



The Royal College of
Midwives

Submission

Royal College of Midwives Submission to NHS Pay Review Body

September 2011

15 Mansfield Street
London
W1G 9NH
Tele: 020 7312 3535
Fax: 020 7312 3536
Email: info@rcm.org.uk



The Royal College of Midwives
15 Mansfield Street, London, W1G 9NH

The Royal College of Midwives' Submission to NHS Pay Review Body.

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

In addition to representing nearly 90% of the Midwives in the UK we also represent Student Midwives and Maternity Support Workers (sometimes called Maternity Care Support Workers or Maternity Care Assistants).

This submission to the NHS Pay Review Body (NHSPRB) is the 29th produced by the RCM. The RCM welcomes the opportunity to respond to the NHSPRB and our evidence is set out below.

The Royal College of Midwives
September 2011

Contents

Executive Summary	4
Chapter One - Government Pay Policy	6
Introduction	6
The independence of the NHS Pay Review Body	6
Pay freeze.....	7
Comparisons to the Private Sector	8
Value of NHS Pay.....	10
Local challenges to Agenda for Change	10
Conclusion.....	11
Chapter Two - Staffing Levels and Capacity	12
Introduction	12
The Shortage of Midwives	12
Skill Mix	17
Age Profile of Midwives in England.....	18
Budget Cuts	19
Conclusions	19
Chapter Three – Recruitment and Retention	20
Introduction	20
Vacancies.....	20
Morale and Motivation	23
Recruitment and Retention Premia	24
Conclusion.....	26
Conclusion and Summary	27
Appendix One – Royal College of Midwives Heads of Midwifery Survey 2011	28

Executive Summary

- The Royal College of Midwives (RCM) continues to support the NHS Pay Review Body (NHSPRB). The RCM is committed to the independent process of the Pay Review Body and strongly opposes any moves away from this process.
- The RCM is opposed to decisions relating to pay that have not arisen from the Pay Review Body, the most pertinent example being the decision by the Treasury to freeze the pay of public sector employees for two years.
- The RCM remains committed to national pay agreements and is concerned that an increasing number of Foundation Trusts are attempting to move away from Agenda for Change and form their own local terms and conditions.
- The RCM is pleased that our Maternity Support Workers (MSWs) who are Bands 2-4 will be considered for an annual uplift in pay this year.
- The RCM is concerned that pay will be frozen for another year for those employees earning over £21,000 at a time when inflation is running at over 4%
- We are concerned that by freezing the pay for those earning over £21,000 for another year it further narrows the difference in pay between pay point 15 and 16. Given that newly qualified Midwives start at Band 5 (pay point 16) we feel this does not suitably reward those who have gained professional qualifications.
- The evidence in this submission comes from a variety of sources, including official figures from the NHS Information Centre, Stats Wales, the Information Services Division Scotland, and the Health Social Services and Public Safety (Northern Ireland). We conducted our own research, the RCM's annual Head of Midwifery (HOM) Survey. The HOMs survey asked questions around staffing levels, recruitment and retention, morale and motivation and budget cuts. HOMs were asked to answer for their Trust/Board as of 1st July 2011. The HOMs Survey had a response rate of 47.1%.
- Using Birthrate Plus methodology and the figures from external sources the RCM has found there is currently a shortage of 4,664 Midwives in England (there is a shortage in all Strategic Health Authorities) and a shortage of 136 Midwives in Wales.
- The HOMs survey confirmed that establishments in maternity units are currently not adequate for the level of activity in their Trust/Board. Worryingly, when asked about budget cuts and efficiency savings HOMs indicated that they would have to further cut their establishments. This presents a picture of maternity services in which the shortage of Midwives has dramatically increased workload at a time when their pay is frozen.
- We present evidence on the recruitment and retention of Midwives which is complex, there is a shortage of Midwives; there appears to be newly qualified Midwives to fill those shortages and the number of job applications per Midwifery post have increased. However, the number of vacancies is still high and the majority of vacancies are over three months old. Data from our HOMs survey shows that the vacancy rate in England is 4.8%; 79% of HOMs across the UK recorded that there

were vacancies in their Trust/Board and 67% of the number of vacancies were over three months old.

- We present evidence that shows morale and motivation is low amongst Midwives and Maternity Support Workers, added to this there is an increasing workload in understaffed maternity units. For this, Midwives have been rewarded with a pay freeze for two years during a time of high inflation and newly qualified Midwives are unsuitably rewarded for obtaining professional qualifications. This will have a negative effect on the recruitment and retention of Midwives and the attractiveness of Midwifery as a career.

Chapter One - Government Pay Policy

Introduction

For the second year the Government's approach to public sector pay is to ignore the independence of the Pay Review Bodies and the evidence presented to them and impose a pay freeze for all those earning over £21,000.

While the RCM understands the NHS Pay Review Body's remit is limited and not taking evidence on the pay freeze for those earning over £21,000 we would like voice our opposition and our concerns.

The RCM opposes the Government's current approach to pay for a number of reasons. Firstly, we believe this approach is not evidence based. Secondly, it has not taken into consideration the recruitment, retention and promotion pathways of public sector employees. Thirdly, there has been no consideration how freezing pay at the level of £21,000 fits into the various public sector pay structures. Fourthly, the use of the term 'pay freeze' at a time of high inflation is misleading when in real terms it is a pay cut. Fifth, it dismisses the independent process of the Pay Review Body.

We have concerns about the pay freeze continuing for another year for a number of reasons. Firstly, the pay freeze is for those employees who earn over £21,000 so the pay freeze will further decrease the difference in pay between pay point 15 and 16. Secondly, the pay freeze continuing for another year is not comparable with pay awards in the private sector. Thirdly, the pay freeze will be imposed when RPI inflation is at 5%¹ thus further decreasing the real value of Midwives wages.

The RCM is pleased that pay has not been frozen for those earning less than £21,000. The RCM represents Maternity Support Workers (MSWs) who are paid from AfC Bands 2-4.

The RCM remains committed to the Pay Review Body process and to nationally agreed pay therefore we are concerned about the increasing number of Foundation Trusts that are attempting to move away from Agenda for Change.

The independence of the NHS Pay Review Body

As stated above, the RCM opposes the Government's challenge to the independence of the Pay Review Body.

In our 2010 submission to the Pay Review Body we argued:

"This year's submission by the Royal College of Midwives covers all issues due for consideration by the NHSPRB including pay levels for those earning over £21,000. We do not consider that the Government's proposed pay freeze for this group of staff is evidence based and it is not appropriate to simply inform the PRB that 'it will not submit evidence or seek recommendations' on this issue. The independent arbitration process demands that all parties submit evidence; that the NHSPRB considers that evidence and then makes it

¹ The Office of National Statistics – Consumer Price Indices, August 2011

recommendations as it sees fit. For the Government to dictate to the NHSPRB what it may or may not consider is a subversion of the process that the RCM has consistently supported.”²

Indeed, the NHSPRB’s Twenty-Fifth Report states:

“Any constraints placed upon our role limit our ability to assess the full range of evidence on pay and related matters and potentially undermine the parties’ confidence in an independent Review Body process. During the period of the pay freeze our role is limited and therefore we urge the Health Departments to plan their strategies so that, at the end of the pay freeze, they can implement any changes that may be necessary to ensure the AfC pay structure continues effectively to support recruitment, retention and motivation of staff.”³

In the Income Data Services (IDS) publication ‘Pay in the Public Services 2010’ they agree that the Government policy of imposing a pay freeze challenges the independence of the Pay Review Body.

“The ever tightening of public sector pay policy towards a pay freeze has longer term implications which need to be considered. In particular, the independence of the Pay Review Bodies has been thoroughly challenged. The Treasury has sought to instruct the Pay Review Bodies to accept Government policy having added affordability and meeting the inflation target to their remit. This has undermined the original remit to set salary levels sufficient to motivate, recruit and retain.”⁴

While the RCM understands the pay freeze has been imposed for another year we would not want to see this happen in future years. Moreover we remain committed to the NHS pay Review Body process and would not like to see any other kinds of interference with the independence of the Pay Review Body.

Pay freeze

Like last year the Government has imposed a pay freeze for all employees over £21,000. The RCM is pleased that those earning less than £21,000 (which includes Maternity Support Workers) will be considered for an annual pay rise.

Last year those earning under £21,000 were awarded a £250 uplift. While the £250 uplift was preferable to a pay freeze it must be noted that both Consumer Price Index inflation and Retail Price Index inflation were higher than the percentage increase to pay therefore the value of pay still decreased for those employees.⁵

The pay freeze is between pay point 15 and 16 and we are concerned that the carefully balanced pay difference between the pay bands based on job evaluations will be further narrowed.

Pay point 16 is the first point for a newly qualified Midwife whose starting salary is £21,176 thus just coming in above the level of the pay freeze. Pay point 15 is £20,804 which means if those earning less than £21,000 are awarded the same uplift of £250 that they were

² The Royal College of Midwives Evidence to the NHS Pay Review Body November 2010

³ The NHS Pay Review Body Twenty-Fifth Report 2011

⁴ Income Data Services Pay in the Public Services 2010

⁵ The Office of National Statistics – Consumer Price Indices, August 2011

awarded last year there will be just £122 difference between those on pay point 15 and 16. This results in a £122 difference between those on a Band 4 wage and those on a Band 5.

Midwives fit into the Income Data Services' description of professionals. To register with the Nursing and Midwifery Council (NMC) students must first earn a qualification in Midwifery at degree level. Midwifery training involves a mixture of academic study and supervised Midwifery practice in hospitals and the community. The degree is a three year course, although qualified Nurses can take a shortened programme which lasts for 18 months. On completion of their degree students are awarded both an academic and professional qualification. During their career Midwives are responsible for keeping their knowledge up to date in order to remain on the professional register.

Following changes by the Department of Health in July 2011 during their training period Midwifery students will now receive a means tested bursary of up to £4,395 (or up to £5,460 in London), a non means tested grant of £1000, and a non means tested loan of £2,324 (or £3,263 in London) which is reduced in their final year of study.⁶

As stated above newly qualified Midwives start at pay point 16 just above the pay freeze. This does not appear to be a sufficient reward for obtaining professional qualifications nor does it appear to be a sufficient reward for the years of hardship suffered and the debt incurred while at University. If the rewards are not seen to be sufficient this could have the effect of deterring students from choosing Midwifery as a career.

While we understand the remit of the NHSPRB this year we do feel this issue needs to be addressed, indeed, the NHSPRB predicted this problem in their Twenty Fifth report:

*"The fourth area was how best to avoid 'leapfrogging' of those earning just under £21,000 with those earning just over £21,000. Our recommendation this year does not require this to be considered although the compression of the pay structure would leave little headroom should this be approach be repeated in 2012/13."*⁷

Comparisons to the Private Sector

The Government's justification for freezing pay in the public sector for two years was in order to reduce the deficit and because private sector workers faced a pay freeze as illustrated by George Osborne, MP's Budget speech:

*"Many millions of people in the private sector have in the last couple of years seen their pay frozen, their hours reduced, and their pension benefits restricted. They have accepted this because they knew that the alternative in many cases was further job losses. The public sector was insulated from these pressures but now faces a similar trade off. I know there are many dedicated public sector workers who work very hard and did not cause this recession – but they must share the burden as we pay to clean it up. The truth is that the country was living beyond its means when the recession came. And if we don't tackle pay and pensions, more jobs will be lost. That is why the Government is asking the public sector to accept a two-year pay freeze."*⁸

⁶ www.dh.gov.uk/en/Managingyourorganisation/Workforce/WorkingintheNHS/DH_128397

⁷ The NHS Pay Review Body Twenty-Fifth Report 2011

⁸ Budget Statement by the Chancellor of the Exchequer, the Rt Hon George Osborne MP June 2010

It is worth noting that in the Budget Statement George Osborne, MP said that millions in the private sector had their hours reduced and pay frozen. In the following chapters we present evidence that Midwives and Maternity Support Workers are increasingly working harder in more complex and busier maternity units so are not seeing their hours reduced but are seeing their pay frozen.

However, the statement that 'millions in the private sector have seen their pay frozen' is vague; a more detailed description of the situation in the private sector is illustrated in the more balanced evidence put forward by Income Data Services:

*"Over the course of the recession, media reports created the impression that pay was frozen right across the private sector. However, a wider matched sample looking at settlements over the three years from 2009 to 2011 shows that 48% of private sector employees in this sample did not freeze pay at all during this period. Some 40% of private sector companies in the matched sample froze pay in just one of the three years, and just 8% froze pay in two of the three years."*⁹

Moreover, the settlements in recent months analysed by Income Data Services indicate that pay is no longer being frozen in the private sector.

*"The median pay settlement level continues at 2.5% in the three months to the end of July 2011. It has been this level for seven consecutive months, since January 2011...The decline in the number of pay freezes in the private sector has contributed to the change. There are no pay freezes at private sector companies in the latest figures."*¹⁰

*"Pay settlements recorded by IDS so far in 2011 are higher, on the whole that they were in 2010. The median pay increase across the whole economy has risen from 2% in 2010 to 2.5% in 2011. The sole exception is the public sector, where the median settlement has dropped and pay is frozen for most workers."*¹¹

Therefore, freezing the pay of public sector workers at a time when private sector companies are awarding pay increases of 2.5% creates a disparity between public and private sector pay.

It is very difficult to compare general levels of pay in the public sector to general levels of pay in the private sector as Midwifery is a unique profession. Income Data Services illustrates this:

*"Most measures within Annual Survey of Hours and Earnings (ASHE) show higher average earnings in the public sector than the private, especially those measures that remove the impact of bonus pay, which is much higher in the private sector. But whether we choose to look at the hourly rate for a particular worker or the total annual earnings per employee across the two sectors, a comparison is only worth making when there are meaningful comparators. The key structural differences between the two workforces mean it is questionable whether this is ever possible."*¹²

⁹ Income Data Services Pay Report 1079 August 2011

¹⁰ Income Data Services Pay Report 1080 September 2011

¹¹ Income Data Services Pay Report 1079 August 2011

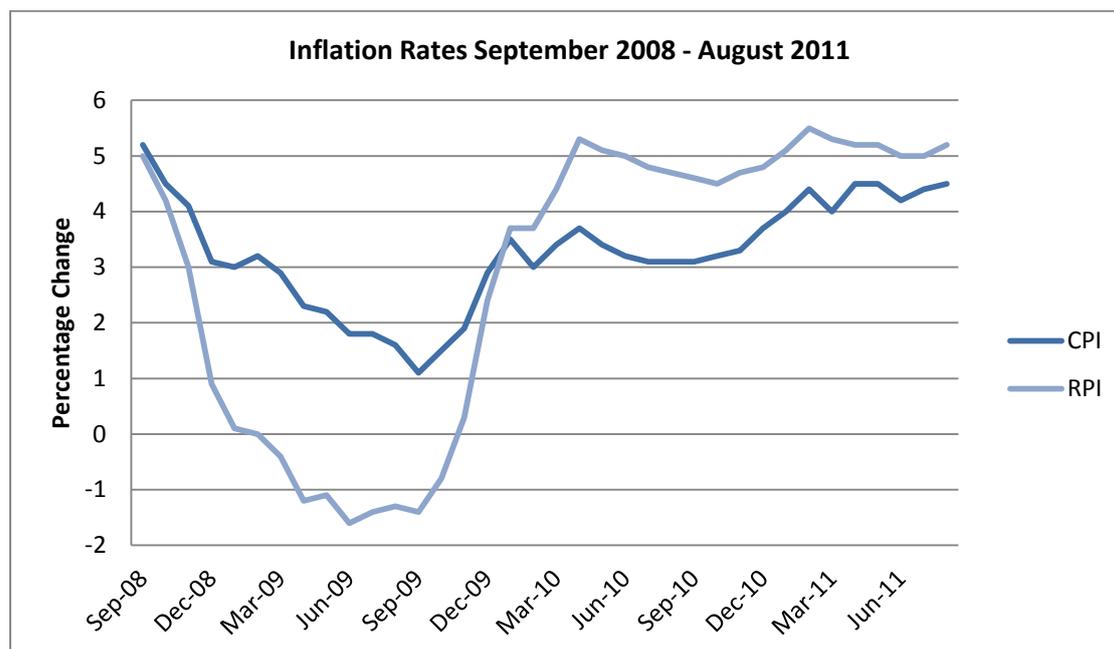
¹² Income Data Services Pay report 1075 June 2011

Value of NHS Pay

The impact of the pay freeze last year has resulted in a real terms decrease in pay for NHS employees and the RCM argues that freezing pay for another year will further decrease the value of Midwives' pay.

Both Retail Price Index (RPI) and Consumer Price Index (CPI) have been running ahead of NHS Pay awards for the majority of the last three years.¹³

In the chart below we can see that since the beginning of 2010 both RPI and CPI have not been below 3% and since April 2011, when the pay freeze came into effect, CPI has not been below 4% and RPI has not been below 5%.¹⁴



Data from The Office of National Statistics, August 2011

The represents a very real decrease in the pay of NHS employees and a significant financial pressure for NHS employees. The RCM argues that this will have an effect on the attractiveness of Midwifery as a career.

Local challenges to Agenda for Change

We are hearing about an increasing number of Foundation Trusts that are seeking to move away from Agenda for Change and form their own local terms and conditions.

There was Trust based pay bargaining in the 1990s however, this was costly and inefficient. Nationally negotiated pay is essential for fair pay for NHS staff. It seeks to ensure there is equal pay in the NHS and it is a transparent system.

¹³ The Office of National Statistics – Consumer Price Indices, August 2011

¹⁴ The Office of National Statistics – Consumer Price Indices, August 2011

The RCM has had reports of Foundation Trusts attempting to stop incremental progression, changes to sick pay, changes to annual leave entitlements; and differences to pay bands.

Indeed, in a recent article the Health Service Journal comments:

“An HSJ analysis of the latest published three year plans of England’s 138 Foundation Trusts has found that organisations in at least three of the ten Strategic Health Authority regions admit they are considering moving away from Agenda for Change.... NHS Confederation Chief Executive Mike Farrar said although some Trusts were attempting local deals he expected more to be done nationally this winter to secure changes to Agenda for Change terms and conditions for 2012-13.”¹⁵

This year NHS Staff Side have submitted a paper by Ian Kessler, Fellow at Green Templeton College, University of Oxford,¹⁶ which sets out the advantages of national pay. This paper supports the RCM view that national pay bargaining is the most efficient process for the NHS and ensures fair pay for NHS staff.

Conclusion

The RCM remains committed to the Pay Review Body process and to nationally agreed pay. The RCM is concerned about the increasing number of Trusts that are attempting to move away from Agenda for Change.

The RCM is pleased that pay has not been frozen for those earning less than £21,000. The RCM represents Maternity Support Workers (MSWs) who are paid from AfC Bands 2-4.

However, we have concerns about the pay freeze continuing for another year for a number of reasons. Firstly, the pay freeze is for those employees who earn over £21,000 so the pay freeze will further decrease the difference in pay between pay point 15 and 16. Secondly, the pay freeze continuing for another year is not comparable with the private sector who are on average awarding pay increases of 2.5%. Thirdly, the pay freeze will be imposed when RPI inflation is at 5% thus continuing the decrease in the real value of Midwives wages.

We are concerned that the insufficient starting salary for a newly qualified Midwife and the real terms decrease in Midwives salaries will create recruitment and retention problems in already understaffed maternity units.

¹⁵ Health Services Journal, September 2011

¹⁶ Staff Side Evidence to the NHS Pay Review Body September 2011 – Appendix B ‘National Pay Determination in the NHS: Resilience and Continuity’ - Ian Kessler

Chapter Two - Staffing Levels and Capacity

Introduction

Using the Government figures and the Birthrate Plus methodology there is currently a shortage of 4,664 Midwives in England, across every Strategic Health Authority and there is a shortage of 136 Midwives in Wales.

The HOMs survey confirmed that establishments in maternity units are currently not adequate for the level of activity in their Trust/Board. Worryingly, when asked about budget cuts and efficiency savings HOMs indicated that they would have to further cut their establishments and the services they offer. This presents a devastating picture of maternity services in which the shortage of Midwives is not set to improve.

The RCM believes that understaffed, overworked units will create unsafe maternity units but it will also have a negative effect on the attractiveness of Midwifery as a career. It also means that Midwives are working far harder at a time when their pay, in real terms, has decreased.

The Shortage of Midwives

The table below shows the numbers of Midwives in England, Wales, Scotland and Northern Ireland from 2001-2010.

While it shows there has been an increase in the total numbers of Midwives across the UK the birth rate has increased at a greater rate thus creating a shortage in the number of Midwives.

Year	England		Wales		Scotland		Northern Ireland	
	Count	WTE	Count	WTE	Count	WTE	Count	WTE
2001	23,075	18,048	1560	1227.2	2911	2339.9	1235	974.9
2002	23,249	18,119	1646	1322.8	2902	2334.9	1256	990.8
2003	23,941	18,444	1977	1246.9	2945	2365.1	1277	1008.6
2004	24,844	18,854	1943	1317.5	2979	2392.2	1281	1004.3
2005	24,808	18,949	1757	1209.8	3016	2411.2	1269	1002.9
2006	24,469	18,862	1711	1200.0	-	-	1279	1006.7
2007	25,093	19,298	1641	1163.9	3500	2796.8	1289	1011.7
2008	25,664	19,639	1568	1120.2	3735	2983.2	1197	920.9
2009	26,451	20,236	1604	1129.9	3768	3002.7	1292	1002.3
2010	26,825	20,790	1485	1041.3	3829	2032.8	1279	990.4

England data from the NHS Information Centre www.ic.nhs.uk

Wales data from Stats Wales www.statswales.wales.gov.uk

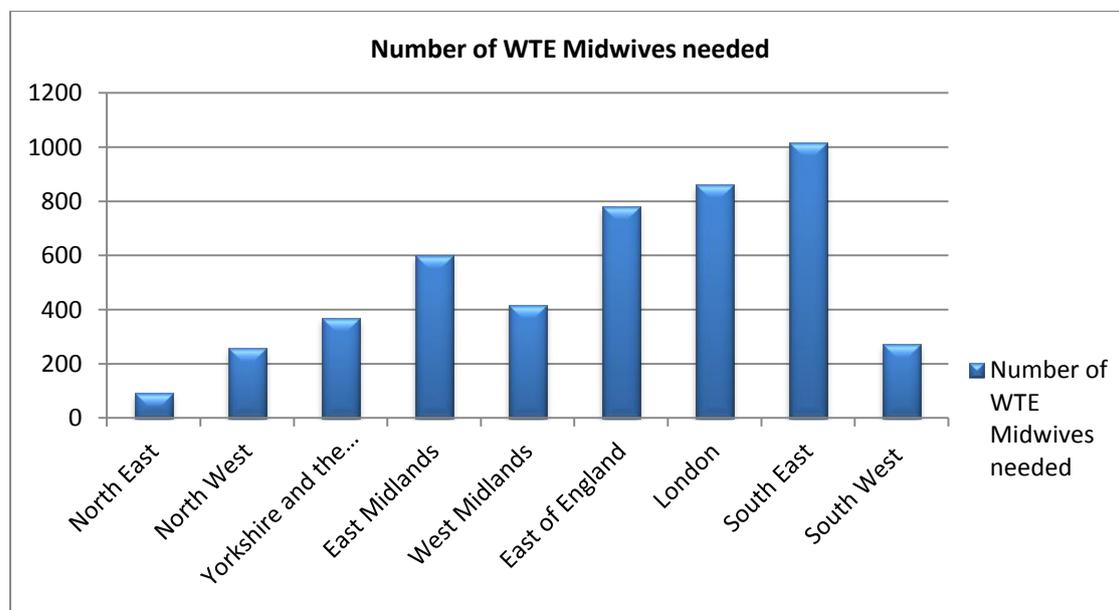
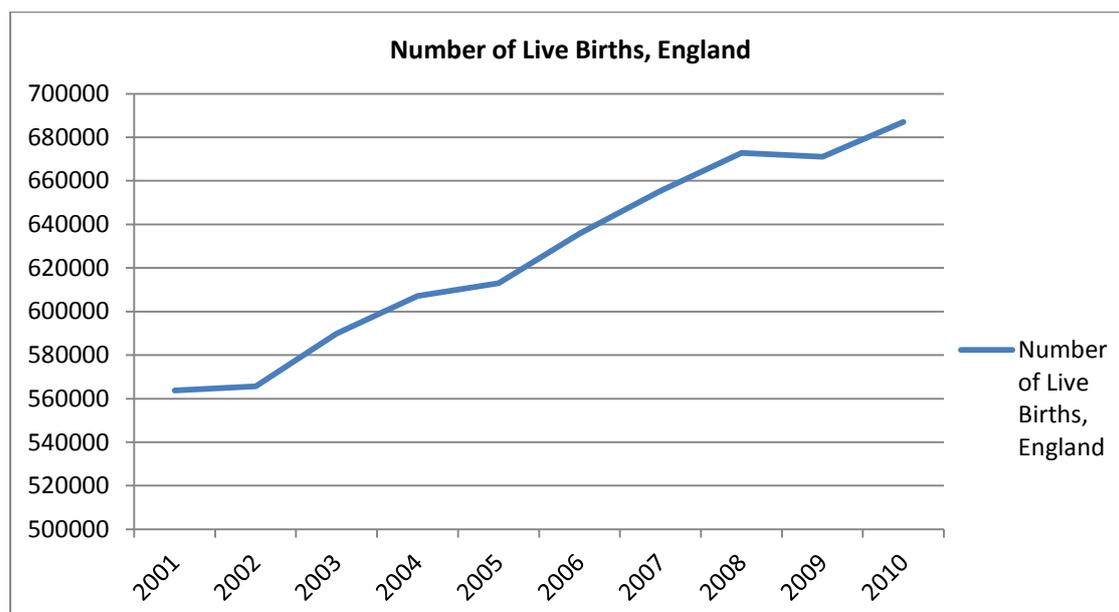
Scotland data from Information Services Division Scotland www.isdscotland.org

Northern Ireland data from Health Social Services and Public Safety www.dhsspsni.gov.uk

The RCM recommends that the correct staffing level for Maternity Units should be determined using Birthrate Plus. Birthrate Plus suggests the number of Whole Time Equivalent (WTE) Midwives required should reflect, amongst other things, the complexity of

case mix and the number of births. The current national average suggests a ratio of one WTE Midwife to 28 births in hospitals and one WTE Midwife to 35 home births plus an additional 5% specialist staff.

Using this methodology and the figures of the numbers of Midwives from the NHS Information Centre the RCM has calculated that in England there is a shortage of 4,664 Midwives across every Strategic Health Authority in England and there is a shortage of 136 Midwives in Wales.^{17 18}



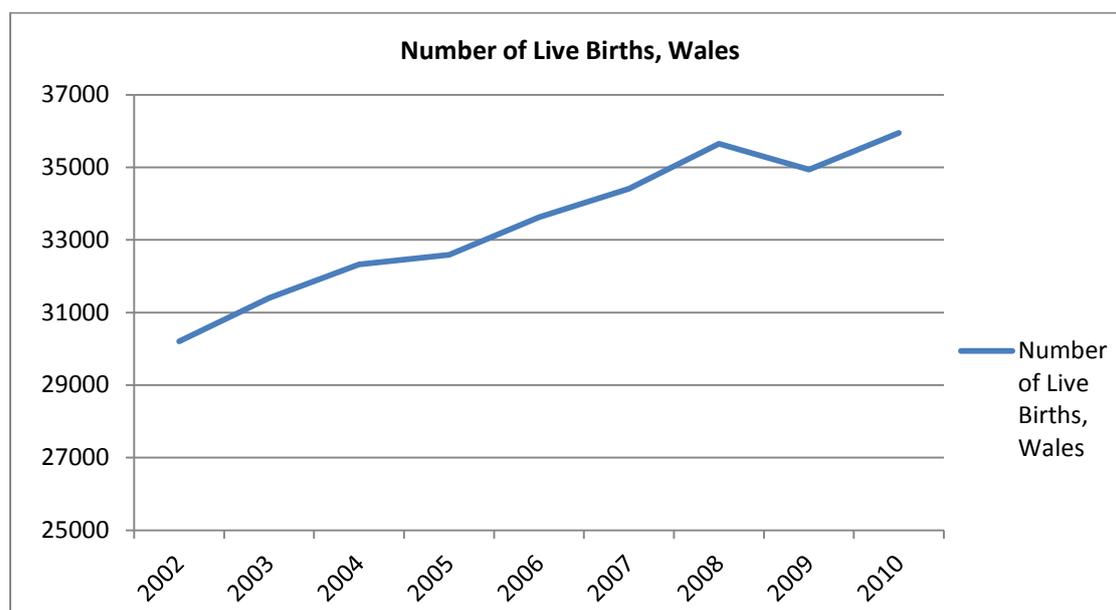
¹⁷ Birth Data from The Office of National Statistics – Birth Summary Tables England and Wales 2010 – July 2011

¹⁸ Midwives Data from NHS Information Centre

Regional Shortage of Midwives 2010 (England) ¹⁹²⁰										
	NE	NW	Y&tH	EM	WM	EoE	LDN	SE	SW	ENG
Live births	30826	89199	66970	55232	72090	73001	133111	106434	60144	687007
Hospital (94% of births)	28976	83847	62952	51918	67765	68621	125124	100048	56535	645787
Midwives needed, hospital (28:1)	1035	2995	2248	1854	2420	2451	4469	3573	2019	23064
HB & ML (6% of births)	1850	5352	4018	3314	4325	4380	7987	6386	3609	41220
Midwives needed, HB & ML (35:1)	53	153	115	95	124	125	228	182	103	1178
Total number of midwives (hospital, HB & ML)	1088	3147	2363	1949	2544	2576	4697	3756	2122	24242
Plus 5%	54	157	118	97	127	129	235	188	106	1212
Grand total, midwives needed	1142	3305	2481	2046	2671	2705	4932	3943	2228	25454
Actual midwives (FTE 2010)	1051	3048	2111	1446	2253	1925	4070	2928	1957	20790
Shortfall (2010)	91	257	370	600	418	780	862	1015	271	4664
% rise needed	9%	8%	18%	41%	19%	41%	21%	35%	14%	22%
% posts needed not filled	8%	8%	15%	29%	16%	29%	17%	26%	12%	18%
Number of Live Births: One WTE Midwife	29	29	32	38	32	38	33	36	31	33

¹⁹ Birth Data from The Office of National Statistics – Birth Summary Tables England and Wales 2010 – July 2011

²⁰ Midwives Data from NHS Information Centre



Shortage of Midwives – Wales 2010²¹²²	
Live births	35,952
Hospital (94% of births)	33,795
Midwives needed, hospital (28:1)	1,207
HB & ML (6% of births)	2,157
Midwives needed, HB & ML (35:1)	62
Total number of midwives (hospital, HB & ML)	1,269
Plus 5%	63
Grand total, midwives needed	1,332
Actual midwives (FTE 2010)	1,196
Shortfall (2010)	136
% rise needed	11%
% posts needed not filled	10%
Number of Live Births: One WTE Midwife	30

²¹ Birth Data from The Office of National Statistics – Birth Summary Tables England and Wales 2010 – July 2011

²² Midwives Data from Stats Wales

Evidence from our HOMs survey confirmed the shortage of Midwives, 59.3% of HOMs said that the funded establishment was not adequate for the level of activity within their unit.

63.4% of HOMs said that the numbers of deliveries had increased in the last 12 months. When asked the reason(s) why the funded establishment was not adequate for the level of activity within their unit unsurprisingly 66.7% of HOMs stated the number of deliveries; however, 79.2% of HOMs stated that complexity of cases was contributing to the problem.

"Volume and capacity is becoming an increasing problem with current birth rates."

"Stress levels amongst staff are higher CNST requires an increase in Midwifery time the dependency on women has changed - we have experienced more dependent women in labour, more high risk cases."

60.5% of HOMs said the establishment for their Trust/Board had been reviewed in the last 12 months and 81.5% of HOMs said they expected their establishment to be reviewed this year.

Most HOMs stated that their establishment was reviewed using Birthrate Plus, however some stated that their establishment had been reviewed using an adapted version of Birthrate Plus or a local workforce tool.

"Using an adapted version of Birthrate Plus. Recommend all units in the region to be working towards a ratio of 1:30"

"The Midwifery staffing numbers have significantly increased over the last 4 years in this Trust. However, we were at a very low starting point with a ratio of 1:42. The demands of women have increased, not necessarily the case complexity but their expectations and this is very time consuming and resource heavy. Also, there needs to be much more clarity around whether 1:28 is the absolute requirement and what the MCA levels need to be to support it. I am concerned that at corporate level they seem to think (not just in this Trust) that MCAs can replace Midwives and Birthrate Plus has compounded the confusion by saying there can be 90/10 split. The HOMs know this is for Band 3 and 4 but Trusts seem to think they can include Band 2 MCAs - that is an insult to Midwives. This Trust and others are working towards 1:30 and this does not include an MCA split as it is not a Birthrate Plus methodology that is used for this."

"Whilst Birthrate Plus is a good tool, I am not that confident that there are many Trusts in England who have the staffing establishments that Birthrate Plus recommend. I understand that the SHA did an assessment a while ago, which showed within our region that there is a shortage... it wasn't until they had heard that the CQC were visiting maternity units in the region that they started to ask what has happened with staffing. I also feel that the Exec team (including the Director of Nursing) are of the view that Birthrate Plus is not in place anywhere (and is too idealistic). Safer Childbirth had very clear messages in it and we have seen success relating to medical consultants and presence on Delivery Suite, I am not confident the same has happened for Midwifery staffing."

Some HOMs did not know how their establishment was reviewed and one HOM in particular did not appear to have much confidence in how it was reviewed...

"Not known, but probably not according to any formally recognised tool(s) or recommendations."

One HOM noted the response given by the Trust/Board when seeking to increase the Midwifery establishment:

“The Midwifery budget continues to be overspent, as it has done for years and this is mainly due to the maternity tariff not covering the expenditure and this is causing huge problems. We have been told the only way we can now increase our Midwifery establishment is to bring in additional activity and so increase the tariff!”

Skill Mix

As illustrated by the quotes from HOMs there is an issue with skill mix in maternity units and how Maternity Support Workers are being included in the Birthrate Plus calculations. In our HOMs survey we asked for the number of WTE staff for each of the Maternity Support Workers and Midwives in Band 2-8:

Skill Mix in Maternity Units 2010-2011		
	2010	2011
Band 2 MSWs	15.0%	14.3%
Band 3 MSWs	4.3%	4.9%
Band 4 MSWs	0.9%	1.2%
Band 5 Midwives	6.4%	7.9%
Band 6 Midwives	53.0%	52.1%
Band 7 Midwives	18.3%	17.3%
Band 8 Midwives	2.2%	2.4%

The results remain fairly static, however we can see a slight decrease in the proportion of Band 6 and 7 Midwives and an increase in Band 5 (newly qualified) Midwives in the last year. In the HOMs survey 61.7% of HOMs said they have been asked to alter the skill mix in their Unit in the next twelve months.

We asked HOMs about any reductions in service that they have made this year or that they expect to make next year. Many HOMs noted that they were reducing specialist posts e.g. for teenage pregnancy, substance misuse etc.; specialist roles are undertaken by Band 7 Midwives so we are expecting a decrease in the proportion of Band 7 Midwives

Maternity Support Workers make up 20.4% of the maternity workforce compared to 20.2% last year. HOMs indicated that they were planning to increase the proportion of Maternity Support Workers in the next year so we would expect to see an increase in the next year.

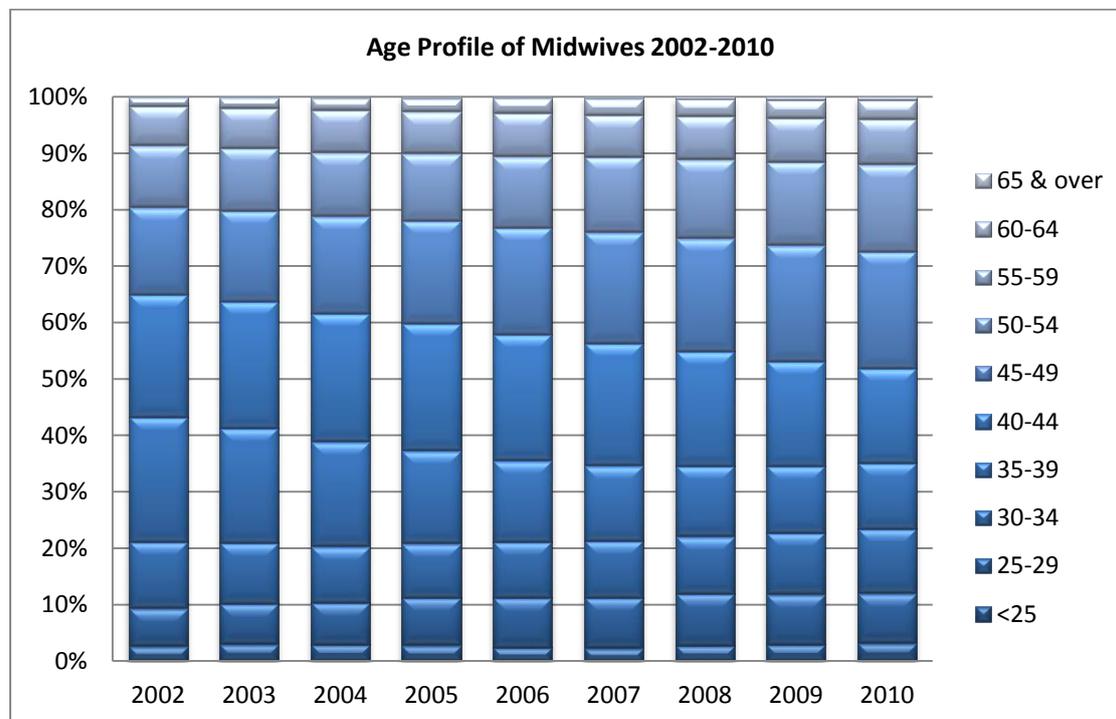
“We are realistic and know we will not recruit more Midwives therefore we are looking to increase our Maternity Care Assistant establishment.”

“I am experiencing increasing pressure from the Turnaround Director to say that the Midwifery staffing ratios are financially unaffordable.”

“Reduction in Midwives post but increase in Band 2 and 3 with total WTE providing the service remaining the same. The consequences are an increasing need for greater staff flexibility to meet peaks and troughs and a concern that there will be a reduction in the holistic nature of the Midwifery role with more task allocation.”

“Difficulty in that MSW numbers are now part of the Midwifery establishment working towards a 90/10 split - Midwives very worried about how role is eroding particularly during difficult times, when women are having greater expectations of the service provision”

Age Profile of Midwives in England



Data from the NHS Information Centre

As the chart above illustrates Midwifery is an aging workforce. In 2002 the largest age group of Midwives was 35-39 compared with 45-49 in 2010. In 2002 19.5% of Midwives were 50 years old or older compared with 27.5% in 2010.²³

Some Midwives who are members of the 1995 Pension Scheme will enjoy special class status on their pension, so they will have the ability to retire at 55; in 2010 11.9% of Midwives were 55 or over.

Considering that the NHS Pension Scheme is currently under threat from changes such as increased contributions the RCM has already received some anecdotal evidence from our members that they will retire sooner than planned so we fear that the changes to the NHS Pension Scheme could cause Midwives to retire earlier and leave the NHS.

Regardless of the proposed changes to the NHS Pension Service the fact remains that nearly a third of Midwives are approaching retirement.

²³ Age Profile of Midwives data from NHS Information Centre

Budget Cuts

Despite the current shortage of Midwives 30.8% of HOMs have been asked to reduce their establishment and 37.1% of HOMs anticipate having to reduce the levels of staff in the next 12 months.

"I have refused to reduce staff any further but we have to save a further £1M."

"In the current financial climate Maternity Services, Midwifery posts in particular, are seen as an "easy" target."

"The staff have continued to provide an excellent service and in some cases this is in an environment that is not fit for purpose. These issues are being addressed, however the huge CIP for the Trust could and will have incredible impact on how we can move services forward especially with the expectation to reduce staff numbers to meet CIP predictions."

During their career Midwives are responsible for keeping their knowledge up to date in order to remain on the professional register. Therefore it is concerning that 41.3% of HOMs will be spending less on training in the next 12 months. Many of the HOMs noted that there will be little enhanced training with a focus on the minimum to concentrate on mandatory skills. HOMs stated that there would be a move to in house training and online courses to reduce the expenditure on external courses. Some HOMs noted Midwives would have to complete online courses in their own time and some would have to fund their own delegate fees for courses.

"Reduction in mandatory training attendance sessions - moved to on line learning achieved in Midwives own time."

"No money to pay for training courses. Difficult to release staff for training as needed on the shifts for clinical safety."

"Training budgets all removed, in house training only unless self funded."

Conclusions

Using the Government figures and the Birthrate Plus methodology there is currently a shortage of 4,664 Midwives in England and 136 in Wales. Nearly a third of the current Midwifery workforce are approaching retirement. The HOMs survey confirmed that establishments in maternity units are currently not adequate for the level of activity in their Trust/Board and HOMs indicated that they would have to further cut their establishments and the services they offer.

Added to this, the skill mix in maternity units is changing to show less experienced Midwives in posts and we anticipate further changes with less Band 7 Midwives and more Maternity Support Workers. Since, the age profile of the Midwifery workforce shows nearly one third of Midwives are aged 50 or over, as these more experienced Midwives retire it will further affect the skills mix of units.

The RCM believes that understaffed, overworked units will create unsafe maternity units and will mean that Midwives are working far harder at a time when their pay, in real terms, has decreased.

Chapter Three – Recruitment and Retention

Introduction

As discussed previously there is a shortage of Midwives, evidence from the HOMs survey suggests there are newly qualified Midwives to fill those shortages and the number of job applications per Midwifery post have increased.

However, there are not enough applications from experienced Midwives and the number of vacancies in Trusts is still high and the majority of vacancies are over three months old.

Morale and motivation is low amongst Midwives and Maternity Support Workers and the RCM believes the current situation in maternity services will have a negative effect on the recruitment and retention of Midwives and the attractiveness of Midwifery as a career.

The RCM would like the NHSPRB to consider the Recruitment and Retention Premia for Midwives.

Vacancies

Despite there being a shortage of Midwives there are still vacancies across the UK. 79.0% of HOMs said there were vacancies in their Trust/Board; on average HOMs recorded 9 vacancies per unit with 67.0% of the vacancies over three months old.

In previous evidence to the NHSPRB the RCM has made the argument that we suspect long term vacancies are not being filled or the recruitment process is too lengthy to allow replacement staff to be put into place within three months.

The accuracy of vacancy rates has been challenged on many levels; The Institute for Employment Studies states:

“The accuracy of the data was challenged by the Review Body, based as they were on a once a year snapshot of vacancy levels, and then attributing changes in vacancy rates to labour market/recruitment changes. The figures could distort the true number of vacancies by underestimating the number of vacancies. If Trusts were using temporary staff, this could underestimate the number of vacancies. Vacancies could be overestimated if posts remained unfilled because of unusually long recruitment processes or because posts were left open for staff who were temporarily not working but due to return.”²⁴

Previously we have been able to compare our vacancy rate recorded from our Heads of Midwifery Survey to the information on the NHS Information Centre.

However, this year the NHS Information Centre has suspended vacancy collections and publications for 2011 as the collections are being reviewed.

Therefore, we can only include the RCM’s vacancy rates for 2011 and compare them to the NHS Information Centre’s data from 2010.

²⁴ ‘Review of National Recruitment and Retention Premia in the NHS’ Institute for Employment Studies 2010

When the NHS Information Centre released their report into vacancies in 2010 it was noted that:

“In contrast to most other groups Midwives show a steadily increasing three month vacancy rate, more than double the 2007 low of 0.5%.”²⁵

	NHS Information Centre (2010)		RCM figures - HOMs Survey (2011)	
	Vacancy rate	3 month rate	Vacancy rate	3 month rate
North East	0.7%	0.0%	1.6%	0.9%
North West	1.7%	0.0%	2.8%	1.6%
Yorkshire and the Humber	2.6%	1.3%	2.7%	1.1%
East Midlands	1.4%	0.0%	1.9%	0.9%
West Midlands	1.4%	1.1%	4.3%	1.0%
East of England	5.3%	2.6%	6.0%	4.0%
London	3.8%	2.4%	6.9%	5.9%
South East	3.1%	1.5%	4.4%	2.6%
South Central	5.9%	2.5%	7.3%	5.9%
South West	0.5%	0.3%	2.7%	1.5%
England	2.7%	1.2%	4.8%	3.2%

Our figures show that there is still a staggeringly high vacancy rate; South Central has the highest at 7.3%; followed by London at 6.9%, East of England at 6.0%, South East at 4.4% and West Midlands at 4.3%.

Considering there is a shortage of Midwives in every Strategic Health Authority in England and funded establishments are not adequate for the levels of activity in maternity units it is astonishing that vacancies are going unfilled.

As discussed above, in previous evidence to the NHSPRB the RCM has made the argument that we suspect long term vacancies are not being filled. Some HOMs indicated there were vacancies in their Unit but the Trust/Board was not recruiting to those posts:

“Unfilled vacancies due to temporary ‘freeze’ on posts although not referred to as a ‘freeze’ by management but as ‘temporary job suspension’.”

Interestingly, even though there is a shortage of Midwives and a high vacancy rate, 83.5% of HOMs said that compared to last year recruitment and retention issues were about the same or less difficult.

64.5% of HOMs said that job applications per Midwifery post had increased in the last year and many spoke of the large numbers of newly qualified Midwives applying for jobs due to the large amount of applications per job:

²⁵ ‘NHS Vacancies Survey England 31st March 2010’ NHS Information Centre

"More qualified Midwives in the area with no permanent jobs."

"The process is more onerous due to greater number of applicants."

"Easier, other units have capped their recruitment especially newly qualified Midwives."

"Larger pool of newly qualified Midwives looking for posts."

"High numbers of students. We now have no Midwifery vacancies (and are over recruited until we balance the staffing with more support staff) and have 12 students without jobs."

"I have many Midwives who want to work here but no job to offer them."

"It is concerning because we do not have enough vacancies for those applying."

"Lots of student Midwives applying for jobs."

Many HOMs stated that while there is a large amount of newly qualified Midwives who are seeking posts within their Trust there is less movement between Trusts/Boards by more experienced Midwives affecting the skill mix of their unit.

"Harder to recruit experienced Midwives"

"Short of experienced Midwives which does not help skill mix issues."

"Less experienced Midwives moving posts"

"Difficult to recruit to Band 7 posts due to reduced numbers"

"More difficult to recruit experienced Midwives and Midwives for community work because of on call"

"Volume of experienced applicants has decreased – mainly newly qualified"

"There is less movement of staff from other Trusts"

Joiners and Leavers

81.7% of Trust/Boards recorded that Midwives had joined their Unit, on average HOMs recorded 12 joiners per unit in the last twelve months. 66.9% of the Midwives who joined the Unit were newly qualified with 26.4% of Midwives transferring from another Trust/Board.

88.6% of HOMs recorded that Midwives had left their Trust/Board, on average HOMs recorded 7 Midwives per unit in the last 12 months. 27.6% of the Midwives who left the Trust/Board had retired, 19.0% changed to another NHS employer, and 16.9% changed to another employer. Some HOMs recorded that there were some Midwives who left the Trust/Board due to financial reasons, including childcare costs and some Midwives left to improve their work life balance including childcare and other caring responsibilities.

Morale and Motivation

17.3% of HOMs said there had been a reduction in service in the last 12 months and 31.6% of HOMs said there would be a reduction in service in the next 12 months. 37.5% of HOMs said their Unit had to close in the last 12 months.

"I have concerns about service delivery, home visiting, maintaining quality, staff disillusionment."

"The implications for the women requiring our care will be significant. There will be less opportunity to provide support for home births and one to one care in labour in the hospital setting. The ever increasing public health agenda and the requirement of specialist Midwives to meet these requirements is poorly funded, so services for vulnerable women and families are and will be at risk."

"Activity and complexity increases without establishments increasing poses pressures for staff to provide good quality safe services. Cost improvements being imposed on budgets results in the budgets being overspent and the overspends being managed by the ward areas - this results in cost cutting not necessarily in the appropriate manner."

There were some general comments around the Trusts/Boards being more concerned with reducing costs rather than providing quality maternity services.

"Non-Midwives have ever increasing authority over maternity services."

"Relentless pressure to reduce costs with a feeling that no-one at Executive level, except for our Head of Nursing, is keeping a watchful eye on quality and patient experience"

"The financial constraints of the NHS and Trust make working practice challenging. The rising tide of complaints and dissatisfaction within the workforce impact on quality care and service provision."

One HOM articulated the budget concerns by the Trust Executive superseding the drive to provide a quality maternity service combined with a reduction in training and development for Midwives and poor staff morale due to poor remuneration.

"Funded establishment does not allow for extra annual leave allocation following Agenda for Change, sickness absence or study leave. Strict controls over use of bank staff. There is a failure on the part of the senior management team to listen to concerns voiced re: future direction of the service in view of the need to manage the overspend (incurred by use of bank staff due to "temporary suspension of posts") and efficiency savings. Reduction in access to opportunities for staff practice & professional development. Inequity in accessing opportunities for staff practice & professional development between medical (no barriers presented) and other staff. Poor staff morale. Concerns re: redundancy / redeployment. No pay rise for 3 years. Pensions! Extending working years. Possibility of threat to terms and conditions of service. Cost of rise in fuel with no increase in reimbursement. Poor remuneration for supervisors of Midwives. Poor remuneration for Midwives on call. Failure to recognise that the nature of Midwifery means often incurring overtime (now to be unpaid) especially when staff shortages compound the problem...We currently provide a very high quality service and we are very concerned that we will be unable to sustain this level of service in the future."

31.3% of HOMs said there had been complaints about bullying/harassment in their Unit and 74.5% of HOMs said their employees had been subject to verbal or physical abuse in the last 12 months.

While most HOMs reported that verbal or physical abuse occurred less than once a month some HOMs reported that verbal or physical abuse was very frequent, occurring on a weekly basis. The majority of HOMs reported that the abuse was verbal although there were incidents of physical abuse reported. The majority of abuse seems to be perpetrated by partners and visiting relatives and because of visiting times and regulations or when child protection actions have been taken.

“Visitors on the postnatal wards were verbally aggressive towards staff when asked to leave, security had to be called to help the staff.”

“Too many to count, one Midwife pushed against a wall and threatened by a visitor. One Midwife subject to internet bullying and abuse from a partner.”

“Verbal abuse a regular and sustained issue, two separate threats made towards Community Midwives, one of violence and the other to kill her. Both reported to the Police and action taken.”

“2-3 times a week, the reception staff suffer because they enforce visiting regulations.”

“Approximately 20 patients and or partners verbally aggressive to staff in day assessment unit, antenatal ward, labour ward and postnatal ward. In most cases security was called - in some cases the partner was removed.”

Recruitment and Retention Premia

As presented in previous chapters by using the Birthrate Plus methodology there is currently a shortage of 4,664 Midwives in England and 136 Midwives in Wales. The shortage occurs in every Strategic Health Authority across England.

We have presented evidence that shows Trusts/Boards are cutting the training budget for Midwifery and Maternity staff. We have also presented evidence that shows Trusts/Boards are reviewing the skill mix of their Maternity Units. The RCM argues that not only will this have an affect on Midwives career progression, it will also affect the retention of Midwives as the inability to progress will have an effect on the attractiveness of Midwifery as a career.

Midwifery is a challenging career, for the above reasons understaffed units and an inability to progress, but also the increasing complexity of cases, pressures to make efficiency savings in Trusts/Boards and verbal and physical abuse in the workplace. Added to this the Government is imposing a pay freeze for the second year running at a time when RPI is running at over 5% resulting in real terms as a pay cut and is attempting to further reduce Midwives incomes by increasing their pension contributions. This results in Midwives working harder for less money and working harder with less prospects to progress in their career. We fear this will also have an effect on the retention of Midwives and the attractiveness of Midwifery as a career.

We have presented evidence that shows in addition to a shortage in the number of Midwives Midwifery is an aging workforce with nearly two thirds of Midwives approaching retirement.

Despite this, according to our HOMs survey, there is a vacancy rate of 4.8% in England; 79% of HOMs across the UK recorded that there were vacancies in their Trust/Board with an average 9 vacancies per Trust/Board; and 67% of the number of vacancies were over three months old. Moreover, HOMs reported a problem in recruiting more experienced Midwives to their Trust/Board which is having an effect on the skill mix in their unit.

We have also argued that since newly qualified Midwives start at pay point 16 just above the pay freeze this does not appear to be a sufficient reward for obtaining professional qualifications nor does it appear to be a sufficient reward for the years of hardship suffered and the debt incurred while at University. If the rewards are not seen to be sufficient this could have the effect of deterring students from choosing Midwifery as a career.

The NHS Employers website states that:

“National recruitment and retention premia are agreed national pay supplements for individual jobs, or groups of jobs, where market pressures would make it difficult for NHS organisations to recruit and retain particular jobs, UK wide at the normal salary”²⁶

When the NHS Information centre’s Vacancy Survey Report was published in 2010 it was accompanied by a quote from the NHS Information Centre’s Chief Executive, Tim Straughan who said:

“These survey figures show a slight dip in long term vacancies for most of the main staff groups in the English NHS. However, Midwives and GPs seem to be the exception to the general pattern. Such findings will be of use to the NHS in showing which job roles appear to be difficult to fill.”²⁷

When discussing newly qualified Midwives last year the Institute for Employment Studies noted that newly qualified Midwives should be kept under review for the recruitment and retention premia:

“Given that new entrant pay data is well behind the market, this position should be kept under review, despite the absence of recruitment and retention difficulties reported by Trusts.”²⁸

Given that the NHS Information Centre noted that Midwifery vacancies ‘appear hard to fill’ and newly qualified Midwives have already been identified by the Institute for Employment Studies as a group that should be kept under review, we feel that the NHSPRB should consider keeping newly qualified Midwives under review for Recruitment and Retention Premia. We would ask the NHSPRB what guidance to the service they might provide about local Recruitment and Retention Premia in regions and/or nations where there is a long term shortage of Midwives.

²⁶ www.nhsemployers.org

²⁷ NHS Vacancies Survey England 31st March 2010 Report – NHS Information Centre

²⁸ ‘Review of National Recruitment and Retention Premia in the NHS’ Institute for Employment Studies 2010

Conclusion

As discussed, there is a shortage of Midwives and there are newly qualified Midwives to fill those shortages and the number of job applications per Midwifery post have increased. However, the number of vacancies is still high (4.8% in England) and the majority of vacancies are over three months old.

It appears that it is becoming increasingly difficult for newly qualified Midwives to find a job due to the large amount of applications per Midwifery post, despite there being a high number of vacancies including long term vacancies in Trusts. Conversely, there appears to be too few experienced Midwives applying for jobs.

Morale and motivation is low amongst Midwives and Maternity Support Workers caused by an increasing workload in understaffed maternity units. The prospects to progress in their career is limited due to the reduction in roles and the limits put on training. Midwives and Maternity Support Workers also are subject to verbal and physical abuse in their role.

Given the above evidence, the RCM would like the NHSPRB to consider keeping newly qualified Midwives under review for Recruitment and Retention Premia. We would ask the NHSPRB what guidance to the service they might provide about local Recruitment and Retention Premia in regions and/or nations where there is a long term shortage of Midwives.

Conclusion and Summary

- The Royal College of Midwives (RCM) continues to support the NHS Pay Review Body (NHSPRB). The RCM is committed to the independent process of the Pay Review Body and strongly opposes any moves away from this process.
- The RCM is opposed to decisions relating to pay that have not arisen from the Pay Review Body, the most pertinent example being the decision by the Treasury to freeze the pay of public sector employees for two years.
- The RCM remains committed to national pay agreements and is concerned that an increasing number of Foundation Trusts are attempting to move away from Agenda for Change and form their own local terms and conditions.
- The RCM is pleased that our Maternity Support Workers (MSWs) who are Bands 2-4 will be considered for an annual uplift in pay this year.
- The RCM is concerned that pay will be frozen for another year for those employees at pay spine 16 creating a smaller gap between pay point 15 and 16. Newly qualified Midwives start at a Band 5 (i.e. £21,176 per annum).
- Using Birthrate Plus methodology there is currently a shortage of 4,664 Midwives in England and 136 in Wales. This is creating a heavier workload for Midwives at a time when in real terms their pay has been cut. This is unsustainable and will have an effect on the attractiveness of Midwifery as a career.
- We have presented evidence that shows Trusts/Boards are cutting the training budget for Midwifery and Maternity staff. We have also presented evidence that shows Trusts/Boards are reviewing the skill mix of their Maternity Units. The RCM argues that not only will this have an affect on Midwives career progression but also the attractiveness of Midwifery as a career.
- We have presented evidence that shows Midwifery is a challenging career, with increasing birth rates, increasing complexity of cases, a shortage of Midwives, a change in skill mix, a reduction in training, and verbal and physical abuse in the workplace. Added to this the Government is imposing a pay freeze for the second year running at a time when RPI is running at over 5% resulting in real terms as a pay cut and is attempting to further reduce Midwives incomes by increasing their pension contributions. This results in Midwives working harder for less money and working harder with less prospects to progress in their career.
- Given the above evidence, the RCM would like the NHSPRB to consider keeping newly qualified Midwives under review for Recruitment and Retention Premia. We would ask the NHSPRB what guidance to the service they might provide about local Recruitment and Retention Premia in regions and/or nations where there is a long term shortage of Midwives.

Appendix One – Royal College of Midwives Heads of Midwifery Survey 2011

Every year the RCM conducts a survey of all Heads of Midwifery (HOMs) in the UK.

The survey was conducted electronically using Survey Monkey. The surveys were sent out in August and HOMs were asked to give their answers for their Trust/Board as of 1st July 2011

There were 82 returns on the survey – a response rate of 47.3%



Heads of Midwifery Survey 2011

Guidance:

The RCM's annual HOMS Survey is sent to every Head of Midwifery in the UK and will form part of the RCM's evidence to the Pay Review Body in September.

(Please note that by Head of Midwifery we mean the Head of Midwifery for the Trust/Board. If this is not yourself please could you forward on to the appropriate person)

Please answer all questions as of 1st July 2011

If you have any questions or queries please contact Amy Leversidge at the RCM on Amy.Leversidge@rcm.org.uk or 020 7312 3457.

Please complete this survey by no later than Friday 19th August 2011

Thank you for taking the time to complete this survey.

Section One – General Information		
1.	Name	
2.	Job Title	
3.	Trust/Board	
4.	Email Address	
5.	Telephone number	

Section Two – Your Staffing Establishment			
Please answer questions as of 1 st July 2011			
Useful Information:			
MSWs/MCSWs – Maternity Support Workers/maternity Care Support Workers The RCM defines MSW/MCSW as any employee who supports Midwives, so would include MSWs, Nursery Nurses etc.			
WTE – Whole Time Equivalent			
The RCM recommends that that minimum Midwife to women staffing ration across a maternity service offering a full range of choices is 1:28			
6.	In the twelve months to 1 st July 2011 how many births per year does your unit deliver?		
7.	In the last twelve months has the number of deliveries.....	Increased	
		Decreased	
		Stayed the same	
8.	Please complete the following figures for 1 st July 2011	Total Funded WTE Establishment	
	Midwives		
	MSWs/MCSWs		
	Other		
	Total		
9.	Please complete the following figures for 1 st July 2011	Total Staff in Post - Headcount	
	Midwives		
	MSWs/MCSWs		
	Other		
	Total		
10.	Please complete the following figures for 1 st July 2011	Total Staff in Post- WTE	
	Midwives		
	MSWs/MCSWs		
	Other		
	Total		
11.	Please give the total number of staff (WTE) in the following categories		
	MSWs/MCSWs (Band 2)		
	MSWs/MCSWs (Band 3)		
	MSWs/MCSWs (Band 4)		

	Midwives (Band 5)	
	Midwives (Band 6)	
	Midwives (Band 7)	
	Midwives (Band 8)	
	Total	
12.	In your view is the funded establishment adequate for the level of activity in your unit?	Yes
		No
	If YES move onto question 15	
13.	Have any of the following factors contributed towards this problem? <i>(please tick all that apply)</i>	Changes in delivery rates
		Reduction in midwifery budget
		Changes in complexity of case mix
		Unable to recruit adequate number of Midwives
		Other factors <i>(please state)</i>
14.	How many, additional WTE Midwives do you need to bring your establishment up to an acceptable level?	
15 a)	When was your staffing establishment last reviewed?	In the last 12 months
		1 – 3 years ago
		3 to 5 years ago
		5 to 10 years ago
		More than 10 years ago
15 b)	How was your staffing establishment reviewed?	
16.	Is your staffing establishment expected to be reviewed in the next twelve months?	Yes
		No
17. a.	In the last 12 months (till 1 st July 2011) has the Midwifery Staffing establishment...	Increased
		Decreased
		Stayed the same
	If the staffing establishment has stayed the same please move onto question 18	
b.	If the staffing establishment has changed please give the reasons for this:	
18.	Are there currently vacancies in your unit?	Yes
		No
	If no, please move to question 20	
19. a.	How many WTE Vacancies are there in your unit? (all staff)	
b.	If there are any vacancies how many are more than 3 months old?	
20.	In the 12 months till 1 st July 2011 have there been any	Yes

	Midwives who have joined the Trust/Board	No	
If no, please move on to question 24			
21.	In the last 12 months (till the 1 st July 2011) how many Midwives joined the Trust/Board?		
22.	If Midwives have joined the Trust/Board in the last twelve months (till the 1 st July 2011) how many....		
	Were newly qualified		
	Joined from another Trust/Board		
	Joined from overseas		
	Joined from another of the UK countries		
23.	Other (Please state, including the number of Midwives)		
24.	In the 12 months till 1 st July 2011 have there been any Midwives who have left the Trust/Board	Yes No	
If no, please move on to question 28			
25.	In the last 12 months how many Midwives have left the Trust/Board		
26.	Why have Midwives left the Trust/Board in the last 12 months? (Please state the numbers of Midwives next to the reason)		
	Changed to another NHS Employer		
	Changed to another employer but remained in Maternity Services		
	Changed to another employer and left Maternity Services		
	Retired		
	Retired due to ill health		
	Break due to maternity leave		
	Sabbatical		
	Left to work overseas		
27.	Are there any other reasons why Midwives have left the Trust/Board? (Please include the number of Midwives)		
28.	In the last 12 months job applications per Midwifery post have.....	Increased Decreased Stayed the same	
29.	a.	Compared to last year do you consider recruitment and retention issues to be	Less difficult About the same More difficult Don't know
If you answered 'the same' OR 'don't know' move on to question 29			
	b.	If it has become easier/harder to recruit and retain Midwives what is/are the reason(s) for this?	

Section Three – Budgets			
30.	In the last 12 months has the Midwifery Budget	Increased	
		Decreased	
		Stayed the same	
31.	Have you been asked to reduce your establishment?	Yes	
		No	
32.	Have you been asked to alter the skills mix?	Yes	
		No	
33.	Have you had to make any staff redundant in the last 12 months (till 1 st July 2011)?	Yes	
		No	
If no, please move on to question 35			
34.	How many staff have been made redundant?		
35.	Do you anticipate being asked to reduce levels of staff in the next 12 months?	Yes	
		No	
If no, please move onto question 37			
36.	How many staff will need to be reduced?	Midwives	
		MSWs/MCSWs	
		Other	
		Total	
37.	Please describe what the consequences will be e.g. workload and service delivery		
38.	Will you be spending less on training in the next 12 months?	Yes	
		No	
If no, please move onto question 40			
39.	Please give details		
40.	Due to budget restraints have there been any reductions in service in the last twelve months (till 1 st July 2011)?	Yes	
		No	
If no, please move onto question 42			
41.	Please give details of the reductions in service		

42.	Due to budget restraints do you anticipate any reductions in service in the next twelve months?	Yes	
		No	
If no, please move onto question 44			
43.	Please give details of the reductions in service that you anticipate you will have to make in the next twelve months		
44.	Has your unit had to close in the last twelve months till 1 st July 2011?	Yes	
		No	
If no, please move onto section 4			
45.	How many times has your unit closed in the twelve months till 1 st July 2011?		

Section Four – Morale and Motivation

46.	In the last 12 months (till 1 st July 2011) have there been any complaints in your unit about bullying or harassment?	Yes	
		No	
If no, please move onto question 48			
47.	Please give details e.g. how many complaints have there been and the nature of the complaints		
48.	In the last 12 months (till 1 st July 2011) have members of your staff been subject to verbal or physical abuse?	Yes	
		No	
If no, please move onto Section Five			
49.	Please give details e.g. how many times this has happened and the nature of the abuse		

Section Five – Maternity Support Workers/Maternity Care Support Workers			
50.	What are MSWs/MCSWs main duties? (Please tick all that apply)	Administrative and Clerical	
		Hotel Services (cleaning, making beds etc.)	
		Organising Antenatal/Parentcraft meetings	
		Assisting in theatre	
		Breastfeeding advice and support	
		Maternal Observations	
		Baby Observations	
		Demonstrating infant baby techniques	
	Other (Please specify)		
51.	What specific education, training and development do they receive?		
52.	Is there any education, training and development that your MSWs/MCSWs need? (Please tick all that apply)	Literacy	
		Numeracy	
		ICT	
		Communication	
		Other (please specify)	
53.	Have you experienced any problems in introducing MSWs/MCSWs into workplace?	Yes	
		No	
	If no, please move onto Section Six		
54.	Please describe the problems you have faced		

Section Six – Final Comments

55.	If there is anything else that you would like to comment on or draw attention to please feel free to do so here:						
56.	<p>The answers that you have given will be confidential. The results from the survey will form part of our evidence to the Pay Review Body and may contribute to other publications and consultation documents that the RCM produced in the next year.</p> <p>The results from the survey will not identify individual trusts.</p> <p>However, there are times that the Employment Relations department would like to use individual trusts as case studies, particularly in our campaign to protect maternity services.</p> <p>Would you be willing to discuss any of your answers in further detail and to use your unit as a case study to illustrate the current situation in Maternity Services in the UK?</p> <p>(This could be done on or off the record)</p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Yes</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">No</td> <td></td> </tr> </table>		Yes			No	
	Yes						
	No						
Thank you for completing the survey							