



# Royal College of Midwives

## **RCM evidence to the NHS Pay Review Body 2022**

### **Introduction**

The Royal College of Midwives (RCM) welcomes the opportunity to submit evidence to the NHS Pay Review Body (PRB).

The 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.

The RCM's evidence to the PRB in 2021 was set to the backdrop of COVID-19, the biggest challenge in the NHS's history, Government applause for NHS 'heroes' now seems a distant memory but the pandemic is not. One year on we are in the midst of another wave. Midwives and MSWs are exhausted and demoralised not only by the pandemic but by years of pay stagnation, understaffing and under-investment. A member survey conducted by the RCM during August 2021 showed that 92% of midwives and MSWs do not feel valued by the Government. That same survey found that over half of respondents were considering leaving their job, with 57% saying they would leave the NHS in the next year.

Currently the PRB's remit is for England and Northern Ireland only, but we understand that remit for Wales is expected. As in previous years NHS pay for Agenda for Change staff in Scotland will be decided through collective bargaining. It is to be noted that pay rates in Scotland are higher than the rest of the UK. Last year's 4% pay award for most midwives and MSWs in Scotland continued this trend.

As was the case last year, the Secretary of State's remit letter to the PRB outlines the need for the affordability of a pay award to be taken into consideration to ensure that the NHS is able to recruit, retain and motivate its Agenda for Change workforce. Other key priorities in the remit letter include nurse recruitment and tackling the elective backlog. This is a contradiction, pay is a key factor in recruitment and retention of staff and staff shortages exist across the NHS, not least in maternity services. The NHS cannot afford to lose midwives and MSWs with rising taxes, bills and increased pension contributions for many it may soon be the case that midwives and MSWs cannot afford to work for the NHS.

The RCM warned in our evidence to the PRB last year that midwives and MSW's may vote with their feet and workforce data shows that this has started to happen. The latest NHS workforce figures for England are a red flag for midwifery. In July of last year, we saw for the first time – in monthly figures that stretch back to 2009 – a



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year-on-year fall in the number of midwives working in the NHS in England. The most recent figures, for October 2021, show an annual fall of 278 in the number of full time equivalent (FTE) midwives in England's NHS

Following the announcement by the Government of a 3% pay rise for NHS staff in England RCM members overwhelmingly told us that it was not enough. They also told the RCM that it should review its support of the PRB after the inadequate recommendation. The Government's late evidence submission and announcement of the pay award just before summer recess meant that NHS staff received their insufficient pay rise almost six months late, further undermining the process. It is imperative that timelines are kept to, though we acknowledge that the delays were largely out of the PRB's control. As stated in the joint trade unions evidence we ask that the impact of a delay to implementing the pay rise is considered as an additional risk to the retention of staff. The RCM with the other NHS trade unions stand ready to undertake discussions on applying an earlier settlement in response to the growing NHS staffing crisis. Specifically, we would like to remind the Westminster Government of its power to act outside of the NHS PRB process and are calling for urgent action to prevent more immediate workforce losses. With the NHS trade unions we are calling for an urgent retention package to be put in place, with a decent pay rise at its heart.

Workforce shortages are critical and morale is rock bottom. If the NHS is to address the challenges it faces it must pay its staff fairly and address the real terms losses they have experienced over the past decade. The Prime Minister announced at the Conservative Party conference that his ambition was for the UK to be a high skilled, high wage economy. A good start to this would be to recognise that midwives and MSWs are already highly skilled at what they do and they deserve a pay rise that recognises that. A pay rise that starts to make up for years of pay restraint. With rising prices, inflation and the upcoming National Insurance increase, RCM members will have even less in their pockets.

Our evidence this year includes official workforce data for England, and evidence from the RCM's annual Heads of Midwifery (HOMs) survey which like last year was shortened due to the immense pressure on midwifery managers. We received responses from 78 individual HOMs/DOMs across the UK, representing 49% of NHS trusts and health boards. We also include evidence from an RCM member experience at work survey which ran from 22 July – 25 August 2021 and received 1588 responses (91% of respondents worked in England).

The RCM's evidence this year is focused on shortages in maternity services, the impact of those shortages on morale and motivation and the cost of living crisis faced by our members. Evidence from the joint trade unions covers the wider financial and economic affordability evidence.



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Our evidence is divided into three main sections:

- The shortage of midwives, recruitment and retention
- Midwives and MSWs morale and motivation
- Economic picture and lost pay

## Key messages

- The longstanding shortage of midwives is set to worsen if midwives are not retained in the NHS. The fall of 278 FTE midwives in England paints a worrying picture
- Midwives and MSWs are considering leaving the NHS. 57% of respondents to our member survey told us that they are thinking about leaving the NHS and the same percentage said they would do so in the next year
- This is not just the position of midwives close to retirement, of those respondents who had worked in the NHS five years or less 50% were considering leaving and 46% said they would do so in the next year
- HOMs are finding it increasingly difficult to recruit to vacancies. 77% described the process of recruiting Band 6 midwives as 'difficult' or 'very difficult'
- After a number of years of reduced use almost all HOMs (98%) told us they had to call in bank and/or agency staff 'very often' or 'fairly often'
- Excess working hours and lack of breaks is a common feature for midwives and MSWs, 85% of HOMs told us that it was difficult to ensure that all staff take their breaks and leave on time
- 97% of HOMs survey respondents said they rely on either a significant or a moderate amount of goodwill, significantly worse than in previous years
- Midwives and MSWs do not feel valued by the Government and RCM members told us that the 2021/22 pay award was not good enough
- On 1 April 2022 when NHS staff are due to receive their pay rise National Insurance contributions are set to increase. At the same time the cost of goods, services and energy are all rising and high rates of inflation are forecast to persist throughout 2022. This together with pay growing at its slowest rate since the Napoleonic wars<sup>1</sup> is leading to a cost of living crisis across the UK
- An urgent retention package is required, with a decent pay rise at its heart to begin to address the staffing crisis

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<sup>1</sup> <https://www.bbc.co.uk/news/uk-politics-41388022>



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- An inflation-busting pay rise that absorbs the impact of increases to pension contributions is required to ensure that NHS staff can cope with rising and rapidly fluctuating costs
- The PRB's recommendation should contain a commitment that the value of NHS pay scales will be restored over a clear timetable and that the 2022-23 pay rise will be a significant 'downpayment' as part of that pay restoration.

## **The shortage of midwives, recruitment and retention**

There is currently a shortage of just over 2000 midwives in England, a figure which is accepted by the Westminster Government. This is based on the total number of births in England and is informed by the Birthrate Plus workforce planning tool for midwifery.

Birthrate Plus calculates how many midwives are needed to meet the needs of women, by:

- retrospectively measuring the workload (usually based on three to six months' worth of activity) according to case-mix categories, ranging from normal, low risk pregnancies to highly complex pregnancies, for which specialised care will be required
- Factoring in additional midwifery time to account for annual leave, sickness absence, maternity leave and training
- Adding a further element of midwifery time for midwives employed in specialist or managerial roles who will not always be available to provide direct midwifery care
- Applying a 90:10 skill-mix between the work of midwives and what can be allocated to MSWs.

The RCM's assessment measures the gap between the number of midwives required to provide safe care and the number in post, this is a more reliable indicator of staffing shortages than vacancy rates, which don't tell us whether the staffing establishment accurately reflects the needs of the service.

The most recent figures from NHS Digital (October 2021), paint a worrying picture, with an annual fall of 278 FTE midwives in England. This is on top of data from July 2021, which recorded the first year-on-year fall since NHS Digital first published these figures in 2009. In the RCM's evidence to the PRB last year we warned that midwives who, due to a desire not to abandon colleagues at the height of the pandemic may well leave the NHS in the coming years, these latest figures indicate that this is now happening. It is unsurprising given the shortages that a growing number of maternity services have received poor CQC ratings.



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Although the RCM is working to support NHS England and Health Education England (HEE) to increase entry routes into midwifery including through return to practice, overseas recruitment and shortened programmes for nurses wishing to move into midwifery. It should be stressed that while our shortage assessment aligns with the additional student midwife training places commissioned by HEE, this does not mean translate into enough midwives entering the workforce. Retention is absolutely key, with the number of midwives leaving the profession, the net impact of an additional 3,650 trainee places may only be 0.54 whole time equivalent (WTE) midwife for every 1 training place. Drastic action is required to ensure that experienced midwives are retained in the NHS, without retention, recruitment efforts can at best generate marginal improvements in midwife numbers

Pay is absolutely key to recruitment and retention. The 2021/22 3% pay rise was inadequate and left RCM members feeling undervalued and demotivated. 95% of members who responded to our survey asking for views on the pay rise told us that it wasn't enough.

## **Other measures the RCM is calling for**

In 2020 the RCM wrote to both the NHS Chief Midwifery Officer and NHS England Chief Executive to outline the severity of our concerns about the current shortages in maternity services. Below are some of the steps we outlined that should be taken to address this:

- Use recruitment and retention premia (RRPs) to target posts and areas with the greatest shortages. Under Agenda for Change RRP's may be paid in circumstances "where market pressures would otherwise prevent the employer from being able to recruit staff to and retain staff in, sufficient numbers for the posts concerned"
- Prioritise the health and wellbeing of maternity staff, including for example by retaining some of the measures brought in during the pandemic, such as safe rooms, access to psychological support, free car parking and the availability of hot meals
- Slow the pace of implementing change programmes, such as continuity of carer schemes, until services can assure that safe staffing levels are in place.
- Ensure the improved Agenda for Change flexible working provisions become a reality for midwives and MSWs. Flexible working is important to achieving a positive work life balance. The RCM's member survey showed that only 35 per cent of respondents did not have some form of caring responsibility and over one quarter (26.7%) of working RCM members are in their 50s who may be retained in the NHS through better access to flexible retirement options or 'retire and return'





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- Tackle discrimination and harassment, that lead to toxic workplace cultures.

As part of the NHS trade unions we are also calling on the Government to put in place an urgent retention package as soon as possible. We are calling for the prioritisation of additional measures (utilising the Agenda for Change agreement) that will:

- Ensure banding outcomes reflect job content
- Reward additional hours fairly
- Prevent burnout by limiting excess hours
- Support progression and career development
- Encourage employers to use RRP's to retain staff where shortages are a risk to staff wellbeing and quality of care

Addressing these issues alongside a fair pay rise could reduce preventable resignations from the service over the next 12 months.

## **Intention to leave**

Results of the RCM member (midwives and MSWs) experience at work survey were extremely concerning, well over half (57%) of respondents told us that they are considering leaving the NHS and the same percentage said they would do so in the next year. This is not just the position of midwives close to retirement, of those respondents who had worked in the NHS five years or less 50% were considering leaving and 46% said they would do so in the next year. If current staff are not retained we cannot hope to solve the staffing crisis faced by the NHS.

The top three reasons that RCM members told us they were considering leaving the NHS was, unhappy with staffing levels, not satisfied with the quality of care they are able to deliver and unhappy with their pay. Fair pay is integral to recruitment and retention, currently we see a vicious cycle of midwives and MSWs unhappy with staffing levels and leaving, further exacerbating shortages. A significant pay rise is key, respondents told us that they may be encouraged to stay/return to the NHS if there were more midwives and MSWs, they had increased pay and a change in working conditions.

38% of respondents to the RCM survey said they could not see themselves returning to work in the NHS in the future, Of those who had worked five years or less in the NHS 22% could not see themselves returning to work in the NHS in the future, 23% could and 55% didn't know. Of the respondents working five years or less in the NHS 94% said increased pay could encourage them to stay, this figure was 86% of all respondents. It is imperative that the NHS is able to retain those midwives and



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MSWs who are new to the NHS not only because of the immediate staffing crisis but to avoid creating further shortages in the future.

This evidence suggests that many of those considering leaving could be persuaded to stay with increased pay leading to improved staffing levels and in turn improved working conditions. Fair pay is critical to the recruitment and retention of midwives and MSWs. *Closing the gap* a report by the King's Fund, the Nuffield Trust and the Health Foundation, states that "Pay and reward are tangible signs of how far staff are valued and have a clear impact on retention"<sup>2</sup>.

## **The impact of implementing Midwifery Continuity of Carer (MCOC) on the workforce**

In our evidence last year we outlined the RCM's position on MCOC. Whilst we support this model of care based on the clinical evidence, the RCM has expressed concern that there is currently not adequate investment or staffing levels for this to be successfully implemented. The pause in implementation in England, requested by the RCM was initiated by the Maternity Transformation Programme in December 2021 and is welcomed.

The RCM's HOMs survey this year asked a number of questions on MCOC including the key barriers to implementation. The top three barriers that HOMs identified were staffing shortages (86%), staff reluctance or opposition (78%) and the impact of the pandemic (76%).

Without proper funding, enough staff, fair pay and a healthy work life balance for midwives and MSWs it will not be possible to successfully implement MCOC, further impacting on midwives and MSW's morale and motivation.

## **Maternity Budgets**

The RCM HOMs survey asked whether maternity budgets had increased, decreased or stayed the same in the past 12 months, just 44% of respondents said budgets had increased.

We also asked HOMs across the UK whether their funded establishment matched BR+ or other workforce assessment tools, over one third (37%) said it did not. These figures are a slight improvement on last year but as we will highlight later on in our evidence this is likely not due to an increase in the number of substantive staff as by almost every other measure shortages and pressures on services were worse in 2021 than in 2020.

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<sup>2</sup> <https://www.kingsfund.org.uk/publications/closing-gap-health-care-workforce>



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We asked HOMs what measures they were taking if the funded establishment did not match workforce planning tools, 40% of the HOMs who answered this question said they were seeking additional funding, either internally or externally. Many made specific reference to Ockenden funding applications, while others said they were requesting additional funding from their CCG and applying for maternity funding monies. 1 in 3 respondents to this question reported escalating the matter to the board, with many submitting business cases and/or papers in support of additional funding. Other measures being taken to address the issue included making use of Return to Practice (RtP) midwives, obstetric nurses, MSWs, admin support staff, and backfilling with bank staff and overtime.

## **Staffing levels**

Historically high vacancy rates in maternity teams have been exacerbated over the last twelve months due to the COVID-19 pandemic, increased sickness absence levels and self-isolation of staff. Although vacancy rates do provide a useful indication of the pressure services are under they do not give a full reflection of shortages as funding for posts varies and as evidenced as above funded establishments often do not reflect the true needs of the service.

In 2021 87% of HOMs who responded to this question told us that they currently have midwife vacancies, this is a huge increase on 2020 when 71% told us that their unit had midwife vacancies. Almost half (47%) had MSW vacancies.

To begin to establish the length of time vacancies exist in maternity units we also asked HOMs approximately how many of the vacancies (e.g. to the nearest 10 headcount figure) were over three months old. Almost two thirds (64%) of the midwife vacancies were over three months old and 70% of the MSW vacancies were over three months old

HOMs are finding it increasingly difficult to recruit to vacancies, over a third (37%) of those recruiting for Band 6 midwives described the process as 'very difficult', with 77% overall describing it as 'difficult' or 'very difficult'. Band 7 midwives, Band 8a and above midwives, and specialist midwives were all proving more difficult to recruit to than in previous years with 32%, 26% and 31% of respondents describing them as 'difficult' or 'very difficult' respectively. This is a sharp increase on previous years, in 2020 25% of HOMs told us it was difficult or very difficult to recruit to midwife vacancies.

## **Reasons for leaving**

It is imperative that the NHS is able to retain valuable, experienced midwives in the profession, as in previous years the top reason HOMs identified for leaving was retirement. Changes to the way services are delivered and relocation were the next two most commonly cited reasons. Changes to the way services are delivered as a





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reason for leaving is another indication that the pressure services are under and concerns about the speed at which MCOC is being implemented is having a real impact on the workforce.

## Bank and Agency use

It is extremely concerning that after a number of years of reduced use almost all HOMs (98%) told us they had to call in bank and/or agency staff 'very often' or 'fairly often'. 61% said this was very often – nearly every day.

## Workforce skill mix

Year	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a - VSM
2015	0.30%	14.80%	7.20%	1.70%	7.80%	52.20%	14.80%	1.20%
2016	0.40%	15%	7.60%	1.60%	7.50%	52.30%	14.40%	1.20%
2017	0.30%	14.80%	7.40%	1.60%	7.50%	52.50%	14.30%	1.60%
2018	0.30%	14.40%	7.70%	1.60%	7.30%	52.90%	14.50%	1.30%
2019	0.10%	14.20%	8.20%	1.70%	7.60%	52.60%	14.70%	0.90%
2020	0.03%	13.50%	9.03%	2.98%	7.12%	51.43%	14.84%	1.07%
2021	0.02%	13.20%	9%	1.60%	7.50%	51.80%	15.60%	0.94%

(Data taken from NHS Digital workforce statistics)

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. The majority of midwives and MSWs are at the top of their pay band (the full rate for the job) meaning the lack of opportunities to progress in both career and salary is keenly felt. There has been an increase in the number of Band Seven midwives in 2021 but this is in the context of an overall drop in the number of midwives and is still significantly lower than the 18.3% 10 years ago<sup>3</sup>.

Opportunity for career progression is also an equalities issue, despite women making up 77% of the NHS workforce<sup>4</sup>, the Agenda for Change higher pay bands have a disproportionately high number of men<sup>5</sup>. The most recent Workforce Race Equality Standard (WRES) report showed that white applicants were 1.61 times more likely to be appointed from shortlisting, worse than in 2019 (1.46)<sup>6</sup>. As of May 2020, fewer than 10 of the 136 (7.4%) maternity units in England had a Head or Director of Midwifery from a Black, Asian or minority ethnic background. However,

<sup>3</sup> <https://www.rcm.org.uk/media/1911/rcm-evidence-nhs-pay-review-2017.pdf>

<sup>4</sup> [NHS England » NHS celebrates the vital role hundreds of thousands of women have played in the pandemic](#)

<sup>5</sup> [gender-pay-gap-briefing-ne1883-5.pdf \(nuffieldtrust.org.uk\)](#)

<sup>6</sup> [Workforce-Race-Equality-Standard-2020-report.pdf \(england.nhs.uk\)](#)



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approximately 12-14% of the midwifery and MSW workforce are from a Black, Asian or minority ethnic background. Lack of opportunities for career progression can only worsen poor morale and motivation and means that low or no pay awards are more keenly felt.

Last year we noted that there had been an increase in the number of Band 3 and 4 MSW posts but highlighted that this was likely to be in part because student midwives in years two and three of their studies were employed to support to services during the pandemic. Disappointingly this year shows that this was likely a correct assumption as the number of Band 4 posts has returned to its 2018 level.

As we have noted in previous years the RCM is concerned that poor local job evaluation practice has meant that Band 2 MSWs were undertaking as standard a range of delegated clinical duties which do not match a Band 2 job profile. This risks undermining the NHS Job Evaluation Scheme. Job evaluation underpins the entire Agenda for Change pay structure and ensures equal pay for work of equal value. The NHS Staff Council's Job Evaluation Group has an established programme of maintenance to update the standard 'job profiles' which support employers to allocate roles to bands as effectively as possible it is the local application of the Job Evaluation Scheme that could have the most positive impact on retention. As part of the joint trade unions the RCM is calling for a Government-level commitment to the NHS Job Evaluation Scheme and mechanisms put in place to deliver and monitor access to job banding reviews where roles have changed. Resource is also needed and priority given to deliver a programme of capacity-building for local job evaluation, alongside access to improved central resource to support local job evaluation leads including networks to share expertise, encourage good practice and enforce standards across geographical patches.

## **HOM's comments on recruitment and retention**

"approx 41% of staff are aged 50+ and will be eligible to retire or flex in the next 5 years"

"Become v difficult to recruit, midwives leaving the profession and not just to another unit. Actively supporting all staff considering to leave".

"recruitment is proving difficult. We have established an LMNS recruitment drive to reduce 'back word' for posts given out however, having given out 33 posts in March i am now in August and have had 9 withdrawals"

"we are unable to successfully recruit to our vacancy as planned due to an insufficient number of midwifery applicants despite all 3rd year students receiving guaranteed offers of employment"

"its becoming increasingly difficult to recruit band 6 midwives. Universities having 1 intake a year makes it more challenging with recruitment, as you have a glut of newly qualified once a year and not spread out across the year"



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“Difficult to recruit some areas due to close proximity to London with low HCA's”

“R&R (retire and return) midwives usually return to their previous post on reduced hours. Continuity of Carer has been voiced as one of the reasons midwives have left, particularly very experienced community midwives who do not want to work in the acute unit. 2 managers have also left the NHS completely citing this, they don't feel they have it in them to try and “drag” staff through this massive transformation during the ongoing pandemic. Staff morale and resilience is very low. Some of our CofC midwives have left due to us having to use them for escalation as there have been no other options, they are burnt out”

“The challenges with Continuity with such large numbers of the workforce working part time only”

“Retire and return staff are encouraged and remain at grade if retire and return to same post. Some midwives retire and return as MSW. Recruitment only successful from newly qualified midwives”.

## **RCM member's comments on intention to leave**

“Reduced staffing means we are constantly working with 30-40% less midwives than we should to safely provide a service. It's not fair to the women or staff and leaves everybody vulnerable”

“I worked clinically through the first wave and have seen the tremendous pressures clinical staff have been under and the dangerous staff shortages that are just not acceptable for us and the women we care for”

“[I'm] not happy with the apparently infinitely expanding list of things we're expected to be responsible for”

“I feel broken”

“I feel unable to mentally and physically continue to work under such pressure”

“There are high levels of trauma amongst staff from COVID. Resilience is low. The senior midwifery team have had enormous pressures with competing demands and on an almost daily basis modifying services to keep women/pregnant people and staff safe...senior colleagues have felt huge pressure from the national team to run services as normal with little support or understanding of the constraints that an individual service may have, with for instance, buildings infrastructure where social distancing is not possible within the existing footprint. As a team we have and continue to ride this storm but it doesn't feel as though we are supported nationally in this and our reserves are low”



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“[I’ve] seen the pay going from decent to not enough over the course of my career, being a midwife has the potential to ruin the rest of your life and give you mental health and health issues and that is not reflected in the pay”

“I am hard working and intelligent and will not continue to be worked to the bone each and every shift, with no break, with the kind of responsibility I hold for £24,000 a year. It's a joke to be quite frank. I won't be a clinical midwife for long at this rate”

“I would like to continue working as I feel I have valuable skills to share. However, the stress and demands of the job are not worth the pay. If I could reduce my hours and work differently I would but there are no opportunities for me to do this without stepping down to B6 rotation”

“Stress at work is far too great for the amount I get paid.”

## **Midwives’ and MSWs’ morale and motivation**

Evidence from both the RCM’s HOMs and wider member surveys show a workforce under extreme pressure that feels totally undervalued. The results of questions in the HOMs survey related to morale and motivation show a significant deterioration compared with last year.

Excess working hours and lack of breaks is a common feature for midwives and MSWs, 85% of HOMs told us that it was difficult to ensure that all staff take their breaks and leave on time. This was a notable increase on previous years, with 54% in 2020 and 52% in 2019 answering that this was difficult. Comments we received about workload and missing breaks highlighted that it had become an accepted issue, how hard it was to resolve due to current shortages and high acuity and the impact of the pandemic. HOMs told us that in some cases bank midwives were being used in an attempt to solve the issue.

Unsurprisingly given the evidence already presented an unprecedented number of HOMs told us that they rely on goodwill from midwives and MSWs to give high quality, safe care to women and their families. Almost all HOMs (97%) said they rely on either a significant or a moderate amount of goodwill (46% relying on a significant amount, and 51% relying on a moderate amount). In 2020 and 2019, 83% and 86% respectively said they relied on the goodwill of their staff.

Similarly HOMs reported worse levels of morale and motivation amongst midwives and MSWs than in previous years. 90% of HOMs who responded told us that morale and motivation were just ok or poor with 41% of those telling us it was poor or bad. Again this is significantly worse than the previous two years. In 2020 61% told us morale was ok or poor with 11% of those telling us it was poor or bad.

We asked HOMs if they had any other comments about morale and motivation, they told us that the ongoing Covid-19 pandemic and strains on maternity units acted as a



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persistent barrier to improving the morale of staff. HOMs told us that they were taking a range of approaches and strategies to tackle low morale among staff, this included engagement or listening sessions, ensuring leaders were visible and wellbeing events.

The RCM's member survey which was conducted after the Government announced the 3% pay award for NHS staff in England showed that overwhelmingly midwives and MSWs do not feel valued by the Government. In fact 92% of respondents said being a midwife or MSW is not valued by the Government. When the results were filtered by those working in the NHS for five years or less this figure rose to 96% of members who do not feel the Government values midwives and MSWs. The RCM also surveyed members to ask how they felt about the 3% pay award. 95% of those members who responded told us they were unhappy with the pay award for 2021/22.

## **Economic picture and take home pay**

Midwives and MSW's pay rise is due on 1 April 2022 on the same day that National Insurance contributions are set to increase. At the same time the cost of goods, services and energy are all rising and high rates of inflation are forecast to persist throughout 2022. This together with pay growing at its slowest rate since the Napoleonic wars<sup>7</sup> is leading to a cost of living crisis across the UK.

The Resolution Foundation predicts that taxes and energy bills combined will rise overnight by an average of £1,200 per household in April of this year.<sup>8</sup> Already, more than 2 million additional households have slipped into fuel poverty compared to the start of 2021, bringing the total to 6 million, 22% of all households across the UK.<sup>9</sup> April's cap increase will affect far more households than past changes, thanks to the near-absence of fixed tariffs for the second half of 2021 and the fact that customers moving from failed suppliers are being moved onto standard tariffs. With increases to National Insurance, NHS pension and council tax contributions on the horizon, the tax burden will rise to over 35.5% of GDP by the end of the current parliament, the highest level since 1948.<sup>10</sup> The Office for National Statistics (ONS) show that the Consumer Prices Index (CPI) measure of inflation has risen from 0.7% in January 2021 to 2% in July to 3.2% in August, the biggest monthly jump since records began, and rising further to 4.2% by October 2021, a bigger leap than economists had predicted and hitting 5.1% in the 12 months to November 2021. This is the highest

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<sup>7</sup> <https://www.bbc.co.uk/news/uk-politics-41388022>

<sup>8</sup> <https://www.resolutionfoundation.org/app/uploads/2021/12/Labour-Market-Outlook-Q4-2021.pdf>

<sup>9</sup> <https://www.theguardian.com/society/2022/jan/01/6m-homes-uk-pay-energy-bills-price-hike-fuel-poverty>

<sup>10</sup> <https://www.thetimes.co.uk/article/britains-tax-burden-will-rise-to-highest-in-70-years-qsrX0wxxw>





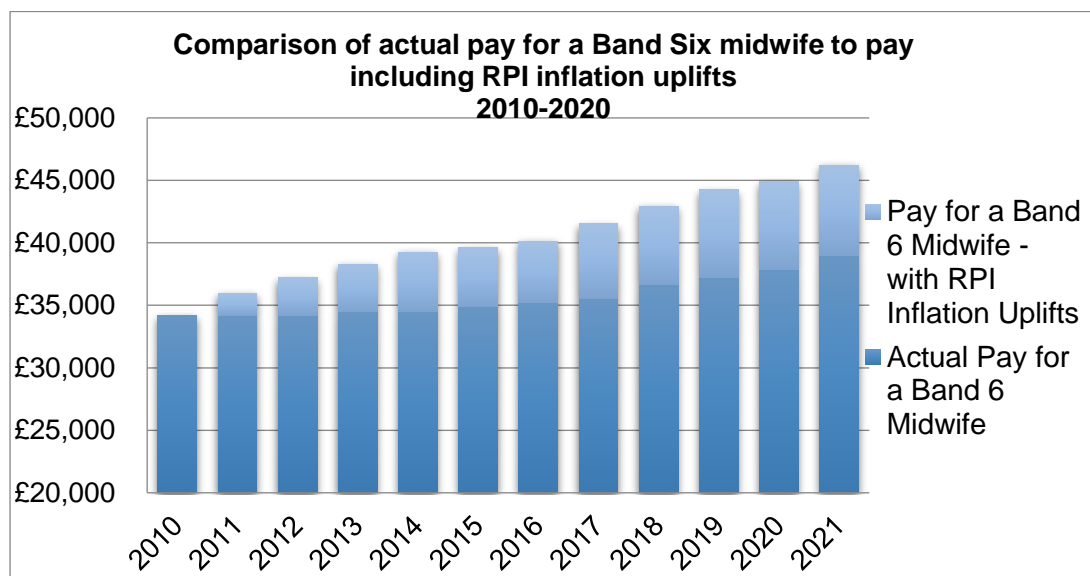
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CPI 12-month inflation rate since September 2011, when it stood at 5.2%.<sup>11</sup> The Bank of England expects CPI inflation to reach 6% in the spring.<sup>12</sup> Grocery price inflation also jumped to 3.5% in December 2021.<sup>13</sup>

In our response to the Department of Health and Social Care NHS pension consultation on proposed changes to member contributions from 1 April 2022 we highlighted the impact that raising pension contributions for middle and lower paid NHS staff would have<sup>14</sup>. This is at a time of rising prices, inflation, an upcoming National Insurance increase and inadequate pay awards will mean that RCM members are worse off in real terms all at a time when morale is rock bottom. The NHS pension scheme is a valuable benefit to members but unless overall levels of pay are significantly increased higher pension contributions could lead to distrust in the scheme and even the retention crisis.

It is absolutely imperative that midwives and MSWs see a significant increase in their actual take home pay to address the poor morale and motivation and chronic staffing shortages highlighted earlier.

The chart below shows the actual pay for a midwife at the top of Band Six (England) from 2010-2021 and pay if there had been increases to their salary in line with RPI inflation. In 2021 the value of pay for a midwife at the top of Band Six has decreased by over £7,000 in real terms since 2010.



<sup>11</sup> <https://www.ons.gov.uk/economy/inflationandpriceindices/timeseries/l55o/mm23>

<sup>12</sup> <https://www.bankofengland.co.uk/monetary-policy-summary-and-minutes/2021/december-2021>

<sup>13</sup> <https://www.theguardian.com/business/2022/jan/05/grocery-inflation-adds-15-to-britains-christmas-bills>

<sup>14</sup> <https://www.rcm.org.uk/media/5780/rcm-response-to-nhs-pensions-contribution-consultation-converted.pdf>



# Royal College of Midwives

A restorative pay rise is important to the morale and motivation of RCM members who have seen their pay fall in real terms for more than a decade. Without an element of 'catch up' to this year's pay award it is unlikely that midwives and MSWs will begin to feel valued by the Government.

## **Conclusion**

The RCM want to see a recommendation from the PRB that is evidence based, considered in the context of the cost of living crisis and ongoing pandemic. With the number of midwives in England falling for the first time, when there is already a shortage of just over 2000. Recruitment becoming increasingly difficult, 77% of HOMs overall describing the process of recruiting Band 6 midwives as 'difficult' or 'very difficult'. Morale and motivation of midwives and MSWs at rock bottom with 90% of HOMs who responded to our survey telling us that morale and motivation were just ok or poor, a significant deterioration on previous years. Over half (57%) of respondents to the RCM's member survey telling us that they are considering leaving the NHS and the same percentage saying they would do so in the next year. The PRB's recommendation for 2022/23 has the opportunity to begin to address the most significant workforce challenges maternity services have faced.

The 2021/22 3% pay rise was inadequate and left RCM members feeling undervalued and demotivated. 95% of members who responded to our survey asking for views on the pay rise told us that it wasn't enough and 92% of midwives and MSWs told us they do not feel valued by the Government.

The RCM is calling for:

1. An inflation-busting increase to ensure that NHS staff can cope with rising and rapidly fluctuating costs which may change significantly over the pay year
2. An increase that absorbs the impact of increases to pension contributions
3. That benchmarks the bottom of the structure against the Real Living Wage
4. That contains a clear commitment that the value of NHS pay scales will be restored over a clear timetable and that the 2022-23 pay rise will be a significant 'downpayment' as part of that pay restoration.