For the first time in history, the RCM has made the decision to ballot its members for industrial action over the pay dispute. The RCM is recommending that you vote ‘yes’ to both strike action and action short of a strike. RCM employment relations advisor Amy Leversidge has some reasons why you should vote ‘yes’.
It is time to say ‘enough’s enough’
This is a fundamental attack on your pay and we have to make a stand and say ‘enough’s enough’. We are working with the other NHS trade unions to campaign together for fair pay. We believe that if midwives and MSWs stand together and vote ‘yes’, we have the best chance of getting a fair deal for NHS staff.

Treating NHS staff unfairly hurts NHS users
There is clear clinical evidence that shows NHS staff who are demoralised cannot deliver the quality of care that NHS users, including mothers and babies, deserve. NHS staff have to be valued and fairly rewarded for the work they do. Investing in staff is an investment in better care.

The NHS Pay Review Body’s (PRB) recommendations have been rejected
The NHS PRB is an expert independent body that makes recommendations concerning your pay uplifts. This is the first time your pay award does not follow the PRB’s recommendations. There is also a very real threat to the current pay structures in the NHS, and incremental progression in particular. The fact that increments are paid for increased skills, knowledge and experience is being ignored.

The value of NHS pay is falling
This is the fourth year of pay restraint in the NHS, which has had a devastating effect on the value of your pay. Our figures show that a midwife at the top of Band 6 would have a salary over £4,000 higher if they had received increases in line with inflation.

Increments are awarded for increased skills, knowledge and experience
It is clear that there are plans to remove incremental progression in the NHS pay structure and move to a system of performance-related pay. In the Spending Round speech George Osborne said: ‘The biggest reform we make on pay is to automatic progression pay. This is the practice whereby many employees not only get a pay rise every year, but also automatically move up a pay grade every single year – regardless of performance... Progression pay can at best be described as antiquated; at worst, it’s deeply unfair to other parts of the public sector who don’t get it and to the private sector who have to pay for it... we are working to remove automatic pay rises simply for time served in our schools, NHS, prisons and police.’

Incremental progression is awarded for increased skills, knowledge and experience, not just for time served. There are nine incremental points between the starting salary for a midwife and the top of Band 6 – if George Osborne were to achieve his aim, we could see the middle of the pay band becoming the top of the pay band. This means that those who are not yet at the top will never get there and those currently at the top will lose out.

This award hits newly qualified midwives hardest
Newly qualified midwives have joined the NHS at a time when we have a shortage of nearly 5,000 midwives in England. The decision to only pay staff at the top of the pay band a non-consolidated 1% uplift and refuse to pay the 1% to staff who are not yet at the top of their pay band hits those staff the hardest. We believe this will irrevocably damage the enthusiasm, morale and motivation of those new staff. We also believe that this will deter students from becoming midwives.

The cost of going to work is increasing
Even though you have faced four years of pay restraint in the NHS and being denied a permanent 1% uplift, the cost of going to work just keeps increasing. The costs of child care have risen by 29% since 2009; your NMC registration fees have increased by 31.6% with a further 20% and your pension contributions have increased from 6.5% to 9.3%.

The award is divisive and unfair
This is the first time that an annual uplift has only been paid to some staff and the first time that uplifts have been one-off payments.

MIDWIVES & MATERNITY SUPPORT WORKERS
NEED A PAY RISE!

We are concerned at the alarming rate at which nhs pay has failed to keep track with inflation, leaving maternity staff seriously out of pocket.

These figures demonstrate how typical salaries have stagnated in comparison to the increase they should have seen in order to meet the rising cost of living. They don’t include the increase in costs for pensions; the loss in earnings because of changes to agenda for change and the increase in regulation costs.

Enough’s enough!

<table>
<thead>
<tr>
<th>Band 6 Midwive</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Salary</td>
<td>£34,189</td>
<td>£35,249</td>
<td>£37,082</td>
<td>£37,987</td>
<td>£38,921</td>
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</tbody>
</table>

*the £346 increase for 2014 is only for one year

<table>
<thead>
<tr>
<th>Band 3 Maternity Support Worker</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Salary</td>
<td>£18,577</td>
<td>£19,157</td>
<td>£20,148</td>
<td>£20,591</td>
<td>£21,147</td>
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</tbody>
</table>

*the £199 increase for 2014 is only for one year
WHAT DOES NON-CONSOLIDATED ACTUALLY MEAN?

Non-consolidated means the uplift (if you’re getting one!) is only on your basic pay. It won’t apply to any of the following:

- Pension contributions
- Unsocial hours rates
- Overtime payments
- High cost area supplements

1. In 2016, your pay will return to the level it was in 2013. A non-consolidated payment means that it is just a one-off payment and it will be taken away from you at the end of the year. Because there will be non-consolidated payments for two years, this means that in 2016 your pay will return to the level that it was in 2013. Our calculations show that a midwife at the top of Band 6 would, this year, have a salary over £4000 higher if they had increases in line with inflation – by 2016 that gap will increase to £6000.

2. The NHS is running on goodwill. The NHS runs on your goodwill. According to the joint staff side survey of trade union members in September 2012, two-thirds of midwives say they work more than two hours extra each week and only 2.9% of midwives say their extra hours are always paid. It is unfair to rely on midwives and MSWs (what they call ‘non-consolidated’). This essentially moves the NHS closer towards a bonus-style pay structure with uplifts that are only temporary and do not get awarded to everyone.

9. There are now different rates of pay across the UK. In July, the government in Wales announced that they would also not be implementing the uplift recommended by the PRB and would instead be implementing a flat £160 to all staff, which works out to be roughly 0.5% for a Band 6 midwife. This will be a non-consolidated uplift, so it will be a one-off payment. Employers are putting these proposals into effect. We are therefore also in dispute in Wales and will be making preparations to consult with members there, but on a later timescale than in England. In Scotland they have paid the 1% recommended uplift in full, as a permanent payment, so we have no dispute in Scotland. In Northern Ireland, they are yet to announce what they will pay. This means that we now have four different pay scales rather than a UK-wide pay system.

10. The 1% is non-consolidated, so will only apply to basic pay. Normally your pay uplifts are included in your hourly rates, so they apply to your whole salary. The 1% non-consolidated increase is only a one-off payment (similar to a bonus), so it won’t apply to your pension, your unsocial hours, your overtime payments or your high-cost area supplements.

11. It won’t count towards your pension. From 2015, the NHS Pension Scheme will change to a career average scheme, any staff who were not protected will move into a career average pension scheme. So this means that when you retire and your pension is calculated, the salary they will use to work out the average salary for 2015-16 will not include the temporary uplift. This means this decision will have a long-term effect on your finances.

12. In 2016, your pay will return to the level it was in 2013. A non-consolidated payment means that it is just a one-off payment and it will be taken away from you at the end of the year. Because there will be non-consolidated payments for two years, this means that in 2016 your pay will return to the level that it was in 2013. Our calculations show that a midwife at the top of Band 6 would, this year, have a salary over £4000 higher if they had increases in line with inflation – by 2016 that gap will increase to £6000.

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VOTE 'YES' on the RCM Pay Ballot

Putting in extra hours and not agreeing to pay them overtime and it is especially unfair to then deny them a paltry 1% pay rise.

We have a good chance of getting a better deal

We are campaigning for:
- Payment of the 1% uplift for all staff, as recommended by the NHS PRB
- An above inflation pay rise for 2015-16
- A commitment to future pay rises that will restore the value of NHS pay.

We are working with other NHS trade unions to campaign together for fair pay.

We believe that if midwives and MSWs stand together and vote 'yes', we have the best chance of getting a fair deal for NHS staff.

We've never asked you to do this and we wouldn't ask unless it was necessary

We have never asked you to vote for industrial action before and we would not ask if we did not believe it was absolutely necessary. We are asking now because this is the time to say 'enough's enough'. This is a fundamental attack on your pay and we have to make a stand. We believe that if midwives and MSWs stand together and vote 'yes', we can send a strong message that midwives and MSWs deserve to be valued and deserve fair pay.

We've provided just 15 good reasons why you should vote 'yes'. Why don’t you tell us your reasons for voting 'yes'?

When you have voted, tweet us @MidwivesRCM and tell us why you voted with the hashtags #whyIvoted and #nhspay or tell us your personal stories and why fair pay is important to you by emailing: paycampaign@rcm.org.uk

WHAT THE SALARY OF A BAND 6 MIDWIFE SHOULD BE IF SALARY INCREASES IN LINE WITH THE COST OF LIVING (USING THE BANK OF ENGLAND'S TARGET 2% FOR CPI INFLATION)

ACTUAL SALARY FOR A MIDWIFE AT THE TOP OF BAND 6

YOUR PAY IN 2013 £34530
YOUR PAY IN 2016 £34530

THE GOVERNMENT WANT PAY UPLIFT FOR THE NEXT TWO YEARS TO BE NON-CONSOLIDATED WHICH MEANS THE UPLIFT IS ONLY TEMPORARY AND WILL BE TAKEN AWAY SO IN 2016 PAY WILL RETURN TO 2013 RATES.

Band 6 Midwife (top of the pay band)
£34000
£35000
£36000
£37000
£38000
£39000
£40000
£41000

YOUR PAY IN 2013
£34530
YOUR PAY IN 2016
£34530

THE GOVERNMENT WANT PAY UPLIFT FOR THE NEXT TWO YEARS TO BE NON-CONSOLIDATED WHICH MEANS THE UPLIFT IS ONLY TEMPORARY AND WILL BE TAKEN AWAY SO IN 2016 PAY WILL RETURN TO 2013 RATES.
I am the chair of the RCM Board, which authorised the ballot of members employed in the NHS in England. Your elected Board are also urging you to vote ‘yes’ to the two questions on your ballot paper. In other words, ‘yes’ to strike action and ‘yes’ to action short of a strike.

The RCM Board is made up of midwives from across the United Kingdom. I, myself, am from Northern Ireland. The Board is the elected governing body of the RCM and it is responsible for any decisions on potential ballots and industrial action.

Your Board met in July to receive and discuss a very detailed briefing on pay in the NHS. We noted the acceptance of the Pay Review Body’s recommendation and its implementation in Scotland. Also, the position in Wales and Northern Ireland, where no decision had then been announced (subsequently in Wales it has and we are in dispute there but not currently planning to ballot pending further talks). Finally, we examined the imposed pay arrangements for the next two years in England. This can be summarised as no pay increase for all those moving up their band, a ‘now you see it, now you don’t’ increase for those at the top of a band and a fundamental threat to our pay system in the year before an election. We know this is only the start of a campaign by employers to devalue your pay. It is starting in England and that is where we have to take a stand. But it has implications for all midwives and MSWs, so we need to support our English colleagues.

The Board took the unanimous decision to ballot and to recommend a ‘yes’ vote having weighed the risks, and in the knowledge that in an earlier consultation members had overwhelmingly said ‘yes’, you were prepared to take industrial action. We also took the decision knowing that such a step would be a first in our history. We regret that, because of the refusal to implement the Pay Review Body’s recommendations, we have been forced into such a step.

So, on behalf of the Board, I urge you to vote to support your union and professional body, the RCM and to vote ‘yes’. Our strength will lie in gaining public support. Our dispute is not with mothers and their families but rather with those that chose to undervalue midwives and MSWs. We will do nothing that would compromise safety but your Board is convinced that enough is enough and that accepting this imposed pay settlement – against the recommendation of the Pay Review Body – will result in poorer maternity services and under-valued professionals. If we want fair pay and valued midwives and MSWs, then the choice is yours. Your Board urges you to vote and to vote ‘yes’.

Dr Patricia Gillen
Chair of the RCM Board