Thoughts, views and your feedback

Opinion

Jon Skewes / One-to-one

Striking out

The RCM’s Jon Skewes talks industrial action and picket lines in the battle for fair pay. »
It was an historic day for midwives on Monday 13 October. For the first time in the RCM’s 133-year history, midwives and MSWs in England went on strike, taking to picket lines across the country in spite of heavy rain. In undertaking a four-hour strike, the profession sent a strong message to the government about their pay. After Monday had passed, midwives took ‘action short of striking’ for the rest of the week – this included claiming payment for overtime and taking all scheduled breaks.

RCM director for policy, employment relations and communications Jon Skewes says the strike was unprecedented. But, then so too were the circumstances that prompted it – secretary of state for health Jeremy Hunt ignored the recommendation for a 1% pay rise made by the independent Pay Review Body (PRB). Instead, he offered it to only those at the top of their pay band as a one-off payment, similar to a bonus.

“The PRB said that 1% was affordable but Jeremy Hunt set that aside and, instead, divided people at the top of the pay band from others and made these payments that are given then taken away again,” says Jon.

While it is unknown how many midwives went on strike, the support was vast with 82% of RCM members who took part in the ballot voting in favour of strike and 95% keen on industrial action short of a strike. Jon describes the industrial action as having been ‘hugely successful’. Midwives were the subject of enormous media attention from 12 October for several days as the spotlight shone on healthcare workers with placards and flags accompanied by a debate about the dispute.

In the main, the public has been supportive, says Jon. In fact, the public response has grown more positive as a result of the strike. RCM polls showed that public support was at 80% before the action and, afterwards, it rose to 82%.

‘The public don’t agree with the idea that midwives are being denied 1% when politicians will get that. Plus, if a politician is elected to parliament in May, they’ll get another 10%. The public can see that it’s one rule for politicians and another for healthcare workers.’
professionals,’ says Jon.

There is widespread support from MPs of all colours too. As the RCM has been meeting MPs, with particular focus on the Conservatives and Liberals as the parties in the coalition government, most have said they would write to Jeremy Hunt in support of healthcare workers.

A notable exception has been former minister of health Edwina Currie, who has been outspoken about her view that striking midwives are ‘disgraceful’ and shouldn’t take industrial action or get a pay rise either. The RCM’s response was to invite her to annual conference. An offer accepted by Edwina, who took to the stage in a panel debate on maternity services and politics, and was booted and jeered throughout as she defended her views (see page 13).

It may be that Jeremy Hunt has misjudged the public and politicians’ response to his decision to veto the pay rise. Jon believes so. The government’s approach of divide and conquer has backfired, he says. If the health minister thought that making an offer to senior midwives at the expense of their more junior colleagues would split the profession, he was wrong.

Jon is also critical of the use of terms such as a ‘non-consolidated’ pay increase, which he sees as an attempt to confuse: ‘It’s fairly obvious that they were trying to make it as complicated as possible.’

This may be because the government’s argument makes little sense. Jon points out that the cost of implementing a 1% pay rise for this year would be £155m – a fraction of the NHS England annual budget of £113bn.

Paying for it would be straightforward if wasteful spending was stopped, he says. ‘The bill for agency staff, which is mostly midwives and nurses, has gone up by £1bn in the past year. We may see people leaving the NHS to go and work for an agency – that is a real risk, particularly in London. Agency staff have a higher rate but there is also the add-on cost of 20% to 25% that goes to the agency. It’s wasteful,’ says Jon.

Yet Jeremy Hunt is insisting that any talks with unions are based on the precondition that they accept his cost envelope. As this means pay cuts, it is unlikely to happen, says Jon, and no talks are taking place.

If a midwife works 13 hours of overtime, that’s the equivalent of a 1% pay rise. So our action will cost the NHS and there will be no cost to midwives,’ says Jon. ‘Now, on that basis, how can it be sensible for the government to refuse to talk?’

There is also the possibility of industrial action in Northern Ireland, where a similar award to England has been made and the RCM and other unions are considering their position.

In Wales, the government and unions reached an agreement on a pay deal in November. It means a 1% consolidated uplift will be applied to all staff on Agenda for Change pay scales. The outlook is also sunny in Scotland, where the government has accepted the PRB’s recommendation.

Jon points out that it is in no-one’s interest to have a profession that is paid a significant difference according to country borders. ‘If wages are higher on one side of the border then it leads to unhelpful attitudes in staff,’ he says.

The way to avoid that problematic situation is simply for each devolved nation to accept the independent PRB. If Jon has anything to do with it, that is exactly what will happen.