Department of Health & Social Care

Supplementary Evidence for the NHS Pay Review Body (NHSPRB): Review for 2018

Supplementary Evidence from the Department of Health and Social Care

February 2018

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Question1

Is there any data on the efficiency savings yielded by the measures listed in para 3.14?

Answer

The Monitor Annual Reports and Accounts 2016/7 provide further information on efficiency savings .Please see page 21 – Finance and use of resources.

https://www.gov.uk/government/publications/nhs-improvement-annual-report-and-accounts-201617

The quarterly performance of the NHS provider sector is published by NHS Improvement and page 20 sets out performance on efficiency savings

https://improvement.nhs.uk/resources/quarterly-performance-nhs-provider-sector-quarter-1-201718/

Question 2

Can you provide details of the comparator groups selected for the "whole economy earnings of comparator groups" in Table 4.4?

Answer

The table sets out to provide a comparison based on the attributes of the employee (e.g. level within the organisation and previous qualifications) rather than the type of role that they were performing with salary being weighted heavily in this decision.

Alternatively the following table is based on a mapping of headline groups from the 2016 ASHE survey (ONS Annual Survey of Hours and Earnings). This means that for example, the qualified clinical role is being compared against a group that includes people who require a certain level of qualifications such as teachers and police officers.

NHS PRB Remit Group	HCHS Earnings Earnings per Headcount		Whole Economy Earnings of Comparator Group Means		Percentage Change	
					Comparator Group 2012 to 2016	HCHS Group 2012/3 to 2016/17
	2012/13	2016/17	2012	2016	Mean	Mean
Hotel, Property & Estates	£23,552	£24,241	£17,823	£19,240	8.0%	2.9%
Support to Clinical Staff	£17,798	£18,473	£13,558	£14,126	4.2%	3.8%
Central Functions	£16,950	£17,513	£18,590	£19,386	4.3%	3.3%
Qualified Health Professionals	£38,768	£39,976	£34,933	£36,236	3.7%	3.1%
Managers	£47,974	£47,038	£52,654	£52,677	0.0%	-2.0%

In terms of the results we can see that the same trends emerge – earnings growth looks to have been higher in the wider economy when compared with the NHS although there are some differences in terms of the magnitude of the difference and the salary levels.

Details of the mapping used are as follows;

ASHE Group	ASHE Description	NHS Comparison Group
Managers, directors and senior officials	A significant amount of knowledge and experience of the production processes and service requirements associated with the efficient functioning of organisations and businesses.	Managers
Professional occupations	A degree or equivalent qualification, with some occupations requiring postgraduate qualifications and/or a formal period of experience-related training.	Qualified Clinical
Associate professional and technical occupations	An associated high-level vocational qualification, often involving a substantial period of full-time training or further study. Some additional task-related training is usually provided through a formal period of induction.	Qualified Clinical
Administrative and secretarial occupations	A good standard of general education. Certain occupations will require further additional vocational training to a well-defined standard (e.g. office skills).	Central Functions
Skilled trades occupations	A substantial period of training, often provided by means of a work based training programme.	Hotel, Property & Estates
Caring, leisure and other service occupations	A good standard of general education. Certain occupations will require further additional vocational training, often provided by means of a work-based training programme.	Support to Clinical
Elementary occupations	Occupations classified at this level will usually require a minimum general level of education (that is, that which is acquired by the end of the period of compulsory education). Some occupations at this level will also have short periods of work-related training in areas such as health and safety, food hygiene, and customer service requirements.	Hotel, Property & Estates

Question 3

Which aspects of “pay reform” have contributed to the cost of the pay bill per FTE in the last year (para 4.3) and between 2011/12 and 2016/17 (para 4.17 and Table 4.5)?

Answer

This is an error in the wording of the explanation. Pay reform is one of the possible factors that could influence the change in the pay bill. The explanation has been amended in paragraph 4.17 and figure 4.6 and a revised version of the evidence will be published. Pay reform has not contributed to the cost of the pay bill in the given period.

Question 4

Is there further information available on the work to develop a better way to measure staff morale through the NHS Staff Survey (through NHS England working with Professor Michael West) (para 5.77) and how quickly might meaningful data become available to the Review Body?

Answer

The Staff Survey Advisory Group is currently considering options for including new questions in the NHS staff survey on which a new measure of ‘morale’ could be based. If any changes are made to the survey, they would take effect for the 2018 Staff Survey (which will be launched in August), the results from which will be published in Spring 2019

Question 5

Is there more information on the national “bank strategy” under development (para 5.47) and when will we see the strategy in final form?

Answer

A national ‘bank’ strategy was developed to increase bank staff utilisation across trusts/STPs and decrease temporary (agency) staffing spend. Phase one of the bank rollout was completed by December 2017 and the key objective of the rollout is to increase bank fill rates. Early results have shown that 98% of STPs now have a collaborative bank or bank back office in delivery or development within them and 94% of trusts have a medical bank in development or delivery. In addition, medical bank fill rates improved from 23% in a survey of data from 2016/17 to an average of 43% in October to January 2017/18.

In 2018/19 NHS Improvement’s central Agency team will continue to focus on supporting the improvement of medical banks and the implementation of collaborative banks. In addition, on-going support will be provided through the regions.

On the wider strategy, in October 2017 the Secretary of State announced pilots focusing on improving the staff experience of banks – including use of mobile phone booking apps and prompter payment. This is an opportunity for trusts to develop staff bank best practice, help reduce their agency spend, and be recognised as leaders in the use of technology to deliver safe and efficient flexible workforce solutions. The pilots are due to commence in April 2018.

Question 6

In 2017, NHSPRB recommended that pay awards should not have unintended consequences in reducing take-home pay when crossing pension contribution thresholds. What evidence will the NHS Pension Scheme's Advisory Board take into account in reviewing the position (para 7.8)?

Answer

The current benefit structure of the NHS Pension Scheme is costed based on the scheme receiving an average member contribution of 9.8% of pensionable pay. How the scheme approaches collecting 9.8% across members is a matter of contribution design. Indexing contribution tier boundaries (for example, with general increases to the AfC pay scale) is one such design consideration.

In reviewing member contributions, the Scheme Advisory Board will take into account the scheme membership profile, looking at the distribution of pay levels and the nature of benefit accrual. This is derived from scheme membership data.

In evaluating the effect of potential contribution structures, the Board is encouraged to consider the need to minimise the risk of opt-outs from the scheme across the whole membership and to ensure the scheme remains sustainable and valuable part remuneration, affordable to all members.