



Department
of Health

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27 FEB 2018

Thank you for your correspondence of 30 January to Jeremy Hunt on behalf of a number of your constituents about the NHS.

I appreciate your constituents' concerns and I am grateful they brought their concerns and issues to your attention.

NHS staff do a fantastic job in delivering world-class care. Even with increasing pressures on the NHS due to, amongst other things, an ageing population and changing public expectations, they work incredibly hard, always putting patients first and keeping them safe whilst providing the high-quality care we all expect. We want to recognise their hard work, and make sure that the overall pay package is fair and also affordable to taxpayers.

The NHS spends around two-thirds of its entire budget on pay (the NHS pay bill is currently £46.8billion) and our priority is to balance the needs of patients with the interests of hardworking staff. To do this we rely on the independent pay review body (PRB) process. The PRBs include independent experts and carry out their work in a transparent manner, considering very carefully all the written and oral evidence they receive on the state of recruitment, retention and motivation of NHS staff.

We know pay restraint has been challenging and we are listening to the concerns of NHS staff and their representatives. We have also listened to staff who tell us that they want to know they will have the right number of colleagues working alongside them in hospital or in the community.

Pay restraint has helped the NHS to recruit an additional 32,300 professionally qualified clinical staff since 2010, including 10,100 more nurses on our wards. There are currently over 52,000 nurses in training, and more than 3,500 nurses have participated in the Return to Practice Scheme.

We have already confirmed that the across-the-board one per cent cap on public sector pay increases will no longer apply to pay awards for 2018/19. This is due to a recognition that, in some parts of the public sector, flexibility to go above the one per cent may be required to ensure continued delivery of world-class public services.

In the Budget we announced that, in order to protect frontline services in the NHS, we are committing to fund pay awards as part of a pay deal for NHS staff on the Agenda for Change contract, including nurses, midwives and paramedics.

Public sector pay packages will continue to recognise workers' vital contributions, while also being affordable and fair to taxpayers as a whole.

The independent PRBs will, as is usual practice, consider written and oral evidence from a range of stakeholders, not just from the Government, including NHS Employers and NHS Providers that represent NHS trusts, NHS trades unions, NHS Improvement and Health Education England. We will consider carefully the recommendations from the PRBs for the NHS.

It is worth stressing that the NHS is one of very few public sector workforces that receives incremental pay progression. In the NHS, over half a million Agenda for Change staff receive incremental pay of around three per cent a year on average, in addition to annual pay awards. A qualified nurse can typically expect seven years of pay progression averaging 3.8 per cent a year, in addition to annual pay awards. NHS staff also have access to a competitive pension scheme, generous annual leave, benefits that go well beyond the statutory minimum and the right to request flexible working to help them better manage their personal and family commitments.

We are doing our part to ensure the NHS can afford to employ the permanent staff it needs by clamping down on temporary staffing agencies taking advantage of local staff shortages, encouraging employers to develop their own staff banks and to make the purchasing power of the NHS work for them so they can reduce costs. We want all NHS employers to invest in and focus on their permanent workforce.

How staff feel about their employer and their working environment is of course crucial. The PRBs look carefully at a range of indicators to determine how staff engagement affects the morale and motivation of NHS staff.

The 2016 NHS Staff Survey (the latest available) shows that overall staff engagement continues to improve for the majority of Agenda for Change staff. Although we know that there are variations for some staff groups and that we must not be complacent, for nurses and midwives, morale and motivation has improved since 2015.



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We continue to encourage employers to focus hard on the overall employment offer and, through pay and non-pay benefits, make their organisation a place where every single member of the healthcare team wants to work, where staff receive the training and support they deserve, and where poor care, poor behaviour, bullying and harassment is not tolerated.

With regard to funding, we know that the NHS is facing many challenges and that there are increasing pressures on the health and care system due to, amongst other things, an ageing population, changing public expectations and the cost of new drugs.

We have already committed to backing the NHS with an additional £10billion in real terms by 2020/21. We have now committed to backing the NHS in England further. By 2019/20, it will have received £2.8billion more for frontline services than was previously planned, including £337million this winter to help trusts to increase capacity.

It was announced in the Budget that we will deliver an additional £10billion of capital investment over the course of this Parliament. Sir Robert Naylor's review of NHS property and estates estimated the need for additional investment in the health estate at £10billion, which will come from Government, private finance projects and the disposal of surplus land. The Government will provide over £3.9billion of capital for the NHS, which is more than its share set out in the report. This will support the NHS to increase the proceeds from selling surplus assets by £3.3billion.

With regard to Dr Bawa-Garba, I should be clear that it is not appropriate for the Department or its ministers to comment on a Court ruling.

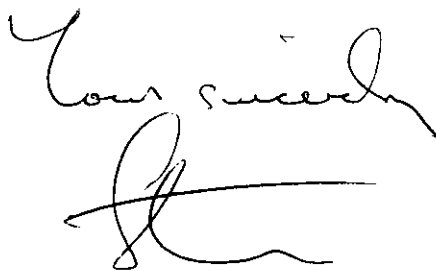
It is important, however, that we reflect on the lessons that can be drawn from this case and consider what more needs to be done to achieve a culture where genuine mistakes are not punished, but where professionals are still held responsible when they provide unacceptable standards of care.

I understand the concerns that the recent case of Dr Bawa-Garba has raised. The Secretary of State for Health and Social Care announced on 6 February that he has asked Professor Sir Norman Williams, former President of the Royal College of Surgeons, and senior lawyers to conduct a rapid review into the application of gross negligence manslaughter in healthcare. The review will consider:

- how the vital role of reflective learning, openness and transparency is protected so that mistakes are learned from and not covered up;
- where the line is drawn between gross negligence manslaughter and ordinary human error in medical practice, so that doctors and other health professionals know where they stand with respect to criminal liability or professional misconduct; and
- the lessons that need to be learned by the General Medical Council and other professional regulators.

We expect the report to be delivered before the end of April.

I hope this reply is helpful.

Yours sincerely


STEVE BARCLAY