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CHARTERED SOCIETY OF PHYSIOTHERAPY

Evidence to the NHS Pay Review Body, 2024/25 pay round
Chartered Society of Physiotherapy

To: Stephen Boyle, Interim Chair
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The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 65000 chartered physiotherapists, physiotherapy students and support workers. We are responding in our role as the voice of physiotherapy and as the trade union body that represents NHS physiotherapy staff.

Registered physiotherapists are autonomous practitioners, able to independently assess, diagnose and prescribe medicines. Physiotherapists work as clinical leaders and multi-professional team members, supporting patients in hospital, home, community work and leisure environments.

Working under the delegation of a registered health care professional, physiotherapy support workers enable people to regain mobility after injury or illness, provide hands-on care for people with individual and group exercise programmes, support carers, and deliver education to empower people to manage their health.

The physiotherapy workforce works across private health, sports, the military, the voluntary sector and social care. Approximately 60 per cent works in the NHS. Physiotherapy is a critical part of treatment pathways for a range of clinical areas: musculoskeletal/ orthopaedics, brain and spinal injury trauma, neurological, respiratory, and cardiovascular conditions, cancer, pelvic health, and many more.
As of September 2023, the CSP represented:

- 27300 registered NHS physiotherapy staff in England, 1400 in Northern Ireland, and 1700 in Wales.
- 5900 NHS physiotherapy support workers in England, 200 in Northern Ireland, and 500 in Wales.

In setting out our evidence, we have specifically addressed the key questions raised by the PRB in the call for submissions.

To summarise our key points:

- The 2024/25 pay round must deliver a timely pay award that begins to address the long term decline in wages through an above inflation rise;

- Structural reforms to the AfC pay scale needs to be explored – and properly funded – to remove barriers to retention and career progression;
- National pay-setting processes require reform, that should seek to reestablish confidence in the process;
- The outstanding commitments from the 2022-24 pay agreement concerning NHS terms and conditions need to be completed and taken forward by all relevant stakeholders as a priority. This includes system-wide efforts to ensure all staff are in the right pay bands for their responsibility and skill level.

We would be pleased to supply additional information on request. We welcome the opportunity to provide further oral evidence.

1. How the physiotherapy workforce can address NHS & socio-economic challenges; and barriers to achieving this

The physiotherapy workforce is essential to reducing demand on GPs, cutting hospital admissions, reducing length of stay in hospital and need for residential care. However, access to physiotherapy services is severely limited across the NHS. As services have never been provisioned to meet population need, a focus on NHS vacancy statistics only gives a partial picture of this under resourcing.

For example, Chronic Obstructive Pulmonary Disease (COPD) is the second highest cause of emergency admissions. However, in 2021/22 only 37 per cent of the 538200 eligible patients were referred for pulmonary rehabilitation.[1] Increasing access to pulmonary rehabilitation can only happen with an expansion of Pulmonary Rehabilitation teams that are predominantly made up of physiotherapy staff.

This recruitment challenge will only be met if local and system-wide recruitment initiatives are underpinned by an NHS pay offer that incentivises current and future physiotherapy staff to join and remain in NHS employment.

A sole focus on recruitment would be insufficient. Nearly 7 per cent of registered physiotherapists and 8 per cent of physio support workers leave the NHS, a rate on par with nursing. Among physiotherapists leaving the NHS, 49 per cent do so within the first 5 years of their careers.[2]

Principal reasons for this – as reported by CSP members – are: the lack of staffing and resources to provide high quality services to meet patient needs; the lack of time to improve services; inflexibility in working arrangements; and a lack of training opportunities and career progression.[3] These concerns are additional to – and compounded by - dissatisfaction with base pay.

Focus group illustrative quote[4]: *"In MSK - we've seen more and more patients unable to work and becoming more and more complex as wait lists are so long. With appointment times we just aren't able to provide effective care for so many people- something needs to give, and so often that's talented physios walking away from the profession".*

[1] NHS Digital. Quality and Outcomes Framework, 2020-21. London NHS Digital; 2021. & British Lung Foundation. Chronic Obstructive Pulmonary Disease Statistics. London: British Lung Foundation; n.d. (British Lung Foundation is now Asthma + Lung UK)

[2] NHS England. Presentation by NHSE retention leads at AHP Workforce on Education Strategic Oversight Group; unpublished London: NHS England; 2021.

[3] The Chartered Society of Physiotherapy. Boost physio numbers to tackle public dissatisfaction with the NHS, says CSP. London: The Chartered Society of Physiotherapy; 2023.

[4] Here and throughout, focus group evidence provided by CSP members employed within the NHS, run January 2024;

2. The CSP's position on the 2024/25 pay round

The CSP is participating fully in the Pay Review Body (PRB) process for the 2024/25 pay round.

However, we have ongoing concerns about the timeliness of the process. The UK government's remit letter for 2024/25 was sent unreasonably late in 2023, with an instruction for PRB recommendations "by May" 2024. Any pay rise to emerge from the process will not be in place for our members by the start of the 2024/25 financial year in April. This will mean a continuation of financial uncertainty and insecurity for our members.

We are also concerned with the wording of the UK government's remit letter instructing the PRB to consider the "historic nature" of 2023/24 pay awards and the government's "affordability position" when compiling its recommendations.

The real-terms pay cut seen by our members last year was – unfortunately – not 'historic'. It was a continuation of a long-term trend which has seen double digit real-term salary cuts for Agenda for Change (AfC) staff since 2010.

We remind the PRB that its Terms of Reference require it to produce recommendations that consider "the need to recruit, retain and motivate suitably able and qualified staff into the NHS", and that these concerns are not outweighed by those within the government's remit letter.

Furthermore, the PRB pay-setting process requires reform. We are an active participant in the *Pay Setting Process* workstream agreed as part of the 2022-24 pay award. We are contributing on the expectation that relevant stakeholders take forward all agreed recommendations as a priority.

3. Pay strategy: What should be the pay strategy for the AfC structure? In particular, what should the strategy be at the bottom of the scale?

Each nations' government pay strategy needs to address the recruitment & retention crisis in the NHS. As a priority, this requires a pay-led redress to the issues of morale and job satisfaction experienced by current NHS staff.

The latest NHS staff survey (England) shows that only 23.2 per cent of physiotherapy staff reported being satisfied with their level of pay in 2022, down from 42.9 per cent in 2019. Only 17.1 per cent of AHP support workers reported being satisfied with pay in 2022. While 2023 staff survey data are not yet available, this dissatisfaction must be assumed to have worsened last year, where staff saw a real-terms pay cut and a peak in the cost of living crisis.

In a January 2024 focus group of 70+ NHS physiotherapy staff (UK wide scope), 89 per cent of CSP members reported experiencing increasing food, grocery and household supply costs in the past 12 months. 83 per cent experienced increasing utility bills, and 63 per cent experienced increasing transport costs.

This dissatisfaction – and inability to maintain household spending power - worsens the NHS' recruitment and retention crisis.

In our January 2024 focus group, 63 per cent of responding NHS physiotherapy staff reported that cost of living considerations alone had caused them to seriously consider physiotherapy jobs outside the NHS. 45 per cent reported seriously considering leaving the physiotherapy profession for the same reasons – indicative of the fact that many private health services benchmark their terms and

conditions to NHS AfC, meaning that low NHS wages disincentivises both private and public-sector health careers.

Those staff that remain in NHS employment report that their wage's failure to match cost of living rises have contributed to a decline in morale and service resilience - leading to negative outcomes for staff and service users alike. These declines do however have to be seen in the wider context of the understaffed and under resourced health service that has emerged from a decade-plus of government austerity. Reflecting on the causes of health service workers' low morale, our members said

- "Mounting caseloads, limited flexibility, there seems to be no let up in caseloads currently, and because the trust is short of money, more staff is not an option" *Band 7 physiotherapist*
- "Low pay - not saving anything for the future; poor facilities, not enough quality therapy time to spend with patients" *Band 6 physiotherapist*
- "Exhaustion, burnt out, not feeling heard, underpaid for years; Being asked to do more with less, less experienced staff so things are harder as training them as well as covering more" *Band 6 physiotherapist*
- "Never able to meet patient facing targets due to staffing issues, feel like you can never do enough" *Band 5 physiotherapist*
- "Morale not helped by a pay deal that was considerably less favourable than we all hoped it would be." *Band 7 physiotherapist*

In light of these considerations, all NHS employed staff must for 2024/25 receive a timely pay award greater than the rate of inflation. This decisive action is needed: to address the urgent issues with retention of existing staff; and to provide a meaningful pay increase to help NHS staff cope with the impact of high inflation. Such a pay rise for 2024/25 should come with a firm commitment from government to address real-terms decline in the value of NHS pay scales over a clear timetable

This would not only help the NHS recruitment and retention crisis. An investment in pay is critical infrastructure for the UK, supports the economy and is essential for the delivery of the Government's NHS Long Term Workforce Plan.

The broader socio-economic case for NHS pay – outlining how a pay rise for NHS staff is economically sensible, necessary to support NHS services, essential for staffing a cost of living crisis, and broadly supported the public – is made in the staffside *case for pay* compendium, published publicly in parallel to this year's PRB process - available in URL below.[5]

Looking across AfC's structure:

- The bottom of AfC pay scale warrants some particular attention; with lower-income households being disproportionately impacted by national inflation trends. Feedback from our physiotherapy support worker members also indicates the retention rates for these roles are more impacted by comparative wage rates of non-healthcare sectors.
- The CSP considers there to be additional 'problem points' in the AfC pay scale that require structural reform, as they create barriers to career progression. Currently staff who apply from the top of a Band 7 to a Band 8a role will only see a small rise in pay, a loss of any overtime pay and then a five-year gap until their final step point. This proves a disincentive for staff to take on those leadership roles, especially at Band 8a.

[5] Our case - #WithNHSStaff; 09/02/2024 – direct link: https://withnhsstaff.org/wp-content/uploads/The-case-for-investment-in-NHS-pay-2024.pdf

4. Gender and ethnicity pay gaps: What practical measures could be taken to address the gender and ethnicity pay gaps in the NHS?

NHS partnership working forums in each UK nation have an established and ongoing role in challenging gender- and ethnicity-based injustices within the NHS workforce.

The CSP continues to call for the following practical measures to address gender and ethnic pay gaps within local, regional and national health systems:

- Develop and enhance talent management strategies that focus on supporting female and staff from ethnic minorities through their career journey in the NHS;
- Work with Trade unions, professional bodies and local staff networks to take an intersectional approach to identifying collaborative actions that will support pay equality;
- Developing management guidance and resources to upskill line managers on inclusive people practices;
- Improve access to and widen participation of apprenticeship programmes and look to join these up within the local community that an organisation serves;
- Ensure organisations undertake best practice when recruiting internationally qualified staff, providing supportive programmes prior to, at and following onboarding;
- Ensure the use of inclusive recruitment and promotional practices to employ applicants and retain employees from all communities;
- Consider and take action on the gender pension gap created by female staff taking maternity leave.

5. National Living Wage (NLW): How should the AfC structure be positioned relative to the NLW?

To provide NHS staff and their household's a decent standard of living, and to limit the loss of NHS staff to non-healthcare careers due to a lack of wage competitivity, all NHS staff should earn at least the Living Wage Foundation-derived Real Living Wage.

In recent years we have seen the impact of late pay rises and/or insufficient uplifts resulting in pay at the lower end dropping below the National Living Wage - with special arrangements needing to be made to increase the salaries accordingly. This is not sustainable or desirable, and we would support a review at the bottom of the structure to identify a mechanism that would address this.

6. Northern Ireland: What has been the impact of the absence of a pay award in 2023 in Northern Ireland?

The lack of a pay award for 2023-24 – which for other nations included additional non-consolidated payments for 2022-23 – has resulted in a prolonged industrial dispute between HSCNI and staffside unions, including the CSP.

To date, the CSP's HSCNI-employed members have been called to take 1.5 days of industrial action. Our dispute – and industrial mandate – remains ongoing. As power sharing returns (as of Feb 2024) all industrial options remain on the table in pursuit of a fair and backdated pay award.

However, even with the return of power sharing – and therefore a constitutional mechanism to make a pay award - there are concerns that:

- The current financial package available will not be sufficient to deliver a fair pay award that at least mirrors that in England for 2022-24; and
- Longer-term, the Barnet Consequentials do not cover all the costs of recommended pay uplifts

In terms of service impact:

- within Northern Ireland services, the CSP's workplace representatives report that service managers are finding it harder to recruit staff from England due to the pay difference.
- in parallel to these barriers to recruitment, HSCNI's ability to retain staff has also been negative impacted. As an example: with the Republic of Ireland having seen a significant increase in the funding for its health services, our workplace representatives are reporting that staff living in border areas are leaving to roles in the Republic, while remaining in their home.

7. Impact of devolved pay determination: Does the difference in pay between UK countries impact on where NHS staff choose to live and work? If so, does this apply to staff in general or to particular roles or professions?

Focus group evidence – and intelligence provided by the CSP's workplace representatives – suggests awareness of national differences in AfC pay rates is highest for those staff living and working in border areas.

As would be expected, it is this cohort of NHS staff that are most likely to report national pay differentials having a determinant impact on where they choose to work and/or live – with many staff choosing to remain in their home nation while taking up employment in nations with higher pay rates (e.g. England-resident to Wales- or Scotland-employment patterns; a Northern Ireland-resident to Republic of Ireland-employment pattern)

In focus group discussion, CSP members indicated that in addition to these intra-UK pay differentials, the UK's worsening international pay competitivity must be considered a recruitment and retention risk. Early career physiotherapy staff report proactive attempts by health services in Canada, Australia and elsewhere to recruit NHS staff, with many members indicating they know members who have moved abroad for better pay. As indicated above, this pattern in also seen in Republic of Ireland, with some staff remaining resident in the UK while taking on health service roles in the republic.

8. Job Evaluation Scheme: What actions, including possibly greater support from central bodies, is required to ensure local job evaluation schemes operate effectively?

CSP members accepted the UK government's pay offer for 2022-24 on the understanding that a series of working groups – composed of DHSC, NHSE, NHS Employer, and NHS staffside representatives – would convene to consider a series of non-pay elements. Similar arrangements were included in the Welsh government's final pay offer, also accepted by our members.

The workstream on Job Evaluation (JE) is a critical part of the work. It has long been recognised that there are capacity issues, particularly at a local level that impact on the ability of the JE scheme to deliver a fair and consistent system, able to respond to changes to roles and support career progression.

Many Job descriptions in the system are completely outdated with no robust system in place for reviewing job roles, and therefore their appropriate bandings. As NHS services have modernised it has become critical to address the barriers to a JE system that has the capacity to deliver a fair and consistent structure.

A CSP member contributing to focus group illustrates how the lack of a robust national system leads to discrepancies, inefficiencies, and dissatisfaction locally:

"The biggest problem I see is that geographically roles don't equate to one another - my experience is staff in the South West in a Band 6 pay grade will be doing the work of Band 7 pay grade in many other areas of the UK- for example, team lead. I'm sure this must happen in other areas of UK too. AfC was a good idea but in practice has not been implemented equally, leading to inequal pay for same work.

[In part this is due to services] not wanting to reword job descriptions, due to the time taken to get a JD through banding approval process, and resultant delays in recruitment. [Instead] people apply and are shocked when the job they end up doing is not what was advertised."

The JE workstream is due to report in the summer of this year and the CSP view is that any recommendations need to be taken forward by relevant stakeholders – with initiates fully funded and resourced properly from identified new resources.

To provide a case study example of inconsistent JE systems, and the impact on staffing levels in key services:

- In physiotherapy we have seen the 'First Contact Practitioner' post develop considerably in GP practices in recent years. MSK First Contact Physiotherapists in primary care are experienced clinicians with advanced clinical practice skills. These roles have become hugely important in supporting primary care delivery.
- However, there are considerable differences in FCPs' AfC & AfC-equivalent banding, both within and between nations – this is not helping recruitment efforts, as members do not feel they are being properly rewarded for their work when compared with others in adjacent roles.
- This partially explains why services are still finding recruitment into this area a challenge: NHSE's current policy commitment is for 5000 MSK FCPs - which would provide capacity to manage half of all MSK appointments in General Practice - but in reality currently there are less than 2000 MSK FCPs.[6]

9. Flexible working: How could flexible working be applied across the system? In particular, how could flexible working benefit staff in clinical settings?

Flexible working is one of the best ways health service stakeholders can make positive changes that benefit everyone. Improved access to flexible working arrangements could be a crucial measure to reduce levels of stress and burnout among health workers, and the negative care outcomes this brings to service users.

The CSP contributed and supported the partnership working processes that saw extensive flexible working provisions introduced to the NHS Staff handbook in 2021. These gave most NHS staff contractual rights that – at the time – went well beyond statutory entitlements,

However, despite this and the extension of statutory provisions made in the 2023 Flexible Working Act, take up of formal flexible working arrangements among physiotherapy staff and other NHS professionals remains relatively limited.

Despite the obvious benefits, there's still resistance from some employers – particularly service leads and managers - sometimes due to myths about who flexible working is for, and its perceived impact on individuals and teams. There are also genuine challenges to deliver flexible working in highly

[6] NHS Improvement. Interim NHS people plan. London: NHS Improvement; 2019.

pressured and over-stretched NHS environments where staffing shortages can make filling rotas a daily struggle.

To improve access to flexible working, local health systems should:

- focus on the knowledge and cultural attitudes of service leads and managers; and
- through working with staffside partners better signpost the benefits and local procedures concerning flexible working.

To these ends, the CSP and other staffside unions are joining forces in March 2024 on a new campaign - *Let's Talk About Flex* – to help members understand their flexible working rights and increase flex in the NHS. It also aims to inspire managers to get creative with flexible working in their teams and show how it can reap rewards for staff, the service and ultimately patients.

In early March, we'll launch a new microsite packed with practical examples, FAQs and resources to help members, reps and managers have positive conversations and keep bringing flex to life in the NHS.

Regarding system-wide challenges: we note that the 2021 changes to the NHS staff handbook expected NHS trusts to subject their flexible working policies to an equality impact assessment, and collect and publish data relating to the flexible working requests made by staff. However, these provisions have not yet produced a national data set of flexible working practices within NHS employers. NHS employers should be prompted to produce regular, directly comparable data to feed into a national view of flexible working arrangements within the health service.

In addition to flexible working opportunities within-roles, policies are needed to enable physiotherapy staff to work across sectors with portfolio careers, via access to secondments and sabbaticals. As well as supporting retention of physiotherapy staff, this would enrich the NHS with closer working with - and sharing experience and skills from - other sectors such as academia.

Finally, an increasingly important aspect of flexible working is the consideration of the needs of staff toward the end of their careers, and the importance of identifying ways to retain these experienced staff as long as possible. In light of this the CSP supports on-going work to look at pension flexibilities.

10. Nursing and midwifery review: We expect that the nursing and midwifery review will conclude soon – how should the outcomes of the review be funded

The nursing and midwifery review is part of the on-going national programme of work being undertaken by the Job Evaluation Group (JEG), a sub-group of the NHS Staff Council. One of the roles of JEG is to regularly review profiles to ensure they remain fit for purpose.

The current review of nursing and midwifery profiles is a large-scale project, given the size of the workforce involved, and a priority for the Staff council. It forms part of the on-going work of JEG to help employers meet their legal obligation to ensure pay equality across the workforce. This means there is a need for a continuing programme of work to undertake profile reviews across all areas of the workforce as roles change and develop.

It has been recognised that there are likely to be resource implications to ensure the findings of the review can be implemented locally. The CSP supports the need for separately identified funding, to ensure that JE can be applied consistently and fairly across the system for the whole workforce. Implementation of this review is likely to form one part of this requirement for additional resource.

11. Valuing expertise: What measures could be put in place to recognise and reward expertise across the AfC workforce with a particular focus on those at the top of their band?
- Barriers to Career Progression, and practical measures to address these

There are currently issues concerning progression that span all AfC career pathways – such as limited career progression opportunities, and staff working in inappropriately banded roles.

There are outstanding issues identified as part of the 2018 3 year pay deal as needing to be addressed, such as reforms of the Band 8-9 pay points.

There are also outstanding commitments from the 2022-24 pay award that need to be taken forward, and the CSP is participating in the agreed workstream processes to deliver these commitments on the understanding that recommendations are taken forward as a priority by all relevant stakeholders. However the workstream considering career progression is specifically looking at pathways for nursing. There is a critical need to also consider career progression needs across the whole workforce.

CSP members, discussing via focus group, reported the following recurring barriers to career progression.

- *"Insufficient funding to enable enough Band 5 rotations to be able to meet competencies. [Staff are] therefore unable to get to Band 6."*

- *"No clinical career progression beyond Band 7 - no advance practitioner roles. Leading to a ceiling whereby Band 6s and 7s have no vacancies to move into", and the "lack of clinical roles above B7". This requires physiotherapy staff to move into management-focussed roles or move outside the NHS: "[There is] nowhere to go if you don't want to be heavily managerial or non-patient facing."*
- *"[There are] Ceiling of bandings within physiotherapy. To move above Band 7 you need to move into what was previously 'nurses roles'"*

- *A general "Lack of support or supervision… A Lack of CPD time, Poor identification of Advanced Clinical Practice roles outside of MSK, poor visibility of management tasks, very few B8 jobs to move up" – with multiple members reporting funding issues as the cause for role unavailability.*
- *"Lack of targeted individual training", including "lack of time for mentoring and support"*

- *"Poor preceptorship opportunities"*

- *"No AHP representation on Exec Boards"*

Inappropriate banding

These above barriers contribute to healthcare staff performing tasks and roles inappropriate to their band. This produces particular dissatisfaction for staff working at the top of their AfC Band.

In a focus group of physiotherapy staff, 51 per cent of all participants (n = 71) disagreed with the statement *I regularly have to undertake duties which I believe should be carried out by a higher band.* 57 per cent of all focus group participants agreed that they "regularly have to undertake duties which [they] believe should be carried out by a higher band". (This cohort of members included staff working both at the top, but also mid- and entry points).

Discussing focus group issue, members reported that budget considerations is causing downward pressure on banding decisions for new and replacement roles: *"We currently have folks who are being recruited from Band 7 roles to Band 8a roles, where they were the only person on that service, and their replacements are being recruited at a Band 6 level"*

Members also reported that increases in the populations' needs, concurrent service transformations, and understaffing of services, have together increased the complexity and intensity of physiotherapy roles - without this being acknowledged in local Job Evaluation:

"I'm thinking much more about the intensity of the work that we are now doing. there are points on the agenda for change that allude to the level of multitasking that you need to be able to do, the level of distraction that you are exposed to. And with the intensity that we're feeling in acute hospitals, I think it could be argued that that the job that a Band 6 or a Band 7 would have been doing 10 years ago has a very different pace to them."

Members also describe how staff shortages cause some staff to be tasked with activities that would be more appropriately delivered by lower-banded roles:

- *"It was one of the reasons I left my last post - constantly asked to cover work both below and above Band due to vacancies, and lack of skill in the department)."*
- *"We're encouraged to work below your banding as well. So for example in MSK departments, we can't fill our admin role, so we might only have admin for 60 per cent of the time that the department is open and when it's not open or when they're off sick, they just expect us to use spare time to cover the front desk or do that while triaging - trying to multitask. The whole thing is 'boots on the ground' and they don't really care who's filling them. But paying a Band 7 to do that is clearly a complete waste of money, and it's not fair because they're still expected to do all of that other work."*

Practical measures to improve career progression pathways

- The above issues affect professions across the whole AfC workforce. They need to be addressed in a way that all staff feel valued and treated fairly and equitably. The NHS relies on close co-operation with staff working across a range of job roles. Although there may be some differences in the key areas of concern between particular professional groups related to career progression, it is critical that barriers for all groups are addressed. A focus wholly on one profession - or separate arrangements for a single profession - risks causing serious damage to staff morale and motivation. It would also impact negatively on multi-disciplinary team roles and teams across the NHS - necessary for delivering the NHS' service transformation ambitions.
- Specific attention and funding is to remove those barriers to retention and career progression fund in in the AfC pay and earnings structure, such as issues around renumeration when moving from Band 7 to 8a.
- An opening up of opportunities for AHP leadership by ensuring more open recruitment to jobs that do not need to be undertaken by a specific profession.
- A system-wide effort to ensure that all staff are in the right pay bands for their responsibility and skill level (see section 8 on Job Evaluation)
- Contributing via focus group discussion, CSP members also offered the following arrangements that if rolled out at a local or regional health-system level can improve career pathways for AHPs and other healthcare workers:
    - *Organisational investment in Advanced Clinical Practice role creation*

- *Increased availability of CPD; and better time protection for staff CPD*
- *Career clinics, coaching and mentoring*
- *Mentoring*
- *Improving access to Act up opportunities*
- *More AHP leadership opportunities*
- *More static B6 roles*

12. Progression at Band 8: Five-year increments at Band 8 can act as a disincentive to staff to seek promotion. Is this affecting recruitment and retention of staff at this level? What solutions could be put in place?

Band 8 roles are often the critical roles in providing leadership and a high level of clinical skills and knowledge. Progression into and through this point in AfC is an area already highlighted in our evidence (see section 3) as needing consideration. It is an area that the CSP would strongly support reforming.

There are a range of solutions that could be considered to help address the issue; but we would see this as part of a wider piece of work to undertake the structural reform needed at various points of the system.

13. Agency spend: What current measures are in place to reduce agency spend and what further measures could be taken? What are the barriers to implementing further measures to reduce agency spend?

CSP members accepted the UK government's pay offer for 2022-24 on the understanding that a series of working groups – composed of DHSC, NHSE, NHS Employer, and NHS staffside representatives – would convene to consider a series of non-pay elements. Similar arrangements were included in the Welsh government's final pay offer, also accepted by our members.

Work is at an early stage, but it is the CSP's expectation that relevant stakeholders will take forward all recommendations agreed from these working group processes. This includes the agreed workstream on Agency Spend.

14. Apprenticeships: How could current barriers to expanding apprenticeship opportunities be overcome?

CSP members accepted the UK government's pay offer for 2022-24 on the understanding that a series of workstreams – composed of DHSC, NHSE, NHS Employer, and NHS staffside representatives – would convene to consider a series of non-pay elements of NHS AfC. Similar arrangements were included in the Welsh government's final pay offer, also accepted by our members.

Work on apprentices is at an early stage, but it is the CSP's expectation that relevant stakeholders will take forward all recommendations agreed from these workstream processes.

The workstream on *apprentices* is specifically looking at measures, through amendments to the AfC Handbook, to ensure those working within the health service can move to an apprenticeship without loss of pay.

The workstream is not addressing the pay of those coming into the NHS to undertake an apprenticeship. This is still a potential barrier at a time when the NHS should be doing all it can to recruit through different routes, including the use of apprenticeships.

Through the workstream and other forums, the CSP continues to call for the following practical measures to overcome barriers to expanding existing apprenticeship opportunities:

- Review the level and use of the levy;
- Agree that the apprenticeship arrangements held within the AfC handbook should be seen as best practice - as a minimum - for those providing services to the NHS;
- Look to overcome issues for those undertaking an apprenticeship that transfer either in or out of Annex 1 employers;
- Review AfC Annex 21, which is not fit for the NHS' ambitions to expand apprenticeship opportunities;
- Fund backfill for those staff undertaking an apprenticeship;
- Review the role of staff as clinical educators and the impact on workloads.

15. Workforce Planning: How effective are current workforce plans across England, Wales and Northern Ireland? How are these plans monitored and evaluated?

The NHS workforce plan for England is welcome, in that it recognises the need to expand staffing for rehabilitation services, particularly those in community.

However, more physiotherapy staff in the NHS are required at all levels of practice to meet both the NHS Long Term Workforce Plan's ambitions to expand the community workforce; and the Government's 2023 Mandate to NHS England to continue the shift towards community-based care.

The *potential* supply of registered physiotherapists in the UK is booming, and increasingly diverse, with a 108 per cent increase in the last 12 years and room for further growth with high demand for physiotherapy training.[7] But, growing physiotherapy supply is not yet being utilised by the NHS. Growth in registered physiotherapy staffing numbers was less than a third of that of the growth in registrant numbers in the same period. 93 per cent of NHS physiotherapy managers say that they do not have sufficient staff to meet need, or provide services within NHS guidelines.[8]

In order to utilise the clear opportunity to quickly expand physiotherapy staffing numbers, we need to overcome the NHS recruitment and retention crisis. Action required to realise the physiotherapy workforce solution for the NHS and meet the ambitions of national workforce planning include:

- Developing staffing levels guidance to deliver rehabilitation as part of different condition pathways – working with the CSP and other professional bodies;
- Encouraging NHS retention pilots to include: a focus on the physiotherapy and other Allied Health Professions workforce; the implementation of apprenticeships; flexible working policies; and a positive approach to cross sector working and secondments to increase retention;
- All the above is additional to – and needing to be complemented by – a base pay award that incentivises staff to join and remain in NHS employment.

The CSP would welcome further discussion around the collaborative work required to deliver the ambitions set out in the Plan.

In **Wales**, workforce planning is developing at a rapid pace and is continuing to improve. Health Board Integrated Medium Term Plans (IMTPs) are submitted to the Welsh Government annually and project the needs of the Health Board for the next 3 years. The Health Education and Improvement Wales (HEIW) annual plan provides the yearly commissioning numbers for all health training in

[7] Health and Care Professsions Council. Increase in supply of registered physiotherapists; CSP data request. London: Health and Care Professionsl Council; 2023; The Universities and College Admissions Service (UCAS). BSc degrees: CSP purchased data. Cheltenham: UCAS; 2021.

[8] North of England Commissioning Support Unit. Physiotherapy workforce review: unpublished but available on request. London: The Chartered Society of Physiotherapy; 2023.

Wales, and takes account of the IMTP projections from health boards. This process lacks monitoring or accountability in that HEIW commissions the training. but there are no feedback mechanisms to ensure those trained end up working in the vacancies predicted by the Health Boards in the 3-year IMTP projections.

A longer-term plan is in its infancy in Wales, and should use more health and population projections into the next decade, allowing more long term planning of the workforce training and commissioning process. In 2020, the Welsh Government commissioned HEIW in partnership with Social Care Wales to develop "*A Healthier Wales: Our Workforce Strategy for Health and Social Care Workforce*" setting a 10-year strategic direction and vision for workforce transformation. While this step was welcome it lacks an evidence-based needs assessment of the population and corresponding workforce requirement. The 2020 strategy is supported by the 2023 National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges. The Plan will be overseen by a Strategic Workforce Implementation Board, on which we have representation in a trade union capacity. The board oversees the delivery of the strategic plan and our view is that this board should continue to be strengthened in its role of implementing the plan.

16. Data: How could comprehensive leaver data be made available, which includes the reasons for staff leaving the service and where people are moving to including other parts of the NHS, system, social care and private health providers?
- Staff survey data: Are there any plans in place to run comprehensive staff surveys across Wales and Northern Ireland on at least an annual basis?
- Vacancy data: How could the NHSPRB access more granular data on the vacancies within professions across the AfC contract?

We have concerns that the PRB – and other stakeholders – access to granular and comprehensive system data will be limited without a properly resourced and staffed data service within the NHS. The capacity for NHS system stakeholders to respond to our ad hoc and regular data requests has been curtailed in recent years. NHS system stakeholders have reported to us in confidence that this has been due to the cuts in workforce numbers seen at NHS Digital (now part of NHS England).

Concerning the PRB's specific questions around data availability and usage: CSP members accepted the UK government's pay offer for 2022-24 on the understanding that a series of working groups – composed of DHSC, NHSE, NHS Employer, and NHS staffside representatives – would convene to consider a series of non-pay elements.

Work is at an early stage, but it is the CSP's expectation that relevant stakeholders will take forward all recommendations agreed from these working group processes. This includes the data substream of the agreed *Pay Setting Process* work stream.

-Ends-

Elaine Sparkes,

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