

# Evidence to the NHS Pay Review Body

December 2017



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# Executive Summary

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

**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 evidence in this submission comes from a variety of official sources. We have also conducted research to inform the NHSPRB about the situation in maternity services. Firstly, our annual survey of Heads of Midwifery (HOMs) which asks HOMs information about their service for April 2016 - April 2017. The 2017 HOMs survey had a response rate of 50%. Secondly, we have conducted a survey about midwives' and maternity support workers' feelings about their pay; we had 2,449 responses to the survey which was conducted in July - August 2017. We also undertook a freedom of information (FOI) request on NHS organisations' spending on agency, bank and overtime for midwives in 2016.

In the RCM's pay survey of midwives and maternity support workers we had thousands of comments from members about their feelings about pay restraint, their expectations of a pay rise and what this would mean for them and maternity services and how pay restraint is affecting their motivation, satisfaction and engagement. We have included a number of representative comments so that the NHSPRB can get a good idea about the lived experiences of midwives and maternity support workers working in the NHS today. We have included these stories throughout the evidence and hope that they will convey the message to the NHSPRB that fair pay in the NHS is overdue.

## **Our evidence is divided into four sections:**

- Government Pay Policy.
- The Shortage of Midwives.
- The Impact of Pay Restraint.
- Midwives' and Maternity Support Workers' Motivation, Satisfaction and Engagement.

## **Our key arguments are:**

- The first section of our evidence discusses government pay policy. The RCM is increasingly frustrated by the way the government has threatened the independence of the NHSPRB by restraining public sector pay since 2010. While we welcome the commitment by the Chancellor to increase funding to pay for whatever recommendation the NHSPRB make this year, their actions over the past seven years have undermined the integrity of the system and caused lasting damage to the morale and motivation of staff. We need to make clear that this can't just be empty words, the commitment must result in an actual pay increase for all staff and the government must change their approach to pay for the long term to earn back the trust and confidence of staff.
- The RCM would like to see the NHSPRB make an unfettered recommendation on pay and our view is that the pay award for 2018/19 should be an 3.9% uplift for staff based on RPI inflation; a sum of £800 added to every point on the pay structure to catch up for lost pay; and funding to invest in the pay structure for the Agenda for Change refresh.

- The second section of evidence discusses the shortage of midwives. The evidence we present shows that there is currently a shortage of 3,500 midwives in the UK. The shortage is calculated by the rising birth rate and increased complexity of health needs. We also give evidence about the numbers of vacancies in maternity units and how the shortage of midwives is leading to a reliance of maternity units on expensive temporary staff. This section includes figures such as:
  - NHS organisations spent £97,164,386.40 on agency, bank and overtime in maternity services in the UK in 2016.
  - 76% of HOMs have vacancies in their unit.
  - 69% of HOMs said a Recruitment and Retention Premium (RRP) would be helpful for their unit.
- Our evidence also argues that the shortage of midwives could potentially grow further caused by poor workforce policy decisions by the government. The RCM has grave concerns that the removal of the bursary and introduction of tuition fees for student midwives this year will drastically reduce the numbers of students planning to study midwifery. The RCM is also concerned that if the nearly 1,200 midwives from other EU countries are not given the right to remain we will see an upsurge in the shortage of midwives in the coming months and years. Furthermore, the RCM has concerns about the changing skill mix in maternity units which indicate that leadership positions in maternity units are in decline and the age profile of maternity units which indicate that there are issues around the retention of staff in their mid-thirties. It is clear that the number of new recruits must increase and the service must retain existing staff to prevent the downward spiral of staffing shortages. Our evidence shows that:
  - 61% of RCM members' pay survey respondents said they were considering leaving the service in the next year or next two years but 80% of respondents who were considering leaving said they would stay if they had a pay increase.
- The third section of our evidence discusses the impact of pay restraint on midwives and maternity support workers. The evidence we present this year shows that midwives and maternity support workers are facing significant hardship due to seven years of pay restraint which is impacting on their ability to give high quality and safe care to women. Midwives and maternity support workers feel that pay restraint is unfair and that they deserve a pay rise. There is a clear expectation amongst RCM members that because the public sector pay cap has been scrapped they will get at least an inflationary pay increase. Our evidence shows that pay restraint is already impacting negatively on industrial relations in the NHS and will continue to do so if it continues. Our evidence also that shows the positive impact a fair pay increase for 2018/19 would have on midwives and maternity support workers and the service they provide to women and their families. The evidence we present includes figures such as:
  - In 2017 the value of pay for a midwife at the top of band six has decreased by over £6,600 since 2010.
  - 94% of HOMs said that seven years of pay restraint has had a negative impact on morale and motivation in their unit.
  - 86% of the RCM members' pay survey respondents strongly agreed/agreed with the statement 'I feel worse off financially than I did five years ago'.
  - 35% of RCM members' pay survey respondents strongly agreed/agreed with the statement 'I worry so much about money that it affects my work'.
  - 89% of RCM members' pay survey respondents use some form of credit and the most common method is credit cards. 50% of respondents are in £5,000 or more of debt and 31% of respondents are in £10,000 or more of debt.
  - 84% of RCM members' pay survey respondents said if the government end their policy of public sector pay restraint they would expect the NHS Pay Review Body to recommend an above-inflationary pay increase.

- The fourth section of our evidence shows that because of staff shortages maternity units are struggling to meet the demands of the service, with HOMs frequently redeploying staff to other areas; using bank and agency staff; withdrawing services and closing the unit. Fundamentally, organisations are relying on the goodwill of midwives and maternity support workers to staff the units and this is leading to high levels of stress and burn out and is causing midwives to leave midwifery. Maternity services are in a catch-22 situation with many midwives leaving midwifery because of understaffing which further exacerbates staffing levels. The evidence includes figures such as:

- 84% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'my workload is at an appropriate level'.
  - 91% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'there are enough staff at my organisation for me to do my job'.
  - 93% of HOMs said their unit relied on goodwill from midwives.
  - 98% of RCM members' pay survey respondents said they felt that their organisation is reliant on their and their colleagues' goodwill.
  - 23% of RCM members' pay survey respondents work more than five hours extra unpaid every week.
  - 49% of HOMs said they had to close their unit in the last year because they couldn't cope with the demand. This is compared to 38.6% of HOMs in 2016.
  - In total, units closed 209 times, the average was six times. Six units closed on ten or more occasions with one unit closing 33 times during the year.
  - 76% of HOMs said they had to redeploy staff to cover essential services either very or fairly often.
- Many midwives and maternity support workers tell us about the vocational nature of their work and that they are motivated to provide high quality and safe care to women and their families. However, midwives and maternity support workers tell us that they feel that the government and employers are taking advantage of this by increasing their workload and restraining their pay and this is damaging employment relations in the NHS. Moreover, midwives tell us they feel that since staffing pressures have continued to increase for nearly a decade the motivation they gain through the vocational aspects of their profession has significantly decreased because they don't have the time to provide women with the level and quality of care they deserve. The evidence we present includes figures such as:
    - 47% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'I look forward to going to work'
    - Only 2% of RCM members' pay survey respondents said they felt valued by the government.
    - 87% of RCM members' pay survey respondent strongly disagreed/disagreed with the statement 'I have enough time to get my job done'.
    - 80% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'I am able to give the level of care I aspire to'.

- In conclusion, our evidence shows that maternity units are facing unprecedented challenge. Maternity units are overworked and understaffed and this has resulted in low levels of staff engagement. Midwives and maternity support workers report low levels of engagement with organisational initiatives to improve productivity. There is well-known evidence that shows high levels of staff engagement improve organisations' financial performance through savings on litigation costs and sickness absence costs and this improves patient outcomes. Midwives and maternity support workers have never been so challenged in their ability to provide high quality and safe care. Our evidence argues that it is clear from the current and growing staffing crisis that the numbers of new recruits and students places must increase. The pay structure and annual uplift must be good enough to attract new staff into the NHS and students into viewing the NHS as a viable and attractive career option. However, there is already a long-standing shortage of midwives and there are significant issues with workforce planning that could increase the shortage further (Brexit; the introduction of tuition fees; the changing skill mix; and the age profile of midwives) it is imperative that the NHSPRB make a recommendation for a fair pay rise so that existing midwives can be retained. A fair pay rise for NHS staff is the key intervention that could be made now to break the downward spiral of the current staffing crisis.

## Recommendations

- We believe that the increase to the national minimum wage is part of Government's economic and social policy and this should be funded in addition to the increase to the pay bill.
- We would like to see a return to UK-wide pay structures for the NHS; this would involve re-setting the NHS pay structures to the current Scotland rates.
- The RCM believes that the NHSPRB needs to break the public sector pay restraint and should recommend an appropriate pay award to ensure that NHS organisations are able to recruit and retain staff in the NHS. We believe that the retail prices index (RPI) is the most appropriate measure for the cost of living and therefore an award of 3.9% should be applied to the re-set pay structure to determine salaries for 2018/19.
- The RCM believes that the NHSPRB should also make a recommendation to make up for lost pay over the last seven years of pay restraint. We would like to see the NHSPRB recommend an additional consolidated sum of £800 to be added to all points on the pay structure.
- The RCM would also like to hear the NHSPRB' views about the funding for the refresh of the Agenda for Change pay structure. The RCM believes that Government should invest in the pay structure to ensure it is sustainable for the future.

# Contents

## **Section One: Government Pay Policy**

- The independence of the NHS Pay Review Body
- Negotiations on the Agenda for Change pay structure
- Midwives as professionals

## **Section Two: The Shortage of Midwives**

- The shortage of midwives - Birthrate Plus calculation
- Vacancies, recruitment, retention in maternity units
- Spending on agency, overtime and bank midwives
- The European Union and Brexit
- Changes to the student bursary
- Skill mix
- Age profile of midwives and flexible working
- Impact of staffing on morale

## **Section Three: The Impact of Pay Restraint**

- Value of NHS pay
- Attitudes towards pay restraint
- Managing finances and debt
- Expectations of a pay increase

## **Section Four: Midwives' and Maternity Support Workers' Motivation, Satisfaction and Engagement**

- Staff motivation
- Staff job satisfaction
- Staff engagement
- Service delivery
- Influence at a local level

## **Conclusions and Recommendations**

# Section One – Government Pay Policy

## Introduction

The RCM is increasingly frustrated by the way the government has threatened the independence of the NHSPRB by restraining public sector pay since 2010. While we welcome the commitment by the Chancellor to increase funding to pay for whatever recommendation the NHSPRB make this year their actions over the past seven years have undermined the integrity of the system and caused lasting damage to the morale and motivation of staff. We need to make clear that this can't be just be empty words, the commitment must result in an actual pay increase for all staff and the government must change their approach to pay for the long term to earn back the trust and confidence of staff.

The RCM would like to see the NHSPRB make an unfettered recommendation on pay and our view is that the pay award for 2018/19 should be an 3.9% uplift for staff based on RPI inflation; a sum of £800 added to every point on the pay structure to catch up for lost pay; and funding to invest in the pay structure for the Agenda for Change refresh.

## The independence of the NHS Pay Review Body

As stated above, the RCM is frustrated by the way the government has constrained the NHSPRB since 2010. This has fundamentally threatened the independence of the NHSPRB; undermined the integrity of the system; and will cause lasting damage to the morale and motivation of staff, worsening the staffing crisis in the NHS.

In 2014 the government and employers made the unprecedented decision to reject the recommendation of the NHSPRB and stand down the NHSPRB from recommending an uplift for 2015/16. The actions by the government and employers led to the RCM taking industrial action for the first time in our 134-year history. We cannot understate the gravity of our decision to undertake industrial action and the seriousness of our members' decision to vote for and take action. Fundamentally, this act, by the Secretary of State, weakened the trust and confidence that NHS staff had in the pay structure and, added to the ongoing political interference in NHS pay, the integrity of the system has been undermined.

We agree with the NHSPRB's statement in their Twenty-Seventh Report 2013 that said:

*"We believe our process has most value when we are able to bring independent and expert judgement to bear on all factors within our terms of reference. The UK government's approach not only pre-judged our deliberations but influenced the expectations of staff and effectively set both a ceiling and a baseline to our considerations."*

The RCM remains committed to the independence of the NHSPRB process and would like to see an end to political interference with the NHSPRB.

## Negotiations on the Agenda for Change pay structure

Following the resolution of the 2014 pay dispute the RCM, and other NHS trade unions, agreed to enter into discussions around the pay structure to ensure that it is fair and fit for purpose. In recent months the talks have gained pace due a renewed commitment by the government to engage purposefully with us.

The RCM believes that pay structure could be improved and made fairer. We believe that there should be fewer incremental points in each pay band so that midwives, maternity support workers and other NHS staff can reach the top of the band, which is the true rate of the job, in a more appropriate period of time. This is particularly important given the equalities impact of long incremental scales. It would be appropriate to remove the bottom pay points in each pay band as this has the added advantage of removing the overlaps between the pay bands.

The RCM does not agree with arguments made in the past by NHS Employers and government that incremental progression can act as a substitute for an annual pay increase on basic pay. Incremental progression represents reward for increased skill and experience as agreed under the Agenda for Change framework. Previously the NHSPRB has taken the position that incremental progression is a separate issue to basic pay. Therefore the funding to refresh the Agenda for Change pay structure must be separate to the funding for an inflationary pay increase.

Moreover, it would not be acceptable if midwives and other NHS staff were asked to fund the pay restructure through cuts to their terms and conditions, including unsocial hours payments. As the NHSPRB reported in 2015, unsocial hours payments are necessary for the existing running of seven day services, such as maternity services, and the main barrier to providing extended services is because of staffing levels. Therefore reductions to unsocial hours would reduce the capability that the NHS has to provide seven day services.

Indeed, in our 2017 Heads of Midwifery Survey we asked HOMs what impact a change to unsocial hours would have and they said:

*"This would have a major impact. This is often a good incentive for staff working such unsocial hours"*

Head of Midwifery, England

*"Staff will look for other jobs as they will have no incentive to stay"*

Head of Midwifery, England

*"It will be catastrophic as there will be no incentive to work unsocial hours. Particularly when night working is known to have harmful effects on staff health and wellbeing"*

Head of Midwifery, England

*"Will have a significant impact on cover for unsocial hours and significantly impact negatively on staff morale due to reduced value of salary over the past few years"*

Head of Midwifery, England

*"There will be no incentive to work unsocial hours so it would be difficult to cover rota and provide safe service at nights and weekends."*

Head of Midwifery, England

*"Severe impact in light of consistent low pay increases and the ambition for midwives to have a work life balance"*

Head of Midwifery, England

*"A massive impact. With pay as low as it is it will have devastating effects"*

Head of Midwifery, England

We maintain our position that services cannot be extended elsewhere in the NHS by undermining hard working midwives and maternity support workers and nor should midwives and maternity support workers pay for their own pay increase through cuts to their terms and conditions.

An important aspect of the discussions around refreshing the Agenda for Change pay structure have been how the pay structure is fundamental to the recruitment and retention of the right number of staff and therefore how the pay structure can address the critical staff shortages in the NHS. We address the shortage of midwives in the next section.

## Midwives as professionals

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.

## Conclusion

In conclusion, the RCM is increasingly frustrated by the way the government has threatened the independence of the NHSPRB by restraining public sector pay since 2010. While we welcome the commitment by the Chancellor to increase funding to pay for whatever recommendation the NHSPRB make this year their actions over the past seven years have undermined the integrity of the system and caused lasting damage to the morale and motivation of staff. We need to make clear that this can't be just be empty words, the commitment must result in an actual pay increase for all staff and the government must change their approach to pay for the long term to earn back the trust and confidence of staff.

The RCM would like to see the NHSPRB make an unfettered recommendation on pay and our view is that the pay award for 2018/19 should be an 3.9% uplift for staff based on RPI inflation; a sum of £800 added to every point on the pay structure to catch up for lost pay; and funding to invest in the pay structure for the Agenda for Change refresh.

## Section Two – The Shortage of Midwives

### Introduction

The Agenda for Change pay structure and annual pay award are fundamental to the recruitment and retention of the right numbers of staff and addressing the critical staff shortages in the NHS. This section will give evidence about the long-standing and damaging shortage of midwives in the UK.

There is currently a shortage of 3,500 midwives in the UK. The section will show how the shortage is calculated by the rising birth rate and increased complexity of health needs. This section will give evidence about the numbers of vacancies in maternity units and how the shortage of midwives is leading to a reliance of maternity units on expensive temporary staff.

This section will go on to give evidence that the shortage of midwives could potentially grow further through poor workforce policy decisions by the government. The RCM has grave concerns that the removal of the bursary and introduction of tuition fees for student midwives this year will drastically reduce the numbers of students planning to study midwifery. The RCM is also concerned that if the nearly 1,200 midwives from other EU countries are not given the right to remain we will see an upsurge in the shortage of midwives in the coming months and years. Furthermore, the RCM has concerns about the changing skill mix in maternity units which indicate that leadership positions in maternity units are in decline and the age profile of maternity units which indicate there are issues around the retention of staff in their mid-thirties.

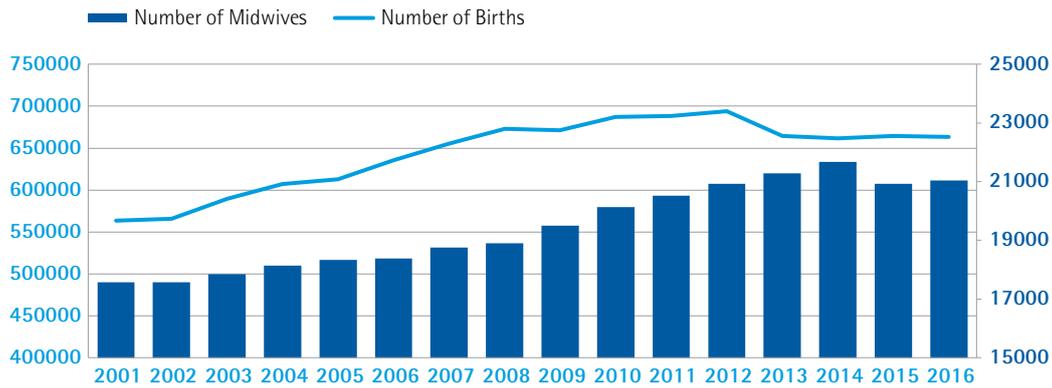
It is clear from the current and growing staffing crisis that the numbers of new recruits and student places must increase. The pay structure and annual uplift must be good enough to attract new staff into the NHS and students into viewing the NHS as a viable and attractive career option. There is already a long-standing shortage of midwives and there are significant issues with workforce planning that could increase the shortage further (Brexit; the introduction of tuition fees; the changing skill mix; and the age profile of midwives) it is imperative that the NHSPRB make a recommendation for a fair pay rise for midwives. A fair pay rise for NHS staff is the key intervention that could be made now to retain existing staff in the service so we can break the downward spiral the current staffing crisis.

### The shortage of midwives – Birthrate Plus calculation

The RCM recommends that the correct minimum 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. Midwifery is a physically demanding profession given the unpredictable nature of maternity; providing emergency care; operating a 24-7 service; and working long shifts, in particular on calls. Additionally in recent times there has been an increasing complexity of cases.

The chart on the next page shows the number of births in England compared to the number of WTE midwives from 2001 to 2016. While the graph below does show that the numbers of midwives has increased since 2001 it shows that there is still a shortage and the current shortage of nearly 3,500 midwives in England.

## Comparison of the Birth Rate and the numbers of midwives in England 2001–2016



Additionally, our 2017 survey of Heads of Midwifery (HOMs) found that:

- 32% of HOMs said their funded establishment is not adequate for their organisation.
- 95% of HOMs said their unit is dealing with more complex cases than last year, compared to 93.2% in 2016 and 91.3% in 2015.
- When asked what types of complex cases have they seen more of in the last year HOMs reported: overweight/obese women; social factors e.g. domestic violence; older women; long term health conditions; drugs/alcohol abuse; safeguarding/child protection issues; and mental health issues.

When asked to give more details about the complexity of cases HOMs said:

*"The postnatal ward can be very challenging, often with ten cases on the ward at the same time. Social services are not responsive and maternity end up being used as place of safe keeping for mothers and babies that are obstetrically well".*

Head of Midwifery, England

*"It is becoming increasingly challenging to manage women with complex needs. Training staff to deal with the complexities is also a concern. Women with complex needs create more demands on a midwives time and an increased workload".*

Head of Midwifery, England

*"A significant proportion of women are now assessed as high risk which impacts on the workload particularly in antenatal care. Women are presenting with multiple concerns for both of health and social care needs and this requires more interagency working with in particular with social work colleagues".*

Head of Midwifery, Scotland

## Vacancies, recruitment and retention in maternity units

As detailed above, there is currently a shortage of 3,500 midwives in the UK. Unsurprisingly there is a high number of midwifery vacancies across the UK. The 2017 HOMs survey found that:

- 76% of HOMs have vacancies in their unit.
- 53% of the vacancies were for midwives in band 6 and above.
- 30% of the vacancies for band 6 midwives are over three months old and 62% of the vacancies for band 8 midwives are over three months old.
- 31% of HOMs said they had problems with retention to some or all posts.

- 63% of HOMs said they had problems with recruitment to some or all posts.
- 31% of HOMs said it was difficult/very difficult to recruit to band 6 midwife vacancies.
- 27% of HOMs said it was difficult/very difficult to recruit to band 7 midwife vacancies.
- 41% of HOMs said it was difficult/very difficult to recruit to band 8 midwife vacancies.
- 49% of HOMs said it was difficult/very difficult to recruit to midwife manager vacancies.

69% of HOMs said a Recruitment and Retention Premium (RRP) would be helpful for their unit.

HOMs spoke about the challenge of vacancies, recruitment and retention particularly in posts for experienced midwives. HOMs said:

*"Band six recruitment is the most challenging, also more senior posts, 8a applications from external individuals who are withdrawing on the day of interview".*

Head of Midwifery, England

Furthermore, it is very troubling that the Nursing and Midwifery Council (NMC) have seen a drop in the number of registrants for the first time in their history this summer<sup>1</sup>.

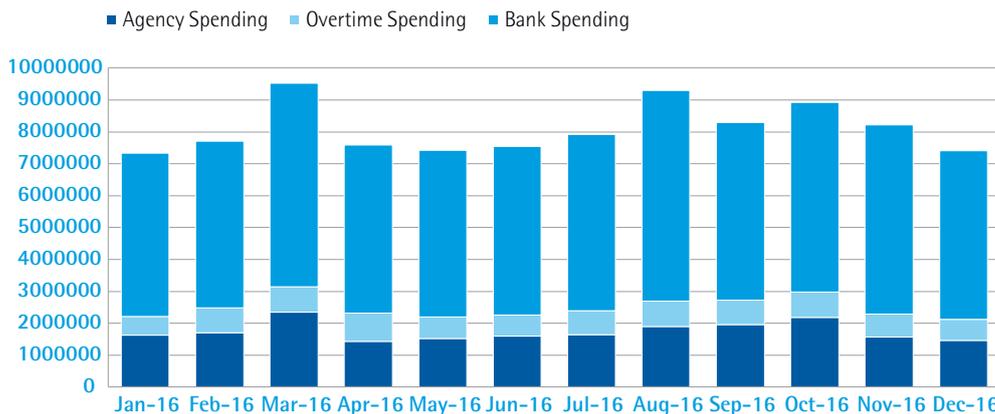
## Spending on agency, overtime and bank midwives

In January 2017 the RCM sent a Freedom of Information (FOI) request to all the NHS organisations in the UK that have maternity units to ask them how much they have spent on agency and bank staff and overtime for midwives in every month in 2016. 159 trusts responded to the FOI giving a response rate of 98.8%. The main findings of the FOI were:

- NHS organisations spent £97,164,386.40 on agency, bank and overtime in maternity services in the UK in 2016.
- £97,164,386.40 is enough to pay 2,731 full time, experienced midwives (paid at the top of band 6) or 4,391 full time, newly qualified midwives.
- There were 26 organisations that spent more than £1 million on agency, bank and overtime in maternity. Of which, 24 were in England, one was in Scotland and one in Northern Ireland. Of the 26, nine organisations spent more than £2 million on agency bank and overtime in maternity.
- Agency spending on maternity services in the UK in 2016 was £20,915,939.30. The average spend per hour on agency staff was £43.65.
- Overtime spending on maternity services in the UK in 2016 was £8,868,325.28. The average spend per hour on overtime was £31.09.
- Bank spending on maternity services in the UK in 2016 was £67,380,121.90. The average spend per hour on bank staff was £28.16.

<sup>1</sup> <https://www.nursingtimes.net/news/workforce/alarming-rise-in-number-of-nurses-leaving-nmc-register-continues/7021911.article>

## Agency, Bank and Overtime Spending in Maternity in the UK in 2016



The results of our FOI make it clear that the majority of NHS organisations are reliant on temporary midwives (agency, bank or overtime) as a means of staffing their maternity unit and they are paying substantially more for temporary staff per hour than if they employed permanent staff. The amount of money that NHS organisations have spent on agency, bank and overtime in 2016 could pay to hire enough permanent midwives to nearly cover the shortage of midwives. When the increased value per hour is taken into consideration, hiring permanent midwives rather than relying on temporary staff would be a substantial improvement in staffing levels as it would result in more hours worked for the same amount of money.

## The European Union and Brexit

The European Union (EU) has played a central role in protecting working people from exploitation, combating discrimination and promoting good employment practices such as equal pay; maternity rights; health and safety protections; equalities protections; rights for agency workers; the working time directive; information and consultation and TUPE protections. The government must commit to keep these rights. We believe that watering down or dismantling this legislation would be a backward step for living standards.

We also need to protect existing workers who come from other EU countries. The RCM is a member of the Cavendish Coalition calling for EU workers in the NHS to be granted the right to remain. According to NHS Digital, there are currently 1,192 full time equivalent midwives who are from other EU countries and do not currently know if they will be allowed to stay in post-Brexit Britain. Over half of those midwives are in London, where the shortage of midwives is most acute. The RCM is very concerned about that if they were not allowed to stay in the UK the shortage of midwives would increase by over a third to nearly 5,000 midwives. Additionally, the NHS will need to continue to be able to recruit midwives from other EU countries.

In the 2017 HOMS survey the HOMS said:

- 57% of HOMS said if, following Brexit, existing staff from other EU countries are not given the right to remain this would impact on staffing.
- 54% of HOMS said if, following Brexit, there is a restriction on recruiting staff from other EU countries this would impact on staffing.

## Changes to the student bursary

The government changed funding for student midwives by removing the bursary and replacing it with a student loan and introducing tuition fees from September 2017. We believe that the prospect of accumulating significant debt will deter many aspiring students from studying midwifery, particularly if it is their second degree. We understand from early figures that there has been a significant drop in applications to study midwifery at university. In 2016 the RCM conducted a survey of current student midwives and asked them if the proposed system of finance had been in place when they started would they still have studied midwifery and 63.7% said they would not have applied.

In the 2017 HOMs survey one HOM said:

*"Future planning is always a challenge because birth rate forecasting is never done very well. The impact of the loss of bursary shows a drop of 25% in applicants for midwifery."*

Head of Midwifery, England

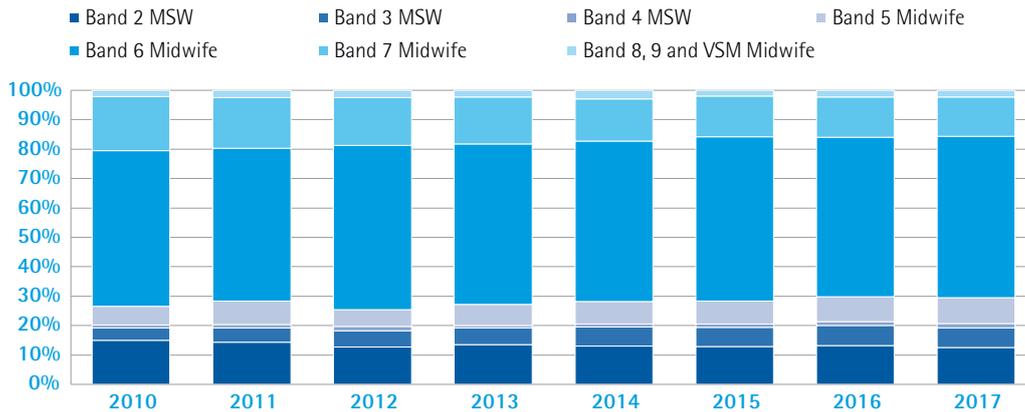
The government assert that by removing the student bursary universities can increase their number of student midwives on their courses thus reducing the shortage of midwives. However, in the 2017 HOMs survey only 51% of HOMs said that they would be able to increase the numbers of student placements in their units (without a placement in a maternity unit students would be unable to complete their degree). Many HOMs were unable to give an accurate assessment of the additional student placements that they could accommodate but of the HOMs that could the average was around six additional placements per organisation. If this figure was scaled up that would result in around an additional 500 student midwife places a year falling considerably below the current shortage of 3,500 midwives.

## Skill mix

The RCM is concerned about the changing skill mix in maternity units. In the 2017 HOMs survey HOMs were asked to give the numbers of WTE staff in the maternity unit by pay band. The table and graph below shows the results from every HOMs survey since the beginning of the decade:

Skill Mix in Maternity Units 2010-2017								
	2010	2011	2012	2013	2014	2015	2016	2017
Band 2 MSWs	15.0%	14.3%	12.7%	13.6%	13.1%	12.9%	13.2%	12.5%
Band 3 MSWs	4.3%	4.9%	5.6%	5.6%	6.5%	6.5%	6.8%	6.7%
Band 4 MSWs	0.9%	1.2%	1.4%	0.9%	1.1%	1.2%	1.3%	1.5%
Band 5 Midwives	6.4%	7.9%	5.7%	7.1%	7.6%	7.8%	8.5%	8.8%
Band 6 Midwives	53.0%	52.1%	55.9%	54.5%	54.8%	55.9%	54.3%	54.8%
Band 7 Midwives	18.3%	17.3%	16.3%	16.0%	14.5%	13.8%	13.7%	13.4%
Band 8, 9 and VSM Midwives	2.2%	2.4%	2.4%	2.3%	2.9%	2.0%	2.2%	2.3%

## Skill Mix in Maternity Units 2010-2017



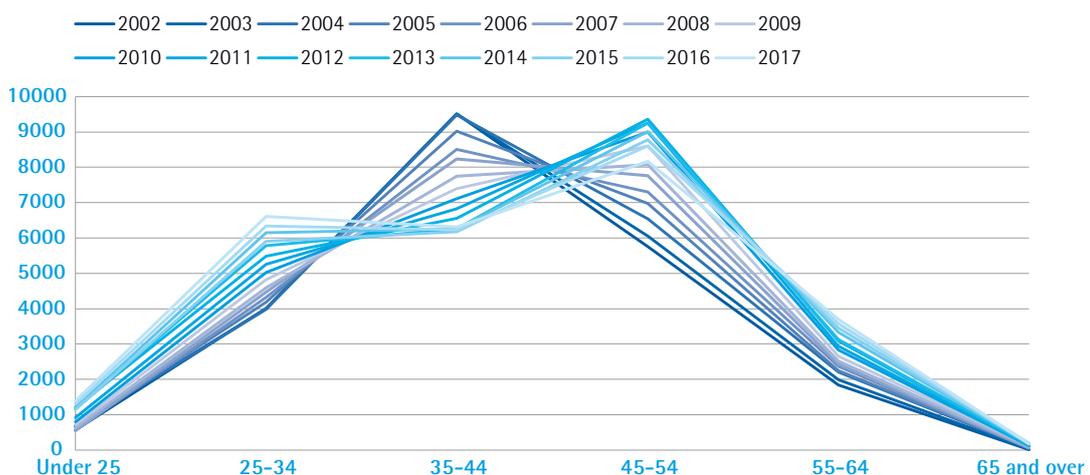
The most significant trend in skill mix of maternity units is the steady decline in the proportion of band seven posts from 18.3% in 2010 to 13.4% in 2017. Moreover, when they were asked about downbanding in their unit, 11% of HOMs said they had downbanded staff in the last year. The majority of downbandings were band seven midwives or band two maternity support workers

The RCM believes that the significant reduction in band seven posts in the last seven years will have detrimental impact on the attractiveness of midwifery as a career as there are fewer opportunities for talented midwives to progress and less leadership on the unit.

## Age profile of midwives and flexible working

The graph below shows the age profile of midwives in England from 2002-2017. It shows that midwives in England are getting older, with 45.7% aged 45 or older and 14.7% 55 or older. The graph shows a big change over the last fifteen years in the numbers of midwives aged between 35-44. We believe that the number of midwives aged 35-44 has been declining due to fewer opportunities to work flexibly. Opportunities to work flexibly are important given that over 99% of midwives are female and so many need to be supported with childcare arrangements.

### Changing Age Profile of Midwives 2002-2017



Source: NHS Digital

In the 2017 HOMs survey we asked questions about the ability of HOMs to be able to support flexible work arrangements. They reported that:

- 85% of HOMs said they found accommodating requests to reduce the number of night shifts difficult/very difficult.
- 88% of HOMs said they found accommodating requests to reduce the number of weekends difficult/very difficult.
- 91% of HOMs said they found accommodating requests to fix their shifts (so no rotation of shifts) difficult/very difficult.

When asked if they could accommodate requests to work flexibly if the number of requests increased many HOMs either reported that they were only just managing now or they were declining requests to work flexibly:

*"Depending on the timing of the request and if there was an opportunity to accommodate the request then I would do my best but due to difficulty in recruitment I cannot always honour requests. We are constantly challenged by national drivers that can cause a conflict".*  
Head of Midwifery, Scotland

*"Probably not as there is a need to balance this request with being able to provide a safe service".*  
Head of Midwifery, England

*"Our age demographic indicates that approximately half of our team are eligible to retire within the next five years. The remainder of the team are in the 25 - 35 age range and maternity leavers are increasing. There are no staff in the intermediate age bracket. Recruitment and retention are therefore a significant concern. While our strategies so far have been successful in attracting staff into post, there is a limited recruitment pool, particularly for return to practice".*  
Head of Midwifery, Scotland

The Family and Childcare Trust's annual Childcare Costs Survey 2016 found that the costs of sending a child under two to nursery part time (25 hours) is £116.77 per week or £6,072 per year, which is a 1.1% rise since 2015. They identified that there are significant issues with the opening hours for many child care facilities that make child care difficult for midwives working twelve hour shifts. The RCM believes that as the opportunities to work flexibly decline and the costs of childcare increase, at a time when midwives are seeing a real terms cut in their pay this will create a significant problem with retention and increase the shortage of midwives.

A further complication is that to remain on the NMC register midwives must complete a process of revalidation every three years and have to meet certain requirements, among others that they have 450 practice hours and 35 hours of continuing professional development. If a midwife has left the register they need to complete a return to practice course to be able to return to the NMC register. Therefore, it is critical to retain existing staff in the NHS so that the staffing crisis does not get any worse during the time it takes to recruit staff. The RCM's 'Why Midwives Leave' research conducted in 2016 found that midwives one of the significant reasons that midwives leave the NHS is because they are not granted flexible working. Given that midwives must have enough practice hours to remain on the NMC register it is imperative that midwives are supported with childcare arrangements by having the ability to work flexibly and by being awarded a real terms pay increase so that they can afford childcare.

## Impact of staffing shortages on morale

The next sections will discuss morale, motivation, satisfaction and engagement in more detail but it is worth noting that staffing shortages are having a significant impact on morale, stress and burn out and intention to remain in midwifery.

The RCM's 'Why Midwives Leave' research conducted in 2016 found that overwhelmingly, the main reasons that midwives gave for leaving was understaffing and workload. Fundamentally, organisations are relying on the goodwill to make up for poor staffing levels and this is leading to high levels of stress and burn out and is causing midwives to leave midwifery. This shows that maternity units are in a catch-22 situation, if more midwives are retained, staffing levels will improve, which will in turn cause fewer midwives to leave. However, there clearly needs to be an intervention made to retain staff in the first instance and the same survey found that 80% of midwives would stay in pay was increased. Additionally, in 2017 RCM members pay survey 80% of those considering leaving said they would stay if they had a pay increase.

## Conclusion

The Agenda for Change pay structure and annual pay award are fundamental to the recruitment and retention of the right numbers of staff and addressing the critical staff shortages in the NHS. This section has given evidence about the damaging shortage of 3,500 midwives in the UK.

It is clear from the current and growing staffing crisis that the numbers of new recruits and student places must increase. The pay structure and annual uplift must be good enough to attract new staff into the NHS and students into viewing the NHS as a viable and attractive career option. However, there is already a long-standing shortage of midwives and there are significant issues with workforce planning that could increase the shortage further (Brexit; the introduction of tuition fees; the changing skill mix; and the age profile of midwives). Given the amount of time that it takes to train new midwives and the need for midwives to meet the revalidation requirements to be able to stay on the NMC register the options for increasing the numbers of midwives are limited and take time. Therefore, it is imperative that the NHSPRB make a recommendation for a fair pay rise to retain existing midwives. A fair pay rise for NHS staff is the key intervention that could be made now so we can break the downward spiral the current staffing crisis.

# Section Three: The Impact of Pay Restraint

## Introduction

Midwives and maternity support workers are facing significant hardship due to seven years of pay restraint. This section will give evidence about the declining value of NHS pay and findings from our survey of RCM members about their feelings that on-going pay restraint in the NHS is unfair and is impacting on their ability to give high quality and safe care to women and their families. There is a clear expectation amongst RCM members that because the public sector pay cap has been scrapped they will get at least an inflationary pay increase.

Additionally, this section shows that pay restraint is having a negative impact on industrial relations in the NHS and will continue to do so if it continues. Our evidence also shows the positive impact a fair pay increase for 2018/19 would have on midwives and maternity support workers and the service they provide to women and their families.

In the RCM's pay survey of midwives and maternity support workers we had thousands of comments from members about their feelings about pay restraint, their expectations of a pay rise and what this would mean for them and maternity services and how pay restraint is affecting their motivation, satisfaction and engagement. We have included a number of representative comments so that the NHSPRB can get a good idea about the lived experiences of midwives and maternity support workers working in the NHS today. We have included these stories throughout the evidence and hope that they will convey the message to the NHSPRB that fair pay in the NHS is overdue.

## Value of NHS pay

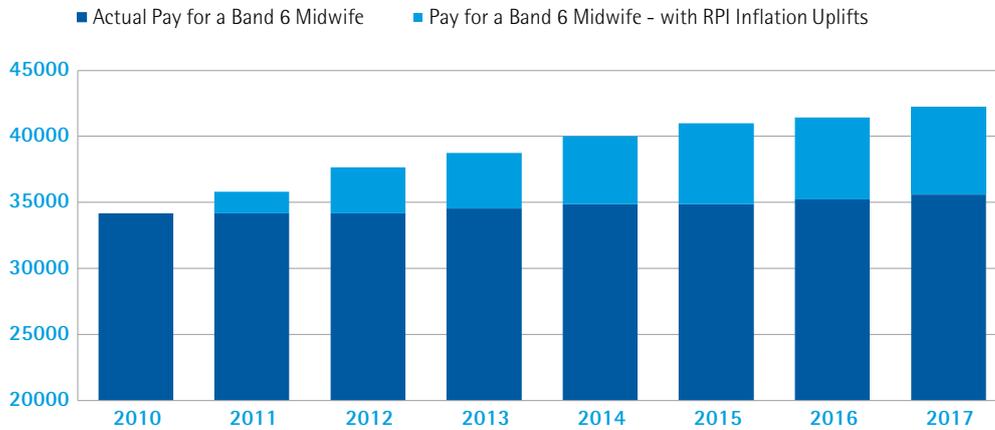
The impact of pay restraint over the past seven years has resulted in a real terms decrease in pay for NHS employees. The chart below shows both the Retail Price Index (RPI) and Consumer Price Index (CPI) inflation rates from January 2010 to October 2017.

**Inflation Rates January 2010 - October 2017**



The chart below shows the actual pay for a midwife at the top of band six from 2010–2017 and the pay if there had been increases to their salary in line with RPI inflation. In 2017 the value of pay for a midwife at the top of band six has decreased by over £6,600 since 2010.

### Comparison of Actual Pay for a Band Six Midwife to Pay Including RPI Inflation Uplifts 2010–2017



The RCM has substantial concerns about the impact continued pay restraint will have on the attractiveness of midwifery as a career, which, as discussed in the previous section, is critical given the on-going and enduring shortage of midwives in the NHS. The decreasing value of NHS pay is a retrograde step back to the time when NHS careers, particularly female dominated professions such as midwifery, were poorly paid and poorly valued.

### Attitudes towards pay restraint

It is clear that pay restraint is impacting on midwives' and maternity support workers' morale. The 2017 HOMs survey found that:

- 94% of HOMs said that seven years of pay restraint has had a negative impact on morale and motivation in their unit.

In the RCM's member pay survey midwives and maternity support workers expressed their frustration with pay restraint as an on-going policy. The pay survey found that:

- 98% of the RCM members' pay survey respondents strongly agreed/agreed with the statement 'I deserve a pay rise'.
- 99% of RCM members' pay survey respondents strongly agreed/agreed with the statement 'I feel pay restraint in the NHS should end'.
- 98% of RCM members' pay survey respondents strongly agreed/agreed with the statement 'I feel that pay restraint in the NHS is unfair'.

# What do you think about pay restraint?

Stories from midwives and maternity support workers



Midwives and maternity support workers were asked how they feel about the government's policy of pay restraint and how this is impacting their work. They said:

*"I'm exasperated by the pay restraint over the past six years. With the cost of living increasing we are now paid less than we were pre- Agenda for Change. The most valuable asset the NHS has is its staff however this is not reflected in the current NHS culture or in the budget for the NHS. In Scotland we have been lucky not to have as harsh treatment as the rest of the UK however life is still difficult without adequate inflationary pay increases".*

Midwife, Scotland

*"I want to know why they don't value what we do. We are not able to retain staff and will continue to lose more experienced staff due to the increasing workload and poor wages".*

Midwife, England

*"The NHS is running on the goodwill of the people who work for it, without being recognised financially for their hard work. I love my job as a midwife, but I find it insane that I have the lives of two people in my hands and I could earn the same, or more, by becoming the manager of a shop without any of the enormous responsibility".*

Midwife, England

*"I feel we as a profession are working relentlessly to meet the needs of the service. We miss out on breaks often and work many shifts where the skill mix is dangerous. This pay restraint makes me feel very undervalued".*

Midwife, Scotland

*"It has gone on too long now, when I look at old pay slips from eight years ago earning less money now, but the job is more pressurised. The cost of living has not been frozen".*

Midwife, England

*"There is now not a lot of difference between my pay and the pay of some unqualified roles. My job at times can be very stressful. It is not uncommon to work over twelve hours with no break. We are constantly understaffed and under pressure. In my role as teenage pregnancy midwife, I am expected to work closely with social workers and make difficult decisions, all on band six pay. It simply isn't fair".*

Midwife, England

*"At a time when the NHS needs to recruit, it makes no sense to make the NHS a decreasingly attractive career proposition. Nursing and midwifery students now have to pay their own way through their training; their reward at the end of it should at least match the private sector. MPs have shown massive hypocrisy by awarding themselves huge pay rises. Aren't they public workers too? It's all very demoralising. I am actively seeking a change of career".*

Midwife, England

*"I work many hours extra above my contracted hours to cover short staffing and keep the service running. These extra hours are unpaid. I work twelve hour shifts and can count on one hand the amount of times I have had a lunch break at work this year, time which I am entitled to but there is never the staffing for, this means I am working an extra half an hour with no pay. I could get higher pay, better working hours and less stress in many other jobs, which I would not have had to have done three years of intense training for. I am considering leaving midwifery after only one year of being qualified, one of the factors of this being the low pay I receive for such a stressful and demanding job".*

Midwife, England

*"This has gone on for so long and is having a negative effect on the profession. Too many midwives are relied on for their goodwill but this attitude is changing, and staff are fed up".*

Midwife, England

*"I was better off five years ago as a single parent with a low income job. I worked very hard to train as a midwife to try and improve life for my children but actually I've ended up with a lot of debt and being forced to do bank shifts just to make ends meet. I'm actually considering going back to working a low income job."*

Midwife, England

*"I will be taking my pension at the earliest opportunity, as working under constant pressure for the current pay is not worth the stress and affects my wellbeing. I feel the profession is undervalued for the responsibility and accountability it affords. Many people with less stressful jobs earn similar wages without qualifications, responsibility or stress, etc. supermarket employees can earn decent money then go home and switch off..."*

Midwife, England

*"I feel that we are taken advantage of. We are a caring profession but it seems no one cares about us. We take on so much responsibility but are not rewarded for the exceptionally hard work that we do. Working in London we have seen our wage fall in real terms but still have all the bills to pay therefore we make sacrifices elsewhere. If this doesn't change midwives will leave in their droves, and an already stretched service will be at breaking point. Unfortunately the government is only thinking of the short term savings which is ridiculously short sighted. Midwives need to be recognised for the hard work they do."*

Midwife, England

*"Wages have been frozen for years but inflation and cost of living have increased so we have been given a pay cut. More is expected of staff due to recruitment and retention issues and the service is struggling as a result. Staff are retiring or leaving the profession due to burn out and there are not enough qualifying students to replace them. This has the effect of poor skills mix on shifts, it is the same story country wide, the unit where I work is no exception."*

Midwife, England

*"I feel that the most obvious impact of pay restraint is in trying to cope with the absolute overburden of workload - leading to stress, low morale, unsafe practices. This awful, awful role is absolutely NOT the reason I left a more highly paid role to become a midwife where we are not deemed 'worthy' of more than a 1% pay rise. If I knew then what I know now there is absolutely no way on this earth that I would have made the career choices I have made and midwifery would have lost a great deal of experience and commitment. I know I am not alone in these notions and sadly I can only imagine that the current staffing issues will continue to deteriorate."*

Midwife, England

*"I am seriously considering leaving midwifery again. I returned to practice after a ten year break and I can honestly say I feel financially worse off than when I left ten years ago."*

Midwife, England

*"Staff are leaving the NHS because they can be better paid elsewhere. We are short-staffed and many stressed owing to large caseloads. We deserve a pay rise in line with inflation at least and recompense for not having a pay rise over the last few years."*

Midwife, England

*"I am 59 and work full time. I have just had my house valued so I can sell up retire and move away. A decent pay rise would have me stay for another two-three years."*

Midwife, England

*"I feel that our salary does not reflect the job that we do. We are not rewarded for the level of academic achievement we have to attain to become a midwife or the level of responsibility that our job entails. We are constantly told that bankers need to receive high salaries and bonuses or they will leave the country but the government think that they can keep going with pay restraint that makes us thousands of pounds worse off and assume that midwives will not leave the country. As the sole earner in my family I also rely on tax credits and child allowance to afford to live."*

Midwife, England

*"Having undertaken seven years of study (nursing and midwifery) and a part time MSc I feel totally let down by the government. I didn't go into the profession for the money, but the government must reward NHS staff in line with other graduates. Recruitment and retention is awful and is getting worse. I am seeing newly qualified staff leave after only a couple of years due to stress. Without decent pay and pensions there is little incentive to continue in such poor work conditions."*  
Midwife, England

*"It is demoralising. I love my job, and supporting the families in my care, however when you spend your days with no or minimal breaks on twelve hour shifts for our current pay you have to question if this is best for you and your own family. I am always looking at other job opportunities and if the right role with better pay came along I would leave the NHS."*  
Midwife, England

*"Having worked in the NHS for fifteen years I had to leave my substantive post last year because the value of my pay had eroded to the point that I could no longer afford to work for the NHS any longer. I am heartbroken as I loved my job."*  
Maternity Support Worker, England

*"I have had enough of working as a midwife in the NHS I don't even get job satisfaction anymore because of how constantly stressed and exhausted I feel. I dreamt of becoming a midwife for years, I struggled through the training with young children and ended up with a lot of debt but was initially happy in my role. Year on year the situation has got worse and worse. I've just started maternity leave from my role as a community midwife but I do not plan to return to work in the NHS, I'm heartbroken but in reality I can't afford to work as a midwife anymore I need a better paid job."*  
Midwife, England

*"All the housing in my area requires a higher basic salary than I am currently earning, or will likely ever be paid by the NHS. I can get a mortgage of £182,000 on my salary but a one bedroom flat costs £280,000. I will never own a home if I stay in the NHS. Me and my partner have put off having children as we cannot afford them on our salary."*  
Midwife, England

*"The policy of continued pay restraint in public sector workers is gradually destroying the NHS. The issue of a national shortage of midwives will only get worse as undervalued, overworked staff leave the profession. Financially and from my own health perspective, I would be better off working shifts in a supermarket!"*  
Midwife, England

*"The current government pay restraint had had a significant impact on me both physically, emotionally and practically. I am unable to make ends meet and it's very difficult to support my children at university. They are too afraid to ask me for money because they know I am struggling."*  
Midwife, England

*"I feel it is very short sighted. Recruitment is a real issue in my trust - almost every shift is short staffed, even when there are one or two bank midwives at work the shift isn't fully staffed - that's because people are leaving due to pay restraint"*  
Midwife, England

*"It has been going on long enough - we have been undervalued and underpaid. The demands of the job have skyrocketed, we work long hours with few breaks and are always short staffed. We get on average three texts a day from work asking for bank staff. Enough is enough"*  
Midwife, England

*"I think it is unfair that there has been a pay restraint. I qualified in 2013. I've had to cancel my NHS pension two years ago because I am struggling. I feel the government believes it's a vocation for us but we need to be paid fairly as we also have our families to feed and ever increasing bills to pay"*  
Midwife, England

## Managing finances and debt

The RCM's member pay survey revealed some worrying findings about the impact pay restraint is having on midwives' and maternity support workers' ability to manage their finances and their reliance on credit. The pay survey found that:

- 86% of the RCM members' pay survey respondents strongly agreed/agreed with the statement 'I feel worse off financially than I did five years ago.'
- 86% of RCM members' pay survey respondents strongly agreed/agreed with the statement 'I feel pay restraint is having a negative impact on my life'
- 78% of RCM members' pay survey respondents strongly agreed/agreed with the statement 'I worry about paying my bills!'
- 35% of RCM members' pay survey respondents strongly agreed/agreed with the statement 'I worry so much about money that it affects my work.'
- 29% of RCM members' pay survey respondents strongly agreed/agreed with the statement 'I struggle to concentrate because I have so many money worries!'
- 89% of RCM members' pay survey respondents use some form of credit with credit cards being the most common. 50% of respondents are in £5,000 or more of debt and 31% of are in £10,000 or more in debt.

# How has pay restraint affected your finances?

Stories from midwives and maternity support workers



## Midwives and maternity support workers elaborated about the impact pay restraint is having on their ability to manage their finances:

*"My bills and outgoings are going up despite trying to cut back on things and I feel I cannot trim back anywhere else - it's becoming harder and harder to make ends meet with increasing costs and no extra income. I feel worse off than I did ten years ago".*

Midwife, Wales

*"I need money from bank work to survive and make ends meet. It is a huge worry. I have a 16 year old daughter who wants to go to Uni but I don't think that is an option. I feel wretched".*

Midwife, England

*"Within two weeks of being paid I have no money left and have to live hand to mouth. I have to live in a different town to the one I work because I wouldn't be able to afford rent in the town I work. Myself and my wife are in £20,000 of debt just to keep our heads above water".*

Midwife, England

*"In real terms I have four children and my husband and I work opposite each because we can no longer afford any formal childcare. This means that sometimes I am literally sitting in the car waiting for him to arrive home so that I can set off to come to work".*

Midwife, England

*"If I wasn't for receiving weekly tax credits I couldn't afford to feed my children. If my tax credits ever dropped or stopped I'd be forced to quit my job as I can't make ends meet".*

Midwife, England

*"Sometimes I can't pay all my house bills, I have to cancel direct debits and go into arrears then catch up. The cost of living far outweighs my salary. I have 21 years service and should not have to suffer financial hardship".*

Midwife, England

*"Morale is so low at present and pay restraint just makes us feel even less valued. Occasionally I have loaned colleagues money for petrol so they could travel to visits or because they are on call".*

Midwife, Wales

*"I have had to use a credit card to make up the difference between pay and cost of living more and more in recent years. I need this gap to be reduced as I worry about the amount I now owe."*

Midwife, England

*"I have more loans than five years ago because my pay has not kept up with inflation. Never before have I needed to use credit cards to pay for food".*

Midwife, England

*"Our rent, council tax and groceries have all gone up. We juggle, and swap our utilities and use credit cards and slowly sink into further debt getting by each month".*

Midwife, England

*"There's too much month at the end of my money. I transfer debt from one credit card to a 0% card to pay it off in manageable instalments. If my car broke down or my washing machine I wouldn't have the savings to replace or repair them".*

Midwife, England

*"I entered this profession obviously due to my passion for caring for women but also believing that NHS front line staff were paid to reflect their hard work, dedication and stress that goes with the job. Since qualifying in 2009 I have found this not only untrue but I feel demoralised, burnt out, stressed and used. I have recently become a single parent through no fault of my own and I should be able to survive on the wages I earn as a midwife, instead I'm drowning in a mountain of unpaid household bills and considering the shame of having to use a food bank. I have a ten year old car that I'm terrified is going to break down but I'm unable to afford a new one and as I work in the community I need a car in order for me to work. So I could really do with £6,000 I'm missing since the pay freeze".*

Midwife, England

*"I am in debt. I worry as my overdraft is £1000 and I very often reach its limits which leaves me with no source of money. My credit card is maxed out. I really am at the stage where my outgoings are about to exceed my incoming".*

Midwife, England

*"I rely heavily on my partner for money to live. If I was single I couldn't carry on being a midwife".*

Midwife, England

*"I rely on credit cards to pay for food and petrol. I don't see how I can pay these off when I can barely cover living costs despite working extra bank shifts".*

Midwife, England

*"We are no longer able to live within our means. I struggle to balance the books when childcare costs, cars, home and food alone leave us with very little to live off through the month. We have now rely heavily on credit cards and overdrafts just to survive each month".*

Midwife, England

*"I am putting more on the credit card every month. I don't have children and both myself and my partner work full time in skilled jobs so I expect to be able to afford to live without money worries".*

Midwife, England

*"My husband and I both work in healthcare and have worked very hard to get where we are. I feel that we shouldn't have to worry about money with the jobs we both do but we are constantly worried. We are also expecting a baby and seriously have to consider how long I will be able to have off due to finances".*

Midwife, England

*"I am deeply concerned as I am pregnant with our second child. It is doubtful that I can afford to take any more than four months maternity leave. This is causing great stress".*

Midwife, England

*"I am very fortunate that I have parents who help out with bills. I feel bad about accepting their generosity as they are by no means well off (they are pensioners) but I wouldn't manage financially without them".*

Midwife, Wales

*"We struggle monthly. My mum has lent me thousands to pay off cards and I owe her big time".*

Midwife, England

*"The term "robbing Peter to pay Paul " describes how I'm managing with my finances and debt. In spite of the additional work still not able to make ends meet. I am constantly working".*

Midwife, England

*"I have entered into debt management as I cannot meet the monthly payments any more. I use credit cards to meet the short fall every month for the difference in my wages and my outgoings".*

Midwife, England

*"I feel that I am in a worse financial position now than I ever have been. I am finding it hard to make ends meet. I have not needed to use a food bank yet, but I fear if it continues like this then I will need to. My children are suffering, I cannot afford shoes and clothes for them. I feel in a low mood every day".*

Midwife, England

*"I'm on a payment plan with my credit card as I can't pay it off. My car needs repairs that I can't afford so I'm using it anyway. I'm skint all the time. I make sure all my bills are paid and whatever is left I buy food. My fridge today is empty and I've £20 in my account only because of the weather I got back £48 from British Gas".*

Midwife, England

*"It is becoming more and more difficult to pay for food, clothes for my children and general household bills. During the winter we have to wear lots of layers to keep warm to reduce having the heating on too often. We haven't been able to afford a family holiday for seven years. Our cars are old and I often worry if I will get to work safely and on time. We have managed to avoid debt but have no savings left"*

Midwife, England

*"As the end of the month approaches my anxiety increases I drive to work with my fuel light on expected to give me all on a twelve hour shift serving the public"*

Maternity Support Worker, England

*"I've had to move back in with my parents as my salary couldn't make ends meet as a single parent. It's embarrassing"*

Midwife, Scotland

*"Bills are increasing and my childcare costs have increased. I am exhausted, I have had to use pay day loans to cover the shortfall of my bills which is a spiralling slope"*

Midwife, England

*"I live in a high cost area and struggle to maintain my finances. I am a single woman and find myself now having to sell my home and buy something smaller so that I may reduce my mortgage payments. I find that after paying my mortgage, loan and regular monthly bills each month I barely have enough to survive each month hence my credit card being up to my limit. I am not 'living' but just existing"*

Midwife, England

*"Paying for things is becoming a struggle and the credit card company won't increase my credit limit"*

Midwife, England

*"The cost of living outweighs my income and I feel every day is a struggle. I'm desperate for a family but feel it's unfair to bring a child into world without financial stability"*

Midwife, England

*"I'm a single parent. I have very little left over at the end of the month and living this close to the bread line causes significant anxiety. If I need to make a larger purchase like a new washing machine or new tyres I have to use a credit card. I work part time so that I can look after my son who needs additional support. It's a very delicate balancing act and I feel very vulnerable"*

Midwife, England

*"I am single parent with two teenage daughters. Over the past few years I have been struggling financially but this year is much worse, I can no longer do a weekly food shop as I used to do and frequently gain free food from a homeless shelter. For the past two months after paying my monthly bills I have been overdrawn on the 5th of the month and survive on a weekly payment from my ex-partner for my children. My ex-partner will not increase my weekly payments under any circumstances. I have two credit cards which I use in case of emergency but there seem to be more and more emergencies that I can't afford. Today I have had to borrow £120 from my 87 year old father to pay my NMC registration fee - that is so wrong and makes me very angry. I am frightened that I am going to get into further debt and my biggest fear is losing my home and my family. I have been a midwife for 30 years and have never struggled like this. My bank has advised me to take out a loan to pay off my credit cards but I'm frightened that at some point it will get to the stage where I can't afford the repayments. It is affecting my stress and anxiety levels, I have been put on medication by my GP. I can't see an end to this"*

Midwife, England

*"We flit between zero balance transfer cards. We are trying to pay down our overdrafts from being students - over ten years ago! We have no capacity to save so car repairs and household maintenance goes onto credit cards. Very frustrating"*

Midwife, Scotland

## Expectations of a pay increase

As discussed in the first section on government pay policy, the RCM welcomes the commitment by the Chancellor to increase funding to pay for whatever recommendation the NHSPRB make this year their actions over the past seven years have undermined the integrity of the system and caused lasting damage to the morale and motivation of staff. We need to make clear that this can't be just be empty words, the commitment must result in an actual pay increase for all staff and the government must change their approach to pay for the long term to earn back the trust and confidence of staff.

We have already shown that there is a great deal of negative feeling from midwives and maternity support workers about the impact pay restraint has had on them, their family, their profession and their ability to give high quality and safe care to women and their families. It is clear that pay restraint is already impacting negatively on industrial relations in the NHS and will continue to do so if it continues. There will be particularly significant damage caused if NHS staff are not awarded a pay rise after the government has made announcements indicating that they will receive an increase to their pay.

In the RCM members' pay survey midwives and maternity support workers were asked if following an announcement of the removal of the public sector pay cap they would expect a pay rise. The survey found that:

- 84% of RCM members' pay survey respondents said if the government end their policy of public sector pay restraint they would expect the NHS Pay Review Body to recommend an above-inflationary pay increase.

Additionally, as discussed, it is clear from the current and growing staffing crisis that the numbers of new recruits and student places must increase. The pay structure and annual uplift must be good enough to attract new staff into the NHS and students into viewing the NHS as a viable and attractive career option. However, there is already a long standing shortage of midwives and there are significant issues with workforce planning which could increase the shortage further. Therefore, it is imperative that the NHSPRB make a recommendation for a fair pay rise to retain existing midwives in the service. A fair pay rise for NHS staff is the key intervention that could be made now to retain existing staff in the service so we can break the downward spiral the current staffing crisis. The RCM members' pay survey found that:

- 61% of RCM members' pay survey respondents said they were considering leaving the service in the next year or next two years but 80% of respondents who were considering leaving said they would stay if they had a pay increase.

# What would a fair pay rise mean to you?

Stories from midwives and maternity support workers



Midwives and maternity support workers were asked what a fair pay rise would mean to them, their family and the service they provide to women and their families:

*"If we had a fair pay rise it would give midwives a most needed boost and we could smile again and enjoy our profession like we used to. I remember that time so well and miss it so much".*  
Midwife, Northern Ireland

*"It would make a huge difference and enable me not to be so concerned about finances and paying essential bills. It would vastly increase my quality of life as a single parent for myself and my son and raise morale in my trust as we would feel more valued".*  
Midwife, England

*"It would be life changing. I would be less anxious about my finances. I might not panic every time a bill comes through my door and I could potentially start saving some money and get on the housing ladder".*  
Midwife, England

*"It would help my financial situation greatly. If you get good pay and don't have to struggle with everyday life then you are more likely to stay. Unfortunately a lot of staff have to work extra hours just to survive and when you see other jobs get more pay and aren't so stressful you are more likely to leave".*  
Midwife, England

*"A pay rise would mean that I am not constantly worrying about the month ahead and how I'm going to manage with the amount of petrol I have to pay for. I have to manage my money closely and this sometimes means struggling for the last week or two before pay day. I think if you are struggling at home this reflects at work and makes it harder for you to do your job. Therefore, if we were better paid then we are able to concentrate better at work allowing us to meet service needs and give excellent care, as we all wish to do".*  
Maternity Support Worker, England

*"We would actually feel appreciated for the job we do - I think more colleagues would reconsider staying in the NHS".*  
Midwife, England

*"Just simply feeling properly rewarded for the work we do every day, and valued by the Government. Rather than taken for granted because our work is seen as vocational".*  
Midwife, England

*"Everyone goes the extra mile when they feel appreciated and valued, being paid appropriately would lift moral and reduce sick and stress leave, which will benefit the NHS and probably save them money in the long run".*  
Midwife, England

*"It would make NHS employees feel valued. A valued worker works harder, is happier and therefore the public get better care! When there are times in need NHS workers are there protecting and saving people's lives and the government say how wonderful we all are. Well, it's about time they proved it, otherwise it's just empty words".*  
Midwife, England

*"Students have told me their concerns regarding pay and job satisfaction. Some have said they will gain their qualification and use this as a stepping stone to further careers outside of the caring profession. We are at risk of losing potentially amazing midwives. We owe it to our NHS and the people we look after, to ensure staff feel able and motivated to come to work every day. If MPs deserve a pay rise (a very decent one at that), then we certainly deserve one too".*  
Midwife, England

*"It would make us feel valued again. We are running on good will at the moment and that is starting to run low. Most shifts we are understaffed. Making it a hard working environment and one that is unsafe for the women and babies we care for".*  
Midwife, England

*"I am quite certain that being paid fairly will improve morale, will reduce the amount of supplementary shifts needed to boost earnings and therefore improve the commitment and focus of staff towards providing care in the NHS. If we don't have to work more than our contracted hours to make ends meet then surely it is obvious that we will be able to put ALL of our energy into our normal hours thus improving the service we provide to the public".*

Midwife, England

*"We would be able to keep staff, at the moment there are a lot of midwives leaving. Safe staffing levels would ensure that quality woman/family centred care would be provided. I'm sure stress levels would be reduced and therefore sickness would improve. We preach about woman centred care but it is nigh impossible with current staffing levels and the current low levels of morale".*

Midwife, England

*"It would not be the answer to all our problems, however it would go a long way to make staff feel more appreciated not only for the amount of hours we work, but for the amount of stress we are under. This is a very stressful job and is made so much worse by the low morale of staff who constantly feel overworked and undervalued, not only by their employer, but by the Government as well".*

Midwife, England

*"It would make me feel valued. I think it would relieve a little of the pressure from my colleagues who struggle to pay for their childcare. In general health outcomes would improve as it is well documented that valued, happy staff are more able to provide better care".*

Midwife, England

*"It would make people feel a little more valued. It would make life a bit easier making ends meet. In my own case it may have made the difference to my leaving as I may have had a reasonable amount of money left over after paying childcare costs to make it worthwhile to remain at my job".*

Midwife, England

*"I don't want any more than we are entitled to. I didn't train to have a fabulous salary but at least one where I feel valued. Morale is so low and I have concerns around the recruitment and retention of midwives. A pay rise may go some way to encouraging staff to stay".*

Midwife, England

*"It would make us feel valued. We deserve fair pay. We have worked extremely hard to gain our qualification as a midwife and currently our pay does not reflect the responsibility we have. It is not worth the stress or the unsociable hours. It's not worth not having a break on a 12.5hr shift and not finishing on time every day. It is not worth spending precious times like Christmas Day away from our family".*

Midwife, England

*"This would make me feel as a more valued member of the NHS and enable me to provide a better and more consistent service and care".*

Midwife, Northern Ireland

*"Take a huge weight of my shoulders, I could clear my debts and feel valued by the government. My colleagues would not have to struggle or go to food banks."*

Midwife, England

*"I would feel more valued as would feel the pay received would reflect the level of responsibility within the role of a midwife. This would increase morale within the workplace and encourage midwives to stay and more student midwives to enrol (especially with new tuition fees)".*

Midwife, England

*"It would mean I would no longer need to visit a food bank to feed my family, or buy second hand clothes for my children. It would mean that there would be a slight increase in morale for staff who would feel more fairly rewarded for working in the horrific conditions we work in day to day"*

Midwife, England

*"It would make us feel valued, incentivise us to keep going and would motivate us to move the service forwards rather than just treading water."*

Midwife, England

*"It might attract more people to train as midwives as we are short staffed now and a third of the staff will be retiring in the next few years, so we desperately need to attract more staff and value them better than we do at present."*

Midwife, England

*"A huge difference in motivation and willingness to go that extra mile for the women and the families we serve."*

Midwife, England

*"I love my job and I don't want to leave a career I worked so hard to achieve. But it's a hard job with little gain, I constantly search out other jobs with better pay and less stress. With higher pay, I would feel the stress the job brings is justified because I'm earning what I am."*

Midwife, England

*"It would make me feel valued for the job that I do and it would attract more people into the profession and encourage more people to stay working for the NHS"*

Midwife, England

*"It would make us feel more valued, and it might prevent more people leaving the service which contributes to lack of staff which is my main issue."*

Midwife, England

*"It would show that we are valued by the government for the work that we do. Crap care costs lives. The NHS is the best thing this country has and we should look after what we have and the people who work in it. It would boost morale because we wouldn't be constantly worried about getting through each month by counting the pennies."*

Midwife, England

*"It may be viable financially for me to continue to do this job."*

Midwife, England

*"It would raise morale, which seems currently to be the lowest I've ever known. And happier workers give better quality care."*

Midwife, England

*"Being paid properly for what you actually do will give you the initiative to do more. There would be less bank staff and more people taking up permanent posts."*

Midwife, England

*"There are a few colleagues that I am aware of that are leaving the organisation due to work patterns and the amount that we are paid. I think if we felt that we were paid more fairly, people would feel they are being rewarded for the amount of unsocial work that we are expected to work."*

Midwife, Scotland

*"We would feel valued by the government and able to live with greater security on our personal lives. The difference for patients would be clear in a more motivated and satisfied workforce."*

Midwife, England

*"For me, it would mean I may be able to begin to dig myself out of debt. For my colleagues, a similar story and better morale. For the service, more valued staff surely can only improve morale, which in turn would improve the effectiveness of the service provision."*

Midwife, England

*"A fair pay rise would give us breathing space. The trust would likely keep a few more midwives and perhaps avert a staffing crisis. Personally I could reduce my growing reliance on credit to make ends meet."*

Midwife, England

*"Better recruitment and retention of staff. There is currently a staffing crisis in midwifery. A huge amount of money is being wasted on agency staff which could be better spent on more NHS staff who would remain in the job".*

Midwife, England

*"My home life would be easier. I wouldn't have to watch every penny spent. I wouldn't feel so resentful towards the organisation. They take, take, take...there is no thanks and we get nothing in return. Working in the NHS has changed so much in the last 20 years.*

Midwife, England

*"More income means less stress at home which makes for a better work life. The majority of my wages are spent on petrol and travel. Some weeks I'm not sure where I am going to get money from to travel to work so I rely on credit cards which are at this point all maxed so can only see things getting worse"*

Midwife, England

*"I would feel more valued for the hard work I'd do every single shift in work. It would put less strain on my family having a better income. I put in so much for my career as a midwife and at the moment I don't feel like I am getting anything back in return".*

Midwife, England

*"I think we would feel less 'used'"*

Midwife, England

*"It would be amazing. Every individual, myself included would finally feel valued and recognised for the challenging and important work we do. Which in response motivation would improve resulting in better care for women and babies. A win-win situation!"*

Midwife, England

*"It would raise morale and make staff feel that finally we are acknowledged for what we do. Over the last five years everything has increased in price from school dinners and school trips for my children, to food, gas, electric, insurances, clothes, and petrol. Yet my wages has almost remained the same! How are we supposed to keep giving to the job whilst getting into more and more debt?"*

Midwife, England

*"Boost morale. I work so hard for no extra pay. Most of my team start work early as we can't complete our work if we don't. We have a computer system that is unreliable in the community so we have to do paperwork at home in the evening in our own time. Staff are very stressed, I have seen colleagues at work in tears from frustration and exhaustion. If I don't do bank shifts I run out of money a good ten days prior to payday. I feel very resentful about the lack of a pay rise, to be honest I am counting the days till I can retire, this makes me sad".*

Midwife, England

*"It would take the stress away that I suffer thinking about how to make ends meet every month. I wouldn't feel pressure to work as many extra shifts and therefore wouldn't be so exhausted. I could enjoy more time with my four children and partner and have a decent work-life balance. Staff would feel more appreciated and thus would increase productivity. There is a growing expectation for staff to take on additional responsibilities for no reward, being made to feel that the work they already do isn't enough to warrant our current pay. Managers are 'doctoring' off duty to allow staff to work more shifts that the working directive states".*

Midwife, Scotland

*"At 40 years old I'd be able to stop borrowing money from my parents to pay bills. I want to be self sufficient but currently really struggle to pay all of my bills and have money left. We haven't had a holiday in five years because we can't afford it".*

Midwife, Scotland

# What would happen if pay restraint continues for another year?

Stories from midwives and maternity support workers



Midwives and maternity support workers were also asked what it would mean for them if pay restraint continued in the NHS. They said:

*"The level of responsibility we have as midwives would remain the same, there is a much higher risk of personal accountability and litigation than there has ever been before, I would have to weigh up whether the stress of this would be worth continuing if pay continues to be restrained".*  
Midwife, England

*"Continued hardship and lack of self worth. I would not have gone into midwifery if I knew this would have happened or the pressures of the job would have such a huge negative impact on my mental health and personal relationships. The costs of being a midwife are too high".*  
Midwife, England

*"Increasing job dissatisfaction and poor retention of staff. The pay cap devalues the hard work, skill, and commitment of staff".*  
Midwife, England

*"I would feel undervalued and it may encourage me to leave the profession as it is possible to get a less stressful job with better hours for the same or better pay".*  
Midwife, England

*"If pay restraint continues more midwives will leave the service because off the ongoing stress in the job and trying to provide for our families. This will mean shortages of staff and the remaining staff working extra hours to make up the deficit. Which leads to high levels of sickness".*  
Midwife, Northern Ireland

*"Further worries about money and paying bills. This dissatisfaction if brought into work, could impact on care for patients. Staff working more hours, if tired, may impact on safe decision making".*  
Midwife, England

*"Morale is at an all time low at the moment. I can only imagine it sinking further with people being exhausted and sickness levels increasing due to this, putting more pressure on colleagues. Our staffing numbers are dire at the moment and can only see people looking to leave if things don't improve. My five year plan at the moment does not include staying in the profession".*  
Midwife, England

*"It will become increasingly difficult to do my job as childcare costs rise while my pay doesn't match it, I will have to apply for further assistance from charity funds. I think levels of frustration will increase which erodes the passion myself and colleagues feel about the role".*  
Midwife, England

*"It's demeaning. By refusing to give us a pay rise it makes you feel like you must be doing a bad job. I may have to quit my job and take a higher paid job".*  
Midwife, England

*"I think new midwives are less likely to be recruited, especially with the advent of tuition fees. Established midwives will feel less valued and more likely to leave".*  
Midwife, England

*"I feel that if this continues, midwives will continue to leave the profession. I have seen quite junior midwives leave to other roles because they are not financially compensated for the hours they put in and the stress they are under. When I was a band five midwife, I considered leaving the profession because my peers were earning a lot more money than I was without having such a stressful job. The government rely on midwives perceiving they have a 'vocation' rather than appreciating the skilled members of society that they are".*  
Midwife, England

*I wouldn't be able to continue doing my job as I wouldn't be able to afford to live or have a life outside of work or afford to do basic things. More and more midwives will leave and the service won't be safe, it's already cracking under the pressure and the shortage of midwives now, we're only just keeping our heads above the water".*

Midwife, England

*"More valuable staff choosing to leave the NHS. I am not sure on a personal level how it would be possible to become more disheartened with the current government's standpoint over public sector pay - I have no faith left".*

Midwife, England

*"We already feel completely undervalued and disheartened. We are all exhausted and overworked. It would be disastrous, the NHS is becoming an unsafe working environment on a daily basis due to staff and resource shortage and the people holding it together are breaking".*

Midwife, England

*"The service would get much worse as many more midwives would leave. Most feel the high stress and burnout is not worth it for the pay we receive. Colleagues would suffer increased workload and subsequently more would leave making service struggle to provide safe care".*

Midwife, England

*"More people leaving for less stress better paid jobs therefore the staff left have increasing amounts of stress, resulting in high sickness rates which in turn increases the stress in the staff left. It's a vicious cycle which results in the safety of women and babies being at risk".*

Midwife, England

*"We struggle to pay our bills and provide a good standard of living for our children. I already do bank shifts when I can, despite working full time. Depending on how long the pay restraint continues for it may mean I need to resign for better paid employment".*

Midwife, England

*"We will continue to have staff who are working long hours, unpaid overtime, additional bank shifts and normally all without a sufficient break during the day".*

Midwife, Scotland

*"I'd probably leave and look for a job in another field with better pay, incentives and holidays. Which is pretty ridiculous considering I'm only a year qualified. Yet I am worse off than I was as a student".*

Midwife, Northern Ireland

*"It would mean I would leave midwifery, as the huge stresses we work under are simply not recognised by management or government. I am financially worse off now than I was five years ago and neither myself or my family can continue to weather this".*

Midwife, England

*"The time has come for me to probably choose retirement at the earliest opportunity (next year) as I feel the pressure of work is not worth the financial reward. The service will lose a colleague with much specialist experience and knowledge which will take time for another person to build up. In the interim there is a risk of poorer care and poorer patient outcome".*

Midwife, England

*"I categorically would advise anyone thinking of joining the NHS to not bother. You are undervalued, underpaid and overworked and used as a political pawn".*

Midwife, England

*"Every month I watch more midwives leaving the service. Some return for occasional bank shifts but the vast majority feel that the stress the job places on their health and home life is no longer worth it. It is incredibly sad. It is also a huge concern that there will be a huge experience gap in midwifery within our unit".*

Midwife, England

*"I have already commenced research into working as a midwife abroad. I enjoy my work but if pay restraint continues it will most likely result in me leaving the NHS. More and more staff appear to be leaving the NHS so the service will continue to suffer and remaining staff will receive an ever-increasing workload, leading to increased levels of feeling undervalued".*

Midwife, England

*"I have trained for three years to be a midwife and I have been qualified for one year working in a busy unit. If there were no pay increases then I would have to leave my job to pursue a career in something which would provide me with the financial support needed in this ever increasingly expensive country. I want to be a midwife, but I want fair pay".*

Midwife, England

*"I will continue to work crazy hours, see less of my family at a time when I should be looking forward to seeing more of them. As a clinical leader I am blocking progression for younger colleagues which is frustrating for them, denying them the opportunity to gain management and leadership experience".*

Midwife, England

*"I have faced increasing childcare costs and if the pay restraint continues, there will be little free financial benefit to me working. I'd be better off giving up work to look after my children myself. I know several of my colleagues have said similar things".*

Midwife, England

*"With prices rising and my salary barely changing from year to year we already only spend on essentials rather than desirables. I can't cut my expenditure or spend any smarter than I already do. It's going to be a stark choice between working extra shifts and sacrificing my son's wellbeing or getting into debt. I may have to return to my previous career which was significantly better paid if nowhere near as satisfying. I won't be the only one to leave, we are already facing staffing issues, ultimately we may not be able to safely staff the service, those remaining will suffer under the strain (as they do already), and very sadly the care for women and children will be less than they deserve".*

Midwife, England

*"I don't even want to think about it! I am frightened of not being able to provide for my children and ultimately losing our home".*

Midwife, England

*"The NHS is on its knees, we have vacancies in our unit which has not been heard of before, we haven't got enough staff or students to fill the huge gap that will be happen when all the staff over 50 decide to retire".*

Midwife, England

*"I would be inclined to move abroad (Australia) to work as a midwife. I think more midwives will leave the profession if the pay does not increase. Midwives would be less enthusiastic, and there would be fewer staff therefore women would not receive safe and effective woman centred care".*

Midwife, England

*"Life would remain tough. There would still not be the opportunity to do things I want to due to the lack of finances. The morale would remain low and the goodwill would continue to fall. The retention of staff would become increasingly difficult. The senior experienced staff will take retirement as soon as they can or to phased retirement".*

Midwife, England

*"That I may finally have to leave the NHS, because I won't be able to afford supporting my children through university. I believe there will be more health care workers that will leave the profession as they seek better paid positions, with better working conditions, hours of working and less stress. The NHS will fall apart as it is beginning to do so".*

Midwife, England

## Conclusion

This section has shown that midwives and maternity support workers are facing significant hardship due to the declining value of pay following seven years of pay restraint. It is clear that RCM members feel that on-going pay restraint in the NHS is unfair and is impacting on their ability to give high quality and safe care to women and their families.

There is a clear expectation amongst RCM members that because the public sector pay cap has been scrapped they will get at least an inflationary pay increase and indeed, the evidence shows the positive impact a fair pay increase for 2018/19 would have on midwives and maternity support workers and the service they provide to women and their families.

This section has also presented many stories from real midwives and maternity support workers detailing their feelings about pay restraint, their expectations of a pay rise and what this would mean for them and maternity services and how pay restraint is affecting their motivation, satisfaction and engagement. We hope that this has been helpful for the NHSPRB and have got a good idea about the lived experiences of midwives and maternity support workers working in the NHS today and we have conveyed the message to the NHSPRB that fair pay in the NHS is overdue.

## Section Four: Midwives' and Maternity Support Workers' Motivation, Satisfaction and Engagement

This section shows discusses the morale in maternity units. In last years' report the NHSPRB asked for evidence around morale to separate evidence into motivation, satisfaction and engagement. We have therefore attempted to use these definitions for this section of our evidence, however these concepts are interlinked.

Many midwives and maternity support workers tell us about the vocational nature of their work and that they are motivated to provide high quality and safe care to women and their families. However, midwives and maternity support workers tell us that they feel that the government and employers are taking advantage of this fact by increasing their workload and restraining their pay and this is damaging employment relations in the NHS. Moreover, midwives tell us they feel that since staffing pressures have continued to increase for nearly a decade the motivation they gain through the vocational aspects of their profession has significantly decreased because they don't have the time to provide women with the level and quality of care they deserve.

Furthermore, maternity units are struggling to meet the demands of the service, with HOMs frequently redeploying staff to other areas; using bank and agency staff; withdrawing services and closing the unit. Fundamentally, organisations are relying on the goodwill of midwives and maternity support workers to staff the units and this is leading to high levels of stress and burn out and is causing midwives to leave midwifery.

Maternity units are overworked and understaffed and this has resulted in low levels of staff engagement. Midwives and maternity support workers report low levels of engagement with organisational initiatives to improve productivity. There is well-known evidence that shows high levels of staff engagement improve organisations' financial performance through savings on litigation costs and sickness absence costs and improves patient outcomes. However, our evidence shows that despite maternity units being highly reliant on midwives' goodwill that goodwill is running out and midwives are the least engaged they have ever been. Midwives and maternity support workers have never been so challenged in their ability to provide high quality and safe care.

### Staff motivation

Motivation continues to be a big issue for midwives and maternity support workers. The HOMs survey found that:

- 54% of HOMs said that moral and motivation in their organisation was 'ok' or 'poor'. Only 2% of HOMs rated morale and motivation as 'very good'.

The RCM's member pay survey found that:

- 47% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'I look forward to going to work'
- When asked the biggest reasons why they didn't look forward to going to work the most common responses were: workload (87%); the numbers of staff on shift (84%); their pay (73%); and their working conditions and resources (63%).

# How motivated are you by your job?

Stories from midwives and maternity support workers



Midwives and maternity support workers were asked how motivated they feel by their job. They said:

*"Working 12 hr shifts with little or no breaks and pay related issues all lead to me being unmotivated and not looking forward to going to work".*

Midwife, England

*"Recently on the postnatal ward staffing levels have been dangerous, with only one midwife working on the night shift. Due to these circumstances, staff have been overworked, going on sick leave and therefore the cycle of poor staffing continues. As a senior student I am scared of qualifying, worried about having a large workload which I will not feel safe caring for. I am scared of falling out of love with midwifery like many of the midwives I work with".*

Student Midwife, England

*"I am motivated to look after women and work with my colleagues. But, I am demotivated due to terrible pay and pension and bullying on the unit. Every day someone on our staff is crying, in an adult workforce this cannot be acceptable".*

Midwife, Scotland

*"Unfortunately I feel after sixteen years as a midwife I have very little motivation left. I see midwives who qualify and leave the profession within twelve months as they can't take it any longer! Spending the majority of your shift having to apologise for poor or delayed care is heartbreaking. I am sorry to say that I am one of the ones who would leave tomorrow. I don't feel valued... I am just another pair of hands!"*

Midwife, England

*"After a long career I still enjoy giving care to women, but I feel like I'm expected to be motivated by this alone and that my level of pay shouldn't matter. It does matter and I feel utterly ground down and devalued. I still always want to give the very best care I can, but if I had the chance to leave the profession and do something less stressful, I would".*

Midwife, England

*"I do not want to do the job I do. I feel undervalued and there is too much pressure. It makes me sad, I wanted this so much when I was training. I would never recommend this profession".*

Midwife, England

*"I love the job that I do and I am passionate about providing high quality care to the women and their families. I do however, feel down trodden by management and government. I feel taken advantage of and undervalued. It really makes me sad and angry".*

Midwife, England

*"I love being a midwife, but I'm not sure how much longer I can juggle my work, shifts, family commitments with a job that takes over your life for less pay than I could earn working somewhere less stressful".*

Midwife, England

*"I am usually highly motivated but find the pay restraints and limited resources have affected not just my morale but that of my colleagues".*

Midwife, Northern Ireland

*"I love my job when I am allowed to do it well. However management tell me my timekeeping is poor because I give 'gold standard' care and I only have time to just do what I need to do and move on. Motivation is zero because women and babies are at risk on a daily basis".*

Midwife, Wales

*"I don't feel motivated to go to work, staffing is short and the workforce are becoming burned out. The pay doesn't reflect the commitment staff show everyday and often struggle to make ends meet".*

Midwife, England

*"I love being a midwife and I love caring for families. I don't love shifts permanently short staffed, I don't love working for over twelve hours with no break, I don't love the knock on effect on my personal life of being worked so hard, I don't love feeling so undervalued by our government that our pay absolutely does not reflect the level of education, skill, expertise and risk we deal with on a daily basis, I don't love that it has become the norm for a midwife or two to be off work with work related stress. But for the moment I still love being a midwife, I'm proud to say I'm a midwife and I'm proud of the best efforts of our team to give great care despite everything... but our goodwill will not last indefinitely."*

Midwife, England

*"I used to love my job was always happy to host the extra mile to provide the best care. I used to work with colleagues who felt the same. But the financial constraints within the NHS have been interpreted by the trust as an excuse to escalate control over every aspect of the workplace. They are squeezing the life and soul out of us, morale has never been so low and staff are constantly looking for an exit strategy."*

Midwife, England

*"Not motivated at all anymore. I feel undervalued. The demands on us are ever greater whilst our pay gets less and job satisfaction diminishes too. The government have got it all wrong - if they want better services then they need to invest in and enthuse their experienced workforce before they all give up for good. I could get a job in retail and earn the same as I do saving lives"*

Midwife, England

*"I have no motivation left having been worn down by the poor pay and conditions in the NHS over the last few years. When I joined in 1988 I loved my job, was well paid and able to give good care. So much has changed with insufficient staff and greater demands I cannot care as I would choose to do"*

Midwife, England

*"Midwives in my team are leaving due to the stress of work and poor pay, this makes the workload even harder for the remaining staff. Even newly qualified midwives are leaving and this never used to happen in our trust"*

Midwife, England

*"Staffing levels and workload heavily influences our motivation, we try our best to give good care but we feel doomed from the beginning of the shift when we are outnumbered by the women. A pay increase would feel like compensation for the stress but more importantly might bring more midwives and keep the ones we have"*

Midwife, England

*"I do not look forward to going to work at all. I feel the service is undervalued, understaffed and overworked, it is just an accident waiting to happen. I have been a very dedicated person in my earlier career and even until a year ago I would have stayed at work well beyond my hours to provide care, but I cannot continue to do that. I am burned out. Every day I feel threatened by the risk of not being able to achieve all that I need to do within my working time but no longer feel dedicated enough to my role to stay back to finish things or help out. There is only so much a person can take or put up with"*

Midwife, England

*"Morale is at an all time low. Our workload is ridiculous for the amount of staff and I feel despondent because I can't provide the quality of care I aspire to due to the unsafe workload. Mistakes are made due to us being too busy. At the end of the day, we need more staff and a better pay to keep people happily working. The amount of staff that have left recently is very sad"*

Midwife, England

## Job satisfaction

It is clear from our survey that midwives' and maternity support workers' satisfaction with their work is very low.

- 59% of RCM members' pay survey respondents said they felt valued by their line manager.
- 28% of RCM members' pay survey respondents said they felt valued by their employer.
- Only 2% of RCM members' pay survey respondents said they felt valued by the government.
- 87% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'I have enough time to get my job done'.
- 80% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'I am able to give the level of care I aspire to'.
- 84% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'my workload is at an appropriate level'.
- 69% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'my working conditions are good'.
- 91% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'there are enough staff at my organisation for me to do my job'.

# How satisfied are you with your job?

Stories from midwives and maternity support workers



## Midwives and maternity support workers were asked how satisfied they are with their job. They said:

*"More staff would always help. Numbers of midwives have been cut so much that we're working to the maximum level on every shift with no time for breaks. Care feels rushed and you know you can't give women the time they deserve."*

Midwife, England

*"I often feel others want me to hurry with my work and therefore I do not work to the standard I would like to. This is due to the workload."*

Midwife, England

*"It is impossible often to feel like you give care as you wish to give it. As a senior midwife on the labour ward I am under such pressure to get women delivered and moved on quickly. I work staff to their limit often with no break and barely giving them time to finish and complete good care. This is disgusting and ends up with burn out, poor job satisfaction and inadequate care."*

Midwife, England

*"I love my job when I am able to do it properly. I had a breakdown last year due to a massive workload that had gradually increased and became completely unmanageable. I felt that my managers just expected me to get on with it"*

Midwife, England

*"I feel valued by the immediate team that I work with. I cannot do the job to the level that I aspire to which is a constant source of frustration due to under resources of both staff and equipment. I resent at times the need to work so much overtime in order to keep the management aspect of my role in check but never to really use my expertise and experience to improve things for patients and staff"*

Midwife, Scotland

*"Very dissatisfied I feel completely drained and yet it seems what we give is not good enough or respected by the public, employers or government. There is no idea what our job actually entails and why we deserve higher pay. Our employers and the government simply don't care"*

Midwife, England

*"When I am unable to provide the best care possible due to staffing levels it is not acceptable and I feel ashamed. Sometimes I feel like as soon as the woman has birthed her baby that's it, we have to move onto the next woman. That gives the woman the impression that what she has just done is no big deal and she needs to get over herself and get her feet back on the ground. Move on, get showered and get off the labour ward because the inductions are backed up. That is not acceptable"*

Midwife, England

*"I am valued by my colleagues and the women but the management take me and my colleagues for granted as do the government. The service is surviving on good will alone"*

Midwife, England

*"I do not feel valued by our management, the organisation, the government or by how much pay we receive. I feel the amount of work we are expected to carry out is unsafe and I am worried a poor outcome will occur soon that could have been prevented. I enjoy my work as a midwife but at the moment I am not satisfied in my position and I am considering seeking a new position abroad"*

Midwife, England

*"It is extremely difficult to provide a good standard of care to women and their families given the increasing work load and lack of midwives. The pressure is intense and immensely stressful yet the pay does not reflect this ever increasing responsibility"*

Midwife, England

## Staff engagement

The HOMs survey and the pay survey of midwives and maternity support workers found that maternity units are reliant on goodwill:

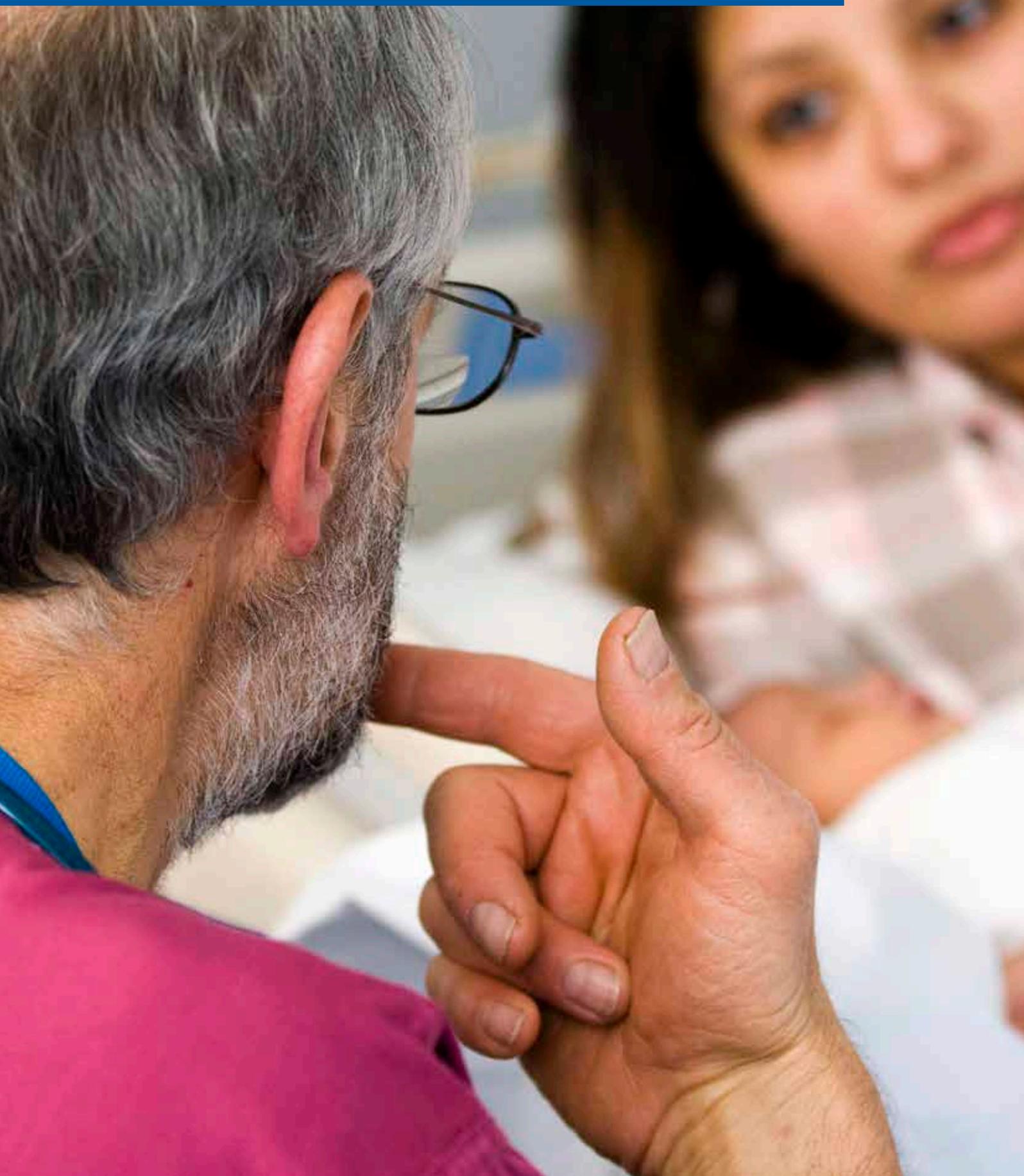
- 93% of HOMs said their unit relied on goodwill from midwives.
- 23% of RCM members' pay survey respondents work more than five hours extra unpaid every week.
- 98% of RCM members' pay survey respondents said they felt that their organisation is reliant on their and their colleagues' goodwill.

Additionally, both the HOMs survey and the pay survey of members didn't show positive findings about midwives' and maternity support workers level of engagement with organisational change:

- 52% of HOMs said they disagreed or were not sure that midwives in their unit were positive about organisational change.
- 41% of HOMs said they disagreed or were not sure that midwives in their unit would put in extra work to engage with organisational initiatives to improve efficiency.
- 28% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'I feel committed to my organisation'.
- 28% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'I will put in extra work to engage with new initiatives in my organisation'.
- 49% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'I feel positive about organisational change'.
- 65% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'I feel positive about measures my organisation takes to improve efficiency'.
- 70% of RCM members' pay survey respondents strongly disagreed/disagreed with the statement 'I feel positive about measures my organisation takes to improve productivity'.

# How engaged do you feel with your employer?

Stories from midwives and maternity support workers



Midwives and maternity support workers were asked about how engaged they feel with their organisation. They said:

*"I still try to be loyal to the organisation, however senior managers are totally uncaring and disconnected, they seem totally detached from staff needs and stress. Sick levels are very high and leaving in numbers higher than I have ever known"*

Midwife, England

*"I am not happy at all about how the organisation is led as they do not consider the employees, they just want us to work harder and do not care about how we feel and the quality of care we give"*

Midwife, England

*"The management here is shocking. The morale is so low and staff are haemorrhaging out at a frightening rate. We are always told when we are doing wrong, we have messages in our staff area reminding us of things that the patients complain about. When we have really busy shifts which is more and more often we work so hard under horrendous conditions. We never receive any praise from management, nor do we see them very often. I feel very much like I'm just a number"*

Midwife, Scotland

*"I feel that quality of patient care comes second to the trust's money saving/productivity initiatives both of which put negative pressure on staff. The midwives are asked to do more with less resources and time. And then it is the midwives that feel the pressure when dissatisfied patients complain"*

Midwife, England

*"I feel that currently my employer is pursuing changes which cannot be implemented without a substantial increase in midwives. It seems that the trust is no longer able to attract and retain suitable staff and this needs to be addressed"*

Midwife, England

*"I used to feel committed to my organisation, however recently my commitment has decreased because of poor staffing which has led to a very difficult shift pattern (constantly working weekends, unable to rearrange shifts and having worked every bank holiday of this year so far)"*

Midwife, England

*"My organisation is always saying how they value staff, but all they do is criticise staff and demand we work harder, miss our unpaid breaks and are quick to blame us for anything that goes wrong"*

Midwife, England

*"I just want to get my job done and get back to my family. I don't want to give the NHS any more of my time and energy that I already do as they don't appreciate or pay me for the extra time I give during my shifts. My morale has slowly faded in last 5 years to now I've nothing left to give"*

Midwife, England

*"This year my commitment has dropped hugely, I do not feel valued one bit. You are just a worker who is sent here, there and everywhere to try to cover the gaps with no consideration of your skills"*

Midwife, England

*"I do not feel particularly committed to my organisation, as I feel they are not particularly committed to us. It is demoralising and draining to constantly work as we do. Our manager tries her best, but it feels like she has to battle for us, for every item of equipment or extra member of staff that we need. Our trust has been rated outstanding, but I feel this is being eroded by tired staff having more and more put on their weary shoulders, whilst being told that insufficient staff is an inadequate answer for any wrongs we may make. The stress of worrying about mistakes every day is, for most staff, quite demotivating"*

Midwife, England

*"My organisation has relied so much on goodwill in recent years that it has now run out. Staff have had enough and are no longer willing to do extra hours to cover shifts and workload. This has very recently led to the temporary closure of the midwife led units for up to six months as there are not enough midwives. The disruption to families and staff is huge, causing yet more dissatisfaction among the staff. Managers and workforce are prematurely leaving my organisation"*

Midwife, England

## Service delivery

Given the shortage of 3,500 midwives and an increasing complexity of cases the HOMs survey asked questions about how HOMs were managing service delivery under increased pressure. There were reports of some cuts to services, including closing the maternity unit, although some HOMs also reported that they were asked to take on more services (but not given the extra budget). In the main it would appear that existing staff are being relied upon to cover the gaps in the service through being redeployed to other areas (normally the labour and delivery suite), missing their breaks and working late. There is also a reliance on using temporary staffing, e.g. bank and agency midwives. The HOMs reported that:

- 17% of HOMs said their budget had decreased in the last year.
- 19% of HOMs said they had to reduce services in the last year. The most common were parenting classes and midwife led units.
- 49% of HOMs said they had to close their unit in the last year because they couldn't cope with the demand. This is compared to 38.6% of HOMs in 2016.
- In total, units closed 209 times. The average was six times. Six units closed on ten or more occasions with one unit closing 33 times during the year.
- 76% of HOMs said they had to redeploy staff to cover essential services either very or fairly often.
- HOMs were asked which areas staff were redeployed to and from, overwhelmingly HOMs reported that staff were redeployed from the antenatal service, the midwife led unit, community and the postnatal service to cover the labour and deliver suite.
- 67% of HOMs answered that on call community staff have to be called in to cover the labour and delivery suite. 45% of HOMs said this restricted the home birth service.
- 71% of HOMs answered they had to call in bank and/or agency staff very or fairly often (very often - nearly every day, fairly often- a few times a week) compared to 62.1% in 2016.
- 51% of HOMs said that it was difficult/very difficult to ensure that staff take their breaks and leave on time.

When asked about service delivery HOMs said:

*"The staff regularly do not get their breaks and often leave late. They also undertake education and Learning in their own time"*

Head of Midwifery, Scotland

*"Quality and safety is a constant battle with finance - we present good outcomes for mums and babies but this is to the detriment of certain areas like community and postnatal care due to our staffing challenges. I struggle with conflict between the requirement for staff and the financial constraints in demonstrating that despite good outcomes we need more midwifery (and obstetric) staff to cope with rising demand and acuity"*

Head of Midwifery, Wales

*"All midwives working within the hospital units (both consultant and midwife-led) have to take breaks primarily within the unit to ensure safety of mothers and babies. Staff frequently miss or have short breaks due to workload. Staff often are called in at short notice to cover unsuspected sick leave and due to the business of the unit"*

Head of Midwifery, Northern Ireland

## Influence at a Local Level

Finally, we would like to raise the issue of voice and influence at board level for maternity services. We asked HOMs about their feelings about how well they were performing and how maternity was perceived by their organisation's Board. There were some quite alarming findings:

- 18% of HOMs disagreed/strongly disagreed with the statement 'maternity is a priority in my organisation!'
- 25% of HOMs disagreed/strongly disagreed with the statement 'I am able to influence the Board in my organisation!'
- 21% of HOMs disagreed/strongly disagreed with the statement 'I feel valued as a Head of Midwifery!'
- 28% of HOMs disagreed/strongly disagreed with the statement 'I have enough support from the Board in my organisation!'
- 39% of HOMs disagreed/strongly disagreed with the statement 'I am able to do my job to a standard I am personally happy with!'
- 62% of HOMs disagreed/strongly disagreed with the statement 'I am able to meet all the conflicting demands on my time at work!'

These results show that all levels of staff, including HOMs, are feeling pressurised and that is affecting their morale and motivation and their ability to give high quality, safe care. HOMs said:

*"The role is becoming increasingly more demanding and finances are a great challenge. Staff are working hard under very difficult and stretched services. There is very little money to invest in resources, education and training opportunities or the environment."*

Head of Midwifery, England

*"I feel HOMs are not valued at all, yet we are expected to deliver. How can we meet the demands and expectations of new policies for example Better Births when there is no synergy between the work life balance of midwives and the requirements of women?"*

Head of Midwifery, England

It is the RCM's view that each NHS organisation needs a Director of Midwifery position, so that maternity services have influence and voice at board level.

## Conclusion

This section has shown that maternity units are facing unprecedented challenge. Maternity units are overworked and understaffed and midwives and maternity support workers have never been so challenged in their ability to provide high quality and safe care.

Many midwives and maternity support workers tell us about the vocational nature of their work and that they are motivated to provide high quality and safe care to women and their families. However, midwives and maternity support workers tell us that they feel that the government and employers are taking advantage of this fact by increasing their workload and restraining their pay and this is damaging employment relations in the NHS. Moreover, midwives tell us they feel that since staffing pressures have continued to increase for nearly a decade the motivation they gain through the vocational aspects of their profession has significantly decreased because they don't have the time to provide women with the level and quality of care they deserve.

This section has shown because of staff shortages maternity units are struggling to meet the demands of the service, with HOMs frequently redeploying staff to other areas; using bank and agency staff; withdrawing services and closing the unit. Fundamentally, organisations are relying on the goodwill of midwives and maternity support workers to staff the units and this is leading to high levels of stress and burn out and is causing midwives to leave midwifery. Maternity services are in a catch-22 situation with many midwives leaving midwifery because of understaffing which further exacerbates staffing levels.

## Conclusion and Recommendations

The RCM has welcomed the opportunity to present evidence to the NHSPRB. While we welcome the commitment by the Chancellor to increase funding to pay for whatever recommendation the NHSPRB make this year their actions over the past seven years have undermined the integrity of the system and caused lasting damage to the morale and motivation of staff. We need to make clear that this can't be just be empty words, the commitment must result in an actual pay increase for all staff and the government must change their approach to pay for the long term to earn back the trust and confidence of staff.

The RCM would like to see the NHSPRB make an unfettered recommendation on pay and our view is that the pay award for 2018/19 should be an 3.9% uplift for staff based on RPI inflation; a sum of £800 added to every point on the pay structure to catch up for lost pay; and funding to invest in the pay structure for the Agenda for Change refresh.

We hope that our evidence has continued to be helpful and of value to the NHSPRB. In particular we hope that the NHSPRB has found the stories from our members helpful and informative in painting a picture of midwives' and maternity support workers' feelings about pay restraint, their expectations of a pay rise and what this would mean for them and maternity services and how pay restraint is affecting their motivation, satisfaction and engagement. We hope they show the lived experiences of midwives and maternity support workers working in the NHS today and convey the message to the NHSPRB that fair pay in the NHS is overdue.

In conclusion, our evidence shows that maternity units are facing unprecedented challenge. Maternity units are overworked and understaffed and this has resulted in low levels of staff engagement. Midwives and maternity support workers report low levels of engagement with organisational initiatives to improve productivity. There is well-known evidence that shows high levels of staff engagement improve organisations' financial performance through savings on litigation costs and sickness absence costs and this improves patient outcomes. Midwives and maternity support workers have never been so challenged in their ability to provide high quality and safe care.

Our evidence argues that it is clear from the current and growing staffing crisis that the numbers of new recruits and student places must increase. The pay structure and annual uplift must be good enough to attract new staff into the NHS and students into viewing the NHS as a viable and attractive career option. However, given that there is already a long-standing shortage of midwives and there are significant issues with workforce planning that could increase the shortage even further (Brexit; the introduction of tuition fees; the changing skill mix; and the age profile of midwives) it is imperative that the NHSPRB make a recommendation for a fair pay rise so that existing midwives are retained in the service. A fair pay rise for NHS staff is the key intervention that could be made now so we can break the downward spiral of the current staffing crisis.

## Recommendations

- We believe that the increase to the national minimum wage is part of Government's economic and social policy and this should be funded in addition to the increase to the pay bill.
- We would like to see a return to UK-wide pay structures for the NHS; this would involve re-setting the NHS pay structures to the current Scotland rates.
- The RCM believes that the NHSPRB needs to break the public sector pay restraint and should recommend an appropriate pay award to ensure that NHS organisations are able to recruit and retain staff in the NHS. We believe that retail prices index (RPI) is the most appropriate measure for the cost of living and therefore an award of 3.9% should be applied to the re-set pay structure to determine salaries for 2018/19.
- The RCM believes that the NHSPRB should also make a recommendation to make up for lost pay over the last seven years of pay restraint. We would like to see the NHSPRB recommend an additional consolidated sum of £800 to be added to all points on the pay structure.
- The RCM would also like to hear the NHSPRB' views about the funding for the refresh of the Agenda for Change pay structure. The RCM believes that Government should invest in the pay structure to ensure it is sustainable for the future.



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