



Royal College of Midwives

RCM evidence to the NHS Pay Review Body 2024

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives and maternity support workers (MSWs) in the UK. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for, and on behalf of, midwives and MSWs. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

When the RCM submitted its evidence to the PRB in 2023 we were in dispute over pay and retention measures in both England and Wales, and about to ballot members in Northern Ireland. In England and Wales, pay was agreed through a negotiated settlement with a non-consolidated payment for 2022/23 and consolidated increase for 2023/24, along with a series of non-pay measures. In Northern Ireland, however, HSC staff have still not received any improvement to pay for 2022/23 and no increase for 2023/24. The RCM remains in dispute in Northern Ireland; we welcome the return of the Executive but are clear that resolving the pay disputes in the HSC must be an absolute priority as it is critical to the retention of midwives and MSWs.

Though RCM members in England and Wales accepted pay offers in 2023, these did not address the real terms pay cuts suffered over more than a decade and cannot resolve the workforce crisis in the NHS. Although non-consolidated payments provided a cash injection during a cost of living crisis they do nothing to address longer term pay losses or support the recruitment and retention of staff. It is imperative that a pay award for 2024/25 is consolidated across the board.

Midwives and MSWs also want to see real action on the non-pay measures, with any recommendations which come from the ongoing working groups fully funded in addition to headline pay increases. We note that, as in previous years, NHS pay for Agenda for Change staff in Scotland will be decided through collective bargaining. In Scotland pay rates are now significantly higher than the rest of the UK, with a midwife at the top of Band 6 on £46,100 (almost £3,500 more than in England).

Safety is under the spotlight in maternity services, with increasing numbers of units downgraded by the CQC. This is symptomatic of the systemic pressures being exerted on services due to increasingly complex care, staff shortages and high levels of staff burnout. Urgent action on staff retention is vital; pay, though not the whole answer, is absolutely key. Midwives and MSWs are burnt out and services are often running on goodwill which is fast depreciating. Morale and motivation are at rock bottom and highly skilled midwives and MSWs need to see their work valued with fair pay and recognition of the societal benefits of safe, high quality maternity services.

Our evidence to the PRB

Our evidence this year draws on:

- A survey of Heads of Midwifery (HoMs) and Directors of Midwifery (DoMs) from across the UK, conducted in the final quarter of 2023, which received 45 responses;
- A survey of RCM members in England, carried out in March 2023, which received just under 4000 responses;



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- Listening sessions with over 100 activists held in November and December 2023; and
- Official workforce data and results from the most recent NHS Staff Survey in England.

It includes:

- The pay setting process
- Staffing shortages
- Morale and motivation
- Pay and the cost of living crisis
- Conclusion and recommendations

The pay setting process

One of the non-pay measures of the England pay deal was a review of the pay setting process. Whilst work on timings and appointments is yet to get underway, the group that is tasked with looking at the role of the NHS Staff Council in the pay process has begun to meet.

As in previous years, we want to highlight that the Secretary of State's continued insistence that the pay award be 'affordable', in addition to the delayed publication of the remit letter by the Westminster Government, has a significant impact on midwives' and MSWs' morale and motivation. The cost of a decent pay award should be weighed against the costs of not taking action to stem the tide of midwives leaving the NHS. Pay is a key factor in recruitment and retention: there is no resolution to the growing crisis in maternity services without it.

The RCM would like to see a mechanism for the Staff Council (where the experience and understanding of the pay structure sits) to negotiate and address structural issues facing the Agenda for Change system. This includes pay on promotion, particularly at Band 7-8a (with just £896 between bands, loss of overtime pay and fewer unsocial hours leading to real disincentive to apply for promotion) and 2-3 (with changes to unsocial hours payments).

Maternity staffing shortages

- Workforce

The NHS has many staffing shortages, but the maternity staffing crisis is particularly severe and longstanding. The latest NHS workforce statistics for England show that despite the upward trend in midwife numbers, the proportion of England's NHS workforce made up of midwives is still down from the last election. The longstanding shortage of midwives will only worsen if midwives are not retained in the NHS. In [November 2023](#), midwives made up 1.76% of the total NHS workforce in England. If midwives made up the same proportion of the NHS workforce that they did at the last election (December 2019) we would today have almost 2,800 more full-time equivalent NHS midwives in England, potentially erasing the current estimated shortage of 2,500 midwives.

There remain big differences between the English regions. The East of England continues to have the largest proportion of its local NHS workforce made up of midwives (2.11% of all staff), whilst the North West has the lowest proportion, at 1.57%.



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In Wales, the recent RCM Wales [State of Maternity Services report](#) shows that although the number of midwives remains virtually the same now as it was in 2016, there has been a decline in the number of experienced midwives (those aged 46-55). This is worrying because the women they care for are presenting with increased clinical complexity and additional health needs, so increasing the demand on midwives' time and expertise, women who experience severe and multiple disadvantage (SMD) during pregnancy are more likely to experience poor maternity outcomes, when skilled midwives can identify needs and make necessary referrals, women and their babies experience better outcomes but this effectiveness is often dependent on resources, support, and on their ability to develop a trusting relationship with the woman they are caring for. Action is urgently needed to address these challenges. When experienced midwives leave they take with them their knowledge and experience, which are needed to help train the next generation of midwives. This is more than simply a numbers game. We must ensure we have the right staff with the right skill mix, well-trained and well-resourced.

In Northern Ireland, the numbers of women being cared for by maternity services with additional health needs has been increasing, impacting the workload of midwives and putting pressure on maternity services. Although there are now more than 70 midwives graduating each year, the number of staff remains essentially the same, year after year. The Nursing and Midwifery Council registration data shows a decrease in the number of Midwife registrations for for [September 2023](#) (-0.2%) and for [September 2022](#) (-0.2%). Retention of midwives remains at the top of RCM's priorities in Northern Ireland.

Current staffing challenges have not been caused by a lack of midwives entering the profession or insufficient take-up of midwifery degree programmes: the workforce crisis is caused by midwives leaving the NHS. Applicant demand currently exceeds the number of available places with 10,130 applications received and 3,900 accepted into undergraduate midwifery courses in the UK in 2023 (Universities and Colleges Admissions Service (UCAS) 2023). But the latest [NHS workforce statistics](#) show that since 2016, there has been a 19% increase in the number of midwives leaving the profession. During the same period, there has been a 100% increase in the number of midwives leaving the profession for work-life balance reasons.

- Unpaid labour

[RCM research](#) shows that midwives across England work around 100,000 extra unpaid hours a week to keep maternity services safe. This amounts to approximately 2,600 midwives working for free. The same survey showed that 88% of respondents worked additional unpaid hours, with more than one in four (26%) respondents working more than five additional unpaid hours a week. Effectively, most midwives work unpaid overtime as a matter of routine. The results of the RCM's survey are backed up by the NHS Staff Survey's finding showing that 81.4% of midwives work additional unpaid hours, much higher than the national average for NHS staff of 56.6%.

- Bank and agency staff

47% of HoMs who responded to our survey reported having to call in bank and/or agency staff nearly every day. An additional 35% had to call in bank and/or agency staff a few times a week, meaning 82% of all HoMs in the UK use bank or agency staff regularly.

Extensive use of bank and agency staff is expensive for the NHS and is not a sustainable way of managing staff shortages in the medium and long term.

[Insights](#) show that the flexibility of bank contracts has been attractive for workers who may not be able to get flexible working in permanent employment with the NHS

What we urgently need is substantive staff being properly paid for the hours they work, with extra hours paid at the agreed Agenda for Change overtime rates and flexible working opportunities available to all.

An [NHS England survey of bank only NHS staff](#) in 2022 found that 72% of respondents had bank work as their only source of employment and that, 'indication from insights suggest that bank workers are made up of a high proportion of ethnic minority workers'. Understanding the experience of bank staff is important to understanding true ethnicity pay gaps in the NHS.

- Flexible working

The most recent NHS Staff Survey results showed that the percentage of midwives satisfied with their opportunities for flexible working fell to just 31.9%. This is a fall of 2.1 percentage points since 2021, despite the introduction of new flexible working provisions in Agenda for Change. An all Wales flexible working policy has recently been agreed and is currently being implemented. Clearly much work is still needed to embed these changes.

As the RCM has highlighted in previous evidence to the PRB, flexible working is key to the retention of staff in maternity services. Most midwives and MSWs are women, very many of whom having caring responsibilities for children and/or older adults. They need planned and reliable flexible working, and for most this means set days or reduced hours. A [RCM survey in 2021](#) showed that 67% of respondents might stay or return to work in the NHS if there were greater opportunities to work flexibly.

More flexible working in the NHS is vital to boost retention of midwives and maternity support workers. There are pockets of good practice which have had demonstrable impact on retention but these urgently need to be made the norm across the NHS. Self-rostering, for example, has supported more flexible working and improved work-life balance at a Trust in the North West which utilised an app to ensure appropriate skill mix. One Trust in London has introduced an 'any hours' policy to fill unfilled bank shifts, allowing staff to say how long they want to work, even if it's just three or four hours. The Head of Midwifery calculated that her unit gained on average 150 hours a month between February and June 2022, equivalent to one full-time midwife. It is clear that giving staff flexibility and autonomy over their working patterns can be hugely beneficial to the service as well as the staff.

- Agenda for Change (AfC) banding and skill mix

NHS Digital workforce [data](#) shows that almost one in two midwives in band 6, and four in 10 midwives in band 7, are at the top of their pay bands. This is the highest proportion of staff at the top of their pay band amongst all Hospital and Community Health Services (HCHS) staff. NHS Digital data also shows that Black or Black British and Asian or Asian British midwives are over-represented in band 5

and under-represented in bands 6 and 7. Midwives are autonomous practitioners at the point of registration and newly qualified midwives undertake a preceptorship which is a period of consolidation of their knowledge and skills to develop their confidence. A midwife automatically progresses from band 5 to band 6 as per their employment contract, Agenda for Change Annex 20 states that this should be 'no earlier than one year and no later than two years from the date of qualification'.

The lack of opportunities for career progression for both midwives and MSWs remains a concern. As we have highlighted previously, this will have a damaging impact on the attractiveness of both roles as a career. With the majority at the top of their pay band (the full rate for the job), inability to progress in both career and salary is keenly felt. A clear message from discussions with RCM activists was the frustration felt by experienced midwives at the top of Band 6.

- Job evaluation

The NHS Job Evaluation Scheme underpins the pay structure, ensuring equal pay for work of equal value. Job evaluation is also important to addressing wider pay discrimination, gender, ethnicity and disability pay gaps. The NHS Job Evaluation Group is currently reviewing the suite of nursing and midwifery profiles (women dominated roles); most jobs are matched to a nationally evaluated profile which assigns a pay band to a job. This is part of an established programme of maintenance, which the RCM is fully engaged with to update the standard job profiles which helps to allocate roles to bands.

The effective local application of the Job Evaluation Scheme could have a significant impact on retention but we are increasingly concerned that lack of investment in infrastructure and capacity building is leading to failings in the application of the scheme locally. When midwives and MSWs request updated job descriptions they are met with push back and the regrading application process is protracted. Regular meaningful appraisals should include revisiting job descriptions to ensure that they are fit for purpose and where necessary are updated to reflect the work that is actually being done.

As part of the 2023 England pay deal, work has been commissioned on job evaluation. The RCM supports this, but we believe that it is imperative that any recommendations - for example around infrastructure, local capacity building for training and time to attend job matching panels - are fully funded by Government.

- Progression at band 8

We need strong midwifery leadership to deliver high-quality and safe maternity services. Midwifery leadership and management are required to uphold and advance the profession across all organisations that provide and support maternity services.

Organisations that offer career progression and personal development are more likely to retain existing talent, attract new staff and promote succession planning into senior strategic roles. Investing in leadership is also linked to higher performance and a learning culture. Leadership and management development, especially for those from underrepresented groups, is needed to make career choices accessible and ensure better diversity and representation at all levels.



The RCM advocates that there should be a Head of Midwifery in every maternity unit (with exceptions for small units) responsible locally for leading their team and managing the provision of local services. And that every trust or health board delivering maternity care should have a Director of Midwifery at board level. The RCM is committed to the ongoing development of midwives to achieve their potential as leaders. To facilitate this we have designed 'leading for maternity improvement programme' for band 7 midwives who aspire to develop and apply their leadership skills in a positive and supportive work environment.

But for years, RCM members have been highlighting the challenges faced in recruiting midwifery leaders, with posts staying vacant and positions having to be re-advertised many times before being filled. Leadership positions are not attractive and leaders feel they don't get financial reward for such a high level of responsibility.

- Safety

In the [RCM response](#) to the Health and Social Care Committee's Expert Panel on the evaluation of the Government's progress on meeting patient safety recommendations, we highlighted that the CQC inspection programme has frequently resulted in down-grading of units, with many services now rated as inadequate. The RCM suggests that this is indicative of the systemic pressures being exerted on services due to increasingly complex care, staff shortages and levels of burnout among staff. It is imperative that further urgent action is taken at national level to boost workforce numbers and that staff have time to undertake training and implement measures to improve cultures and working practices where necessary.

Morale and motivation

Chronic understaffing has an unavoidable impact on staff morale and motivation and a detrimental impact on service quality and safety. The RCM's survey of Heads of Midwifery (HoMs) and Directors of Midwifery (DoMs) across the UK shows that just one-third said morale and motivation is good (33.3%), and none (0%) reported that it was very good.

For many years, maternity services have been run on goodwill and we have reached the end of that as a sustainable solution. Almost all (98%) said that their unit relied on a significant (24.4%) or moderate (73.3%) amount of goodwill from staff (RCM HoMs survey). Only 2% of HoMs said they do not rely on staff goodwill to maintain essential services, significantly worse than in previous years (6% in HoMs survey in 2022 and 3% in the 2021 survey).

Not taking breaks and working beyond shift is only recompensed with TOIL which they are not able to take (RCM member)

Staff are desperate to plug the gaps, and they are doing so, but they are at the limits of their endurance. The 2022 NHS England Staff Survey, shows that most (58.3%) said they often or always feel burnt out because of their work. Three-quarters (74.3%) said they often or always feel worn out at the end of their working day or shift.



"People are the backbone of the NHS, and trust leaders know that caring for their workforce enables them to care for others. As NHS staff continue to tackle the extraordinary pressures they are facing and look to keep the service fit for the future, it is clear that a focus on wellbeing and experience at work will be key." Sir Julian Hartley, Chief Executive, NHS Providers

Pay and cost of living crisis

The [UK's cost of living](#) has drastically increased in the post-pandemic period. For the past three years, inflation has been more than double the Bank of England's target of 2%. Inflation across 2023 was 4.2%; in 2022, inflation was 9.1%; and in 2021 it was 5.4%. Workers now face the steepest inflation for 40 years.

Inflation has not been driven by pay. The IFS, the International Monetary Fund, and any number of economists have explicitly debunked the idea that fair pay for NHS staff will mean higher prices for everyone else.

A meaningful pay increase is essential to help NHS staff cope with the impact of high inflation and the rising cost of living.

Furthermore, any pay increase should come with a plan for restoring pay for NHS staff. As [TUC analysis](#) shows, as a result of NHS pay not keeping pace with inflation, midwives have suffered a cumulative real terms pay loss of £48,000 between 2010 and 2023 – the equivalent of 14 months' worth of salary.

The [2022 NHS England Staff Survey](#) (published March 2023) shows that just 14.1% of midwives said they are satisfied with their levels of pay, substantially lower than the NHS national average of 25.6%.

Real terms pay rises and starting to address historic pay loss is imperative to support staff retention in the NHS.

Between November and December 2023 the RCM held listening sessions with over 100 activists. Here is some of their feedback:

"Those with children are having to choose set shifts to enable them to share childcare with family members as they can't afford to pay for childcare. This can impact other members." (RCM member)

"At the moment we are having food boxes in our staff rooms so those staff struggling can help themselves." (RCM member)

The RCM has supported the introduction of new retirement flexibilities which contribute in part to the retention of midwives and MSWs. Experienced midwives and MSWs contribute greatly to the safe running of maternity services. Midwives aged 55+ make up a significant and growing section of the midwifery workforce, in 2015 14% of midwives in England were aged 55+, in 2022 this figure had increased to 17%. We have also long called for the permanent removal of the abatement rule for Special Class Status members; the temporary suspension of these rules has assisted the NHS greatly in helping to keep services open and functioning. However there is still work to be done in the

implementation of retirement flexibilities with a lack of understanding from both members and employers of the changes, particularly around the number of hours that staff are able to work.

Affordability for all members should be a paramount objective of the pension scheme. The RCM did not support changes to contribution tiers which saw the lower paid paying more. Contribution structures should aim to minimise the extent to which any NHS worker feels unable to join the Scheme due to the impact of contributions on their take-home pay. We support the introduction of well-designed pension flexibilities, which would enable lower paid members to gain or retain access to the Scheme at an affordable cost and we are raising these issues through the NHS Pension Scheme Advisory Board. We also have concerns about the equality impact of the changes to contribution tiers with a midwifery workforce that is more than 99% women, of whom a large proportion work part time. the equality impact of these changes must be properly assessed and monitored. Higher earners are more likely to be men who would benefit from the lower member contributions. There is already a gender pension gap of 63% in the NHS scheme. The RCM wants to see the formation of a gender pensions gap working group.

Conclusion and recommendations

In the last century, midwifery was an obvious and attractive career choice. In the 21st century, many employment options pay far higher salaries than midwifery. Nowadays, midwifery often lacks the work-life balance and flexibility that is highly valued by today's young workers. Midwives have borne the brunt of years of pay stagnation and underinvestment in the NHS. There just aren't enough staff to provide maternity care to the safest and highest standard. Immediate and decisive action is needed to save the UK's maternity workforce.

RCM asks the pay review body to make a recommendation of:

- A real terms pay increase that starts to address the pay cuts our members have faced.
- A commitment to the real living wage
- A consolidated across the board pay increase

We also want to see:

- A credible plan to restore the pay lost by NHS staff
- A Government commitment to fund any recommendations that come out of non-pay working groups
- The government to commit to working with unions to put equalities at the heart of the bargaining process
- Action on retention to:
 - Ensure banding outcomes reflect job content
 - Reward additional hours fairly
 - Prevent burnout by limiting excess hours
 - Support progression and career development