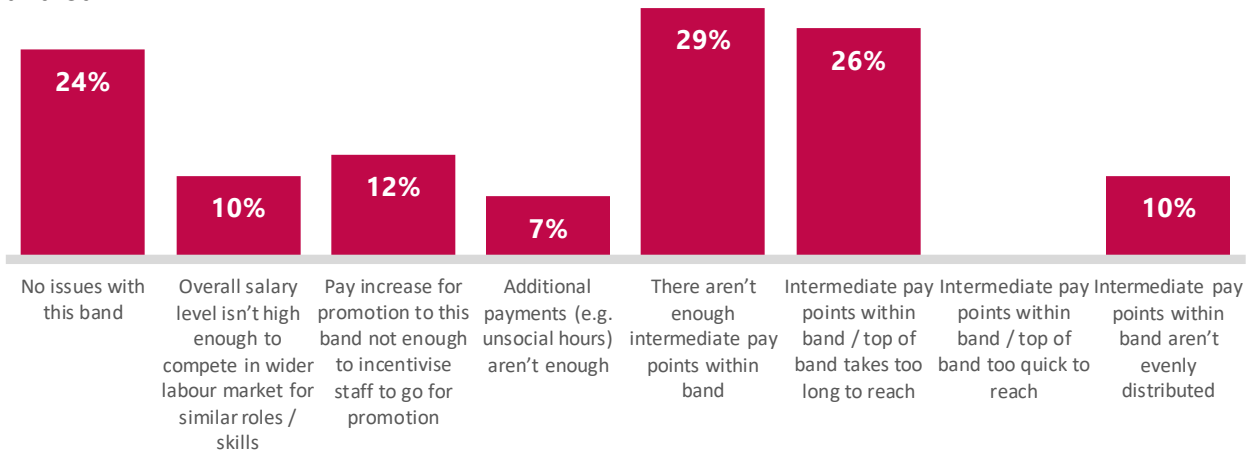
### Band 8b



### Band 8c



### Band 8d



### Band 9

