The Royal College of Midwives response to the NHS Pay Review Body’s Consultation on Seven Day Working

December 2014
The Royal College of Midwives
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The Royal College of Midwives’ response to the NHS Pay Review Body’s consultation on Seven Day Working.

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

The RCM welcomes the opportunity to respond to this consultation and our answers to the consultation topics are set out below.

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General Comments

The Royal College of Midwives (RCM) welcomes the opportunity to respond to the NHS Pay Review Body’s consultation on seven day services. Our response will focus on general comments rather than the individual questions.

The RCM is very concerned that the focus of this review is not on providing seven day services and how best to deliver those services and meet the needs of NHS users but rather the focus is on unsocial hours payments. Any proposals to change the existing Agenda for Change agreement, including unsocial hours payments, must be discussed through the NHS Staff Council.

The Pay Review Body has been asked to make observations on the barriers and enablers within Agenda for Change for delivering seven day services in England without increasing the existing spend. The RCM strongly objects to this remit as this appears to be a further method of dismantling Agenda for Change and constrains the Pay Review Body from reaching an independent conclusion. Our view is that the enabler for seven days services are unsocial hours payments, which are fair compensation.

The RCM strongly object to any reforms of unsocial hours payments that will disadvantage a substantial section of the NHS workforce. Maternity services are already seven day services. Labour and delivery suites operate around the clock and provide high quality care for women and their babies when they need it. Midwives and maternity support workers have always worked shifts and provided care on that basis and will continue to do so. This means that midwives and maternity support workers are required to work hours at nights and weekends and expect fair compensation for doing so.

While the RCM supports seven day services it is very unclear what precisely the Government means by seven day services. The remit does not make clear whether they intend to increase activity by adding services on evenings and weekends or if they wish to maintain current levels of activity by to spread them over seven days.

Moreover, it is unclear if the Government are wishing to operate all services on a seven day a week basis or just some services. For example, as above, maternity units do operate around the clock. Labour and delivery suites, midwife led units, wards and some community services (e.g. home births) will operate 24 hours a day, seven days a week. However, there are a few services within maternity that will not run on weekends and bank holidays, for example, antenatal clinic appointments.

While we are absolutely committed to flexibility and choice for women we have seen no evidence that women and their partners would want clinic appointments on evenings and weekends bearing in mind that legally, pregnant women have a right to time off work to attend antenatal appointments. Therefore, we are concerned that if clinics were required to operate seven days a week this may have the unintended consequence of increasing the rates of pregnancy discrimination with some unscrupulous employers insisting that women attend appointments on their days off rather than accessing their right to time off. In November 2014 the TUC1 published a report into pregnancy and maternity discrimination and revealed already shockingly high incidences of discrimination.

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It is clear that the Government, NHS England and NHS Employers have not fully thought through what they mean by seven day services. They need to conduct research to ascertain the demand for services over a seven day basis and to investigate the ramifications of seven day services.

A clear consideration for seven day services, particularly if it means an increase in activity, will be workforce planning. There is already a long term shortage of midwives in England and many services are reliant on agency staff and the goodwill of existing staff to cover the service as it stands.

The RCM is currently in dispute over pay in the NHS and has embarked on two periods of industrial action so far. As part of our industrial action we have asked RCM members to only work overtime if it is agreed that they will be paid for it. We asked RCM members to inform us of the number of hours they worked overtime during the action, and in the first week, on average, members reported that they worked an extra 3 hours over. If there was increased activity to move clinic appointments to seven days the shortage of midwives would be even greater.

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.

The table below shows the number of births in England compared to the number of whole time equivalent midwives from 2001 to 2012; in 2012 there were 694,241 births in England and 20,935 whole time equivalent midwives. While the graph below does show that the numbers of midwives has increased since 2001 this has been at a far slower pace than the increase in births.
Additionally in recent times there has been an increasing complexity of cases due to rising rates of obesity and older mothers. Since the millennium the birth rate has increased dramatically leading to a shortage of approximately 3,000 whole time equivalent midwives.

In our response to the PRB in September 2013 we said that maternity units are facing unprecedented challenge. Units are overworked and understaffed. Staff are not feeling valued; staff are redeployed to other areas of work to cover essential services and units rely on bank and agency staff. Improving staff engagement can not only improve the trust’s financial performance through savings on litigation costs and sickness absence rates but staff engagement has a direct impact on patient outcomes. Midwives and maternity support workers have never been so challenged in their ability to provide high quality and safe care.

We commissioned research to investigate members views on pay and their working conditions and this showed that midwives and maternity support workers are disengaged from the service and do not feel valued by their trust. The Francis Report into the failings at Mid Staffordshire Hospital emphasised the importance of organisational culture that promotes high quality care. Many research studies have shown that the more positive experiences of staff within an NHS trust, the better the outcomes for that trust, both in terms of patient care and in terms of financial performance for the trust, in particular making savings through improving patient outcomes and improving sickness absence rates.

We remain concerned about the current state of maternity services in the UK and that the Government’s zeal for cutting NHS employees pay will result in far higher costs to staff engagement and patient outcomes. We are particularly concerned that given the current pay dispute in the NHS and in particular RCM members being forced into the situation that they have taken industrial action for the first time in our 133 year history, morale and motivation are at an all time low and now is not the time to further cut pay, terms and conditions.

As part of our evidence to the PRB in September 2013 we conducted our annual Head of Midwifery (HOM) Survey. The HOMs survey asked questions around staffing levels, recruitment and retention, morale and motivation and budget cuts. HOMs were asked to answer for their Trust/Board as of 1st April 2013. Results from the RCM’s annual Heads of Midwifery Survey, a survey sent to all Heads of Midwifery (HOMs) in the UK. The survey was conducted in June/July 2013 and in total 94 HOMs responded out of 169 HOMs in the UK giving a response rate of 55.6%.

Some key findings from the survey show the staffing pressures that maternity units are facing:

- 45.7% of HOMs reported that in the last twelve months they had to take the decision to close their unit due to not being to cope with the demand

- Out of the trusts that had closed their doors in the last 12 months on average each trust closed on 10 separate occasions with one trust reporting that they had closed 61 times in the last 12 months

- 94.5% of HOMs reported they had to redeploy staff to cover essential services with 38.5% of HOMs reporting that they have to redeploy staff very often (at least once a week)
• HOMs were asked which areas staff were redeployed to and from; overwhelmingly HOMs reported that staff were redeployed from the community and the postnatal service to the labour and delivery suite

• 68.5% of HOMs reported that on call community staff had to be called in to cover the labour and delivery suite with 29.0% of HOMs reporting that this restricted the home birth service

• 64.1% of HOMs reported that they had to call in bank and agency staff ‘very often’ (nearly every day) or ‘fairly often’ (a few times a week)

Given the demands that maternity units are currently facing it is not clear how they would be able to extend planned appointments and classes to seven days.

However, as stated above, the majority of maternity services are already seven day services. Labour and delivery suites operate around the clock and provide high quality care for women and their babies when they need it. Midwives and maternity support workers have always worked shifts and provided care on that basis and will continue to do so. This means that midwives and maternity support workers are required to work hours at nights and weekends and expect fair compensation for doing so. The RCM strongly object to any reforms of unsocial hours payments that will disadvantage a substantial section of the NHS workforce.

Unsocial hours payments are fair compensation for the impact on work-life balance; the increased costs of travel and childcare and the impact on health. Shift working is disruptive to family and social life. It is also disruptive to sleep patterns and is associated with a range of adverse physiological and physical symptoms. Some evidence suggests that particular patterns of shift working and types of rotation have worse impacts on health than others, while other research has considered whether shift working has a greater impact on older workers.

Conclusion and Recommendations

In conclusion, the RCM is very concerned that the focus of this review is not on providing seven day services and how best to deliver those services and meet the needs of NHS users but rather the focus is on unsocial hours payments. Any proposals to change the existing Agenda for Change agreement, including unsocial hours payments, must be discussed through the NHS Staff Council. However, the RCM considers that the current unsocial hours payments are fair and proportionate and would strongly object to changes that further restrain pay in the NHS.

The Government needs to determine what precisely they mean by seven day services and how that affects different occupational groups. This should be done in partnership with NHS trade unions. Seven day services should be determined following research and evidence of the demand from service users and designed around that evidence. Additional costs for providing seven day services cannot be recouped from further pay restraint in the NHS which is unsustainable.

The RCM strongly object to any reforms of unsocial hours payments that will disadvantage a substantial section of the NHS workforce. Maternity services are already seven day services.
Labour and delivery suites operate around the clock and provide high quality care for women and their babies when they need it. Midwives and maternity support workers have always worked shifts and provided care on that basis and will continue to do so. This means that midwives and maternity support workers are required to work hours at nights and weekends and expect fair compensation for doing so.

The RCM has taken our first industrial action in our 133 year history during the current pay dispute. The current approach to NHS pay is having a detrimental impact on moral and motivation and further changes and pay restraint will further impact on staff engagement. We are consistently urging the Government to come to the table and negotiate with us. The Government’s entrenchment over pay will sour what have traditionally been very good industrial relations and will impact on the service that the NHS delivers.