Royal College of Midwives
Submission to
NHS Pay Review Body

September 2013
The Royal College of Midwives
15 Mansfield Street, London, W1G 9NH

The Royal College of Midwives’ Submission to NHS Pay Review Body.

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.

In addition to representing nearly 90% of the Midwives in the UK we also represent Student Midwives and Maternity Support Workers (sometimes called Maternity Care Support Workers or Maternity Care Assistants).

This submission to the NHS Pay Review Body (NHSPRB) is the 31st produced by the RCM. The RCM welcomes the opportunity to respond to the NHSPRB and our evidence is set out below.

The Royal College of Midwives
September 2013
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Executive Summary

- The Royal College of Midwives (RCM) continues to support the NHS Pay Review Body (NHSPRB). The RCM is committed to the independent process of the Pay Review Body and strongly opposes any moves away from this process.

- The RCM is opposed to decisions relating to pay that have not arisen from the Pay Review Body, the most pertinent example being the decision by the Treasury to freeze the pay of public sector employees for two years; the imposed pay cap of 1% last year; and the continuation of a pay cap of 1% for the next two years.

- The RCM does not agree with the overall 1% pay increase for Agenda for Change staff. We feel that this is an insufficient reward that is out of line with inflation. Following three years of below inflation awards the value of NHS pay has significantly reduced and to have a 1% uplift for the next two years will further damage the value of NHS pay.

- While we feel that a 1% uplift is inappropriate the RCM does not agree that there should be an unequal pay increase across the bands, we feel that there should be the same uplift for all staff.

- However, the RCM would like to see all NHS staff paid the Living Wage. Given the relatively small cost of doing this and the benefits that employers gain from paying the Living Wage we would like to see this over and above the 1% uplift for all staff.

- The RCM does not agree with arguments made by NHS Employers 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 NHS Pay Review Body has taken the position that incremental progression is a separate issue to basic pay and we would like the NHS Pay Review Body to confirm that is still their view. We would also like the NHS Pay Review Body to acknowledge the agreed changes to incremental progression and recommend that they are implemented rather than making further changes.

- The evidence in this submission comes from a variety of sources, including official figures from the NHS Information Centre, Stats Wales, the Information Services Division Scotland, and the Health Social Services and Public Safety (Northern Ireland). We conducted our own research, the RCM’s 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%.

- In April 2013 the Royal College of Midwives commissioned Professor Ian Kessler (Kings College London) and Richard Griffin (Buckinghamshire New University) to conduct independent research to investigate the response of midwives and support workers to the issues raised in the debate about NHS pay determination and other changes in conditions of service, as well as their attitudes more generally to job
satisfaction, morale, commitment and career development opportunities against the backdrop of service reform and increasing demands on services. The research comprised of a nationwide survey of members and two focus groups, one in London and one in the South West.

- There is currently a shortage of approximately 5,000 midwives in England. While the number of midwives has been rising the number of births has risen at a greater pace thus causing a shortage of midwives. Given the additional pressures caused by the increasing complexity of cases; our annual Heads of Midwifery (HOMs) survey found that maternity units in the UK struggling to meet the demands of the service with HOMs frequently having to redeploy staff to cover essential services; call in bank and agency staff; withdraw ‘non essential’ services; and close the maternity unit.

- The HOMs survey replicated previous years finding that there have been more cuts to training and development opportunities are decreasing further with continued down banding of band 7 posts. Around 40% of HOMs report that there have been incidences of bullying, harassment and abuse in their unit.

- The RCM 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.

- The RCM believes that maternity units are facing unprecedented challenge. Units are overworked and understaffed. There has not only been a reduction in training but also there has been a reduction in band 7 posts so there are fewer opportunities for talented midwives to progress and less leadership on the unit; staff are not feeling valued; there are high levels of bullying, harassment and abuse and perceptions of discrimination, particularly in London trusts; 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.

- The RCM is concerned about the current state of maternity services in the UK and that the Government’s zeal for cutting NHS employees pay, terms and conditions will result in far higher costs to staff engagement and patient outcomes.
Section One - Government Pay Policy

Introduction

For the fourth year running the Government’s approach to public sector pay is to ignore the independence of the Pay Review Bodies and the evidence presented to them and impose a pay award. The RCM remains committed to national pay agreements and the independence of the Pay Review Body.

The RCM does not agree with arguments made by NHS Employers that incremental progression can act as a substitute for an annual pay increase on basic pay. Nor does it agree with recent claims by the Government that incremental progression is only awarded for ‘time served’. Incremental progression represents reward for increased skill and experience as agreed under the Agenda for Change framework and there are mechanisms, that have recently been strengthened that allow employers to hold back incremental progression if the expected level of performance has not been met.

This year’s proposed award of 1% is still significantly less than inflation and represents a further decrease in the value of NHS workers pay. The RCM is concerned about the effects that consistently keeping pay below inflation will have on the workforce, the service and the wider economy.

While we feel that a 1% uplift is inappropriate the RCM does not agree that there should be an unequal pay increase across the bands, we feel that there should be a 1% uplift for all staff. We believe that unequal pay increases disproportionately impact part time staff and to continue with an unequal pay structure for two years could cause anomalies in the pay structure with higher pay points on less pay.

However, the RCM would like to see all NHS staff paid the Living Wage. Given the relatively small cost of doing this and the benefits that employers gain from paying the Living Wage we would like to see this over and above the 1% uplift for all staff.

The independence of the NHS Pay Review Body

As stated above, the RCM opposes the Government’s challenge to the independence of the Pay Review Body by constraining the rewards that they are allowed to recommend.

Indeed, in the NHS Pay Review Body’s Twenty-Seventh Report 2013 it states:

“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.”

In the Income Data Services (IDS) publication ‘Pay in the Public Services 2010’ they agree that the Government policy of imposing a pay freeze challenges the independence of the Pay Review Body.
“The ever tightening of public sector pay policy towards a pay freeze has longer term implications which need to be considered. In particular, the independence of the Pay Review Bodies has been thoroughly challenged. The Treasury has sought to instruct the Pay Review Bodies to accept Government policy having added affordability and meeting the inflation target to their remit. This has undermined the original remit to set salary levels sufficient to motivate, recruit and retain.”

The RCM remains committed to the NHS Pay Review Body process and would not like to see any other kinds of interference with the independence of the Pay Review Body.

**Pay cap of 1%**

The RCM does not agree with the overall 1% pay increase for Agenda for Change staff. We feel that this is an insufficient reward that is out of line with inflation. Following two years of pay freezes and a 1% uplift last year the value of NHS pay has significantly reduced and to have a 1% uplift for the next two years will further damage the value of NHS pay.

While we feel that a 1% uplift is inappropriate the RCM does not agree that there should be an unequal pay increase across the bands, we feel that at the very least there should be a 1% uplift for all staff.

We are concerned that a further year of unequal pay uplifts could result in anomalies in the pay structure where higher pay bands have lower pay. Following the two year pay freeze for those earning over £21,000 and a £250 uplift for those earning less than £21,000 the difference in pay between pay point 15 and 16 has narrowed significantly.

Moreover, we believe that unequal pay uplifts disproportionately affect part time workers as under the pay policy for the past two years the pay freeze has applied to all employees earning over £21,000 whole time equivalent pay which means there will be many part time staff that have actual earnings of less than £21,000 but have been on a pay freeze for the past two years. In 2010 57.2% of midwives employed in the NHS in England were working part time.

**Incremental progression**

The RCM does not agree with arguments made by NHS Employers 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.

In the Income Data Services (IDS) publication ‘Pay in the Public Services 2013’ they agree that pay progression should not be viewed as a cost:

“To view it [pay progression] simply as a cost – however inevitable that might be in the current climate – is to ignore what is perhaps the most important aspect of progression pay. This is that it accrues to employees in respect of the additional experience and skills they build up and exercise in their role. With systems that are mostly based on service, effective

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1 Income Data Services Pay in the Public Services 2010
The Royal College of Midwives

management of employees’ contribution and performance should ensure that the implicit bargain this involves is respected on both sides. ”

In Danny Alexander’s letter to the NHS Pay Review Body in July 2013 he states:

“In the 2013 Spending Review, the Government announced that substantial reforms to progression pay will be taken forward or are already underway across the public sector. The Review Body is therefore invited to consider the impact of their remit group’s progression structure and its distribution among staff in recommending annual pay awards.”

Earlier this year the RCM and other NHS Trade Unions agreed to changes to Agenda for Change; the new Annex W on pay progression sets out that incremental pay progression on all points (in the pay spine) will be conditional upon individuals demonstrating that they have the requisite knowledge and skills/competencies for the role and that they have demonstrated the required level of performance and delivery. Whilst the individual has to demonstrate the application of knowledge, skills and competence in their role there is also a requirement that the employer will have an agreed and fair appraisal system in place to assess whether they are meeting the level appropriate to their role. Individual rights are outlined in the Agenda for Change agreement, NHS constitution as well as local policies and procedures.

Therefore, there have already been reforms agreed to incremental progression in the Agenda for Change pay scales that are fair and balanced. We believe that the agreed changes should be implemented and then given time to work. The Government’s announcement to substantially reform progression structures completely ignores the agreed changes in the NHS and is an insult to hard working staff that accepted the changes. It also is entirely unreasonable to not allow time for the agreed changes to be implemented.

Previously the NHS Pay Review Body has taken the position that incremental progression is a separate issue to basic pay and we would like the NHS Pay Review Body to confirm that is still their view. We would also like the NHS Pay Review Body to acknowledge the agreed changes to incremental progression and recommend that they are implemented rather than making further changes.

Living Wage

Historically the lowest pay point on Agenda for Change has always been above the Living Wage, however this changed in November 2012 when the Living Wage rose from £7.20 an hour to £7.45 an hour. The up-rating of the Living Wage figure each year takes into account the rises in living costs. As a consequence of the current economic climate, wage increases are falling behind living costs, therefore to protect low paid workers against this effect this, their pay would need to increase significantly.

The Living Wage takes some account of what is happening to wages generally, to prevent a situation where Living Wage employers are required to give pay rises that are too far out of

3 Income Data Services Pay in the Public Services 2013
4 Letter from Danny Alexander to Jerry Cope, NHS Pay Review Body 23rd July 2013
line with general pay trends.\textsuperscript{5} It is an hourly rate which is set independently and is calculated according to the basic cost of living.

The NHS Staff Side has calculated that all staff on pay point 1 would need uplift in salary of 14p per hour in to bring them up to the Living Wage; this would cost a total of £5.49m to the NHS pay bill and to include Annex U trainees up to the Living Wage would cost in total approximately £5.58m.

Research from the Living Wage Foundation and The Resolution Foundation has found that by paying the Living Wage operational costs of private and public sector organisations have been cut, staff turnover has fallen, absenteeism went down and employers felt the quality of work from their staff increased.\textsuperscript{6} The Resolution Foundation also identified savings to the Treasury by paying the Living Wage, as it would reduce the need to rely on in-work benefits and increase tax yield from income tax and employer’s national insurance contributions.\textsuperscript{7}

\textbf{Changes to Agenda for Change}

Last year we presented evidence to the Pay Review Body stating that we have concerns about an increasing number of Foundation Trusts, including the ‘South West Pay, Terms and Conditions Consortium’ that are seeking to move away from Agenda for Change and form their own local terms and conditions, including incremental progression, changes to sick pay, changes to annual leave entitlements; and differences to pay bands.

Nationally, in the NHS Staff Council, the NHS Trade Unions have agreed changes to Agenda for Change to ensure that the national agreement stays in place. In the RCM’s view, nationally negotiated pay is essential for fair pay for NHS staff. It seeks to ensure there is equal pay in the NHS and it is a transparent system.

We believe that the agreed changes should be implemented and then given time to work. In our annual Heads of Midwifery survey there were only a minority of HOMs who said that there had been progress in implementing the changes to Agenda for Change.

\textbf{Value of NHS pay}

The impact of the pay freeze for two years and a pay cap of 1% last year has resulted in a real terms decrease in pay for NHS employees and capping pay at 1% will further decrease the value of midwives’ pay.

The chart below shows both the Retail Price Index (RPI) and Consumer Price Index (CPI) inflation rates from September 2008 to August 2013.\textsuperscript{8}

In April 2010 Agenda for Change staff were awarded a pay increase of 2.25\% in the final year of the three year pay deal. However at this time RPI inflation was at 5.3\% and CPI inflation

\textsuperscript{5} Centre for Research in Social Policy, Loughborough University
\texttt{www.lboro.ac.uk/research/crsp/mis/thelivingwage/}

\textsuperscript{6} The Living Wage Foundation \texttt{www.livingwage.org.uk/}

\textsuperscript{7} The Resolution Foundation, \textit{The Challenges and Opportunities of a living wage}, January 2013

\textsuperscript{8} The Office of National Statistics – Consumer Price Indices, September 2013
was at 3.7% resulting in a real decrease in the value of pay. The pay freeze started in April 2011 at a time when RPI inflation was at 5.2% and CPI inflation was at 4.5%. Both CPI and RPI inflation have stayed fairly consistent in the last year at around 2.7% (CPI) and 3.2% (RPI), resulting in a continued devaluation in the value of NHS employees pay.

The resulting financial pressure for NHS employees could have an effect on the attractiveness of the NHS and of Midwifery as a career.

Data from The Office of National Statistics, September 2013

Comparisons to other professional groups

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.

The Government’s pay policy for the past three years and the next two years does not appear to be a sufficient reward for obtaining professional qualifications nor does it appear to be a sufficient reward for the years of hardship suffered and the debt incurred while at University. If the rewards are not seen to be sufficient this could have the effect of deterring students from choosing Midwifery as a career.

Nursing and Midwifery Council fees increase
To legally work as a midwife one must register with the Nursing and Midwifery Council (NMC). On 1st February 2013 the registration fee increased by 31.6% from £76 to £100. If midwives are unable to pay the registration fee they will not be able to legally practice as a midwife.

Increases to NHS Pension contributions and National Insurance

Following the announcement in the Comprehensive Spending Review that states:

“The Government accepts the findings of the interim Hutton Report on public sector pensions. The Government will commit to continue with a form of defined benefit pension, and seek progressive changes to the level of employee contributions that will deliver an additional £1.8 billion of savings a year by 2014-15”

Midwives have seen their pension contributions rise substantially, with the majority of midwives seeing their contribution rise from 6.5% to 9% in the last two years with a further increase in April 2014 to 9.3%.

In January 2013 the Department of Work and Pensions published their white paper ‘The Single-Tier Pension: a simple foundation for saving’ which announced that opting out of the second state pension will end which will result in national insurance contributions for members of the NHS pension scheme will increase by 1.4%. This is expected to start in 2016.

The RCM is concerned about the effect of three years of pension contribution increases added to a further year of national insurance increases at a time when the value of pay has been substantially lower than inflation. This represents a significant cut in pay for midwives, maternity support workers and other NHS employees.

Pay settlements in 2013

According to Income Data Services the median settlement so far in 2013 is 2.5%, this is considerably higher than the proposed increase of 1% for Agenda for Change staff and is an adequate award given the levels of inflation. Given the staggering difference between the average award of 2.5% and the proposed award of 1% for Agenda for Change staff the RCM is concerned that this will have a negative impact on the attractiveness of the NHS as a career.

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9 Spending Review 2010 HM Treasury October 2010
Section Two – Staffing, Morale and Motivation

Introduction

There is currently a shortage of approximately 5,000 midwives in England. While the number of midwives has been rising the number of births has risen at a greater pace thus causing a shortage of midwives. Given the additional pressures caused by the increasing complexity of cases; our annual Heads of Midwifery (HOMs) survey found that maternity units in the UK are struggling to meet the demands of the service with HOMs frequently having to redeploy staff to cover essential services; call in bank and agency staff; withdraw ‘non essential’ services; and close the maternity unit.

The HOMs survey replicated previous years finding that there have been more cuts to training and development opportunities are decreasing further with continued down banding of band 7 posts. Around 40% of HOMs report that there have been incidences of bullying, harassment and abuse in their unit.

The RCM 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.

The RCM believes that maternity units are facing unprecedented challenge. Units are overworked and understaffed. There has not only been a reduction in training but also there has been a reduction in band 7 posts so there are fewer opportunities for talented midwives to progress and less leadership on the unit; staff are not feeling valued; there are high levels of bullying, harassment and abuse and perceptions of discrimination, particularly in London trusts; 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.

The RCM is 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.

The shortage of midwives

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 current national average suggests a ratio of one WTE
midwife to 28 births in hospitals and one WTE midwife to 35 home births plus an additional 5% specialist staff.

Midwifery is a physically demanding profession given the unpredictable nature of the maternity unit; 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 due to rising rates of obesity and older mothers. Since the millennium the birth rate has increased dramatically leading to a shortage of approximately 5,000 whole time equivalent midwives.

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.

The 2013 HOMs survey found that:

- 34.4% of HOMs said their funded establishment was not adequate for their trust/board using Birthrate Plus methodology.
- 34.8% of HOMs said the number of births had increased from the previous year.
- Despite this, three trusts said they had to make staff redundant in the past twelve months.

The shortage of midwives is having a detrimental impact on service delivery (as detailed below) however, midwives and maternity support workers are reporting that they are working extra hours unpaid to attempt to compensate for the shortage and protect the service.
Budget Cuts

Despite the current shortage of midwives and the increasing birth rate the 2013 HOMs survey found that:

- 19.6% of HOMs reported that their budget had decreased in the last twelve months
- 8.7% of HOMs reported reductions in services that their unit provides
- 7.1% of HOMs who have a midwife led birthing unit in their trusts reported that it was in danger of closing thus restricting the choice available to women
- 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)
- 40.3% of HOMs said they found it difficult or very difficult to accommodate staff requests to change their working hours
- 38.1% of HOMs said they found it difficult or very difficult to accommodate staff requests to change the area in which they work

During their career midwives are responsible for keeping their knowledge up to date in order to remain on the professional register. Therefore it is concerning that 28.3% of HOMs have had to reduce training in the last 12 months. Many of the HOMs noted that there will be little enhanced training with a focus on the minimum to concentrate on mandatory skills and some reported that even mandatory training can be cancelled due to staffing shortages.

“During periods of high activity of high sickness levels we have had to cancel training sessions 1 in service training day has been cancelled for all staff who are now required to do this on line, allowing more flexibility in off duty.”

Head of Midwifery, 2013
“I do not have a dedicated training budget but in general we have seen reductions in training budgets. Training plans are submitted but these are invariably returned to be reduced. It is also increasingly difficult to release staff for CPD as the mandatory training requirements (trust and maternity specific) increase year on year.”

Head of Midwifery, 2013

“Some staff have been unable to complete pathways unless they have been able to self fund.”

Head of Midwifery, 2013

Vacancies

Despite there being a shortage of midwives there are still vacancies across the UK. The 2013 HOMs survey found that:

- 76.6% of HOMs said there were vacancies in their trust/board.
- On average HOMs recorded 6 midwife vacancies per unit and 2 maternity support worker vacancies per unit.
- 33.1% of maternity support worker vacancies are over three months old and 28.7% of midwife vacancies are over three months old.

In previous evidence to the NHSPRB the RCM has made the argument that we suspect long term vacancies are not being filled or the recruitment process is too lengthy to allow replacement staff to be put into place within three months.

Considering there is a shortage of midwives in every region in England and Wales it is astonishing that the number of vacancies are so high and they are left open so long.

HOMs reported that:

- On average they receive 84 applications per vacancy for band 2 maternity support worker positions
- On average they receive 54 applications per vacancy for band 5 midwife positions
- On average they receive 28 applications per vacancy for band 6 midwife positions.
- 35.9% of HOMs reported that they had problems recruiting to specific posts or areas compared to 26.4% of HOMs last year.
- 3.3% of HOMs reported that they have problems recruiting to all posts and areas.

HOMs noted that it was easier to recruit newly qualified midwives than more experienced midwives. Some HOMs did note that there financial reasons were having an effect on recruitment:

“Band 5 staff leave after preceptorship to work mainly in London or move away for lower cost of living.”
Head of Midwifery, 2013

“Occasional problems with relocation and cost of living, two midwives declined the offer of posts due to cost of relocating and cost of living.”

Head of Midwifery, 2013

“Difficulty in recruiting to a labour ward manager post at band 7 as there is no remuneration for stepping up from LW co-ordinator to manager role in an organisation with a flat management structure.”

Head of Midwifery, 2013

“Real problems with recruiting to experienced midwife posts (band 6 predominately).”

Head of Midwifery, 2013

“Band 7 and Band 8 difficult to recruit to as an isolated area and little other work for partners/family.”

Head of Midwifery, 2013

There does appear to be local issues with the recruitment of midwives to certain posts and we do feel local RRP s could help local trusts. However, we feel that the effects of the Government’s pay policy and employers’ attacks on terms and conditions are starting to become apparent and this will lead to a long term impact on the attractiveness of the NHS as a career and given that there is such a large shortage of midwives, particularly in England, maternity units are in a vulnerable position.

HOMs also answered that:

- In 45 units there are 732 staff on a fixed term contract
- In 13 units there are 134 staff on a zero hours contract

**Skill Mix**

The table below shows the number of WTE staff in the maternity unit broken down by band:

<table>
<thead>
<tr>
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<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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<tr>
<td>Band 2 MSWs</td>
<td>15.0%</td>
<td>14.3%</td>
<td>12.7%</td>
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<tr>
<td>Band 3 MSWs</td>
<td>4.3%</td>
<td>4.9%</td>
<td>5.6%</td>
<td>5.6%</td>
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<tr>
<td>Band 4 MSWs</td>
<td>0.9%</td>
<td>1.2%</td>
<td>1.4%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Band 5 Midwives</td>
<td>6.4%</td>
<td>7.9%</td>
<td>5.7%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Band 6 Midwives</td>
<td>53.0%</td>
<td>52.1%</td>
<td>55.9%</td>
<td>54.5%</td>
</tr>
<tr>
<td>Band 7 Midwives</td>
<td>18.3%</td>
<td>17.3%</td>
<td>16.3%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Band 8 and 9 Midwives</td>
<td>2.2%</td>
<td>2.4%</td>
<td>2.4%</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

Compared to previous years the results are fairly static. The overall figures for 2013 show 79.9% midwives and 20.1% maternity support workers in the maternity units.

We can see a steady decline in the proportion of band 7 posts from 18.3% in 2010 to 17.3% in 2011 to 16.3% in 2012 and to 16.0% in 2013. 9.6% of HOMs said they had down banded
staff in the last twelve months with a total number of 88.4 whole time equivalent posts being
down banded, 67.2% of the posts down banded were band 7 posts.

HOMs were asked to give a snapshot of their service so we can see how many midwives and
maternity support workers work in a particular area at any given time. HOMs were given
guidance to complete the question informing them to count any staff who work on a rotation
to include them in the area where they currently work i.e. staff should not be counted twice
and the antenatal and postnatal care columns should only include hospital based staff and
any antenatal and postnatal care that is carried out in the community should be included in
the community column.

<table>
<thead>
<tr>
<th>Total Staff in Post (Whole Time Equivalent) for Trust/Board as of 1st April 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwives who work primarily in antenatal care (hospital based)</td>
</tr>
<tr>
<td>Midwives who work primarily in the Labour and Delivery Suite</td>
</tr>
<tr>
<td>Midwives who work primarily in the Midwife Led Unit/Birth Centre</td>
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<tr>
<td>Midwives who work primarily in the community</td>
</tr>
<tr>
<td>Midwives who work primarily in postnatal care (hospital based)</td>
</tr>
<tr>
<td>Midwives who work primarily in management/supervisory/specialist/research</td>
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<tr>
<td>MSWs who work primarily in antenatal care (hospital based)</td>
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<tr>
<td>MSWs who work primarily in the Labour and Delivery Suite</td>
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<td>MSWs who work primarily in the Midwife Led Unit/Birth Centre</td>
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<td>MSWs who work primarily in the community</td>
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<tr>
<td>MSWs who work primarily in postnatal care (hospital based)</td>
</tr>
<tr>
<td>MSWs who work primarily in management/supervisory/specialist/research</td>
</tr>
</tbody>
</table>

**Age Profile of Midwives in England**

The table below shows the ages of midwives working in England in September 2012 – as
shown in the table in September 2012 49% of midwives in England were 45 or over.

<table>
<thead>
<tr>
<th>Age of midwives working in England in September 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
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<tr>
<td>25-29</td>
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<td>30-34</td>
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<td>35-39</td>
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<td>40-44</td>
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<td>45-49</td>
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<td>50-54</td>
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<tr>
<td>55-59</td>
</tr>
<tr>
<td>60-64</td>
</tr>
<tr>
<td>65 and over</td>
</tr>
</tbody>
</table>

Moreover, the age profile of midwives in England has been getting progressively older in the
last ten years as the table below shows:
Data from the NHS Information Centre

In anticipation of the changes to the pension scheme HOMs were asked about the impact of working longer on both midwives and maternity services they reported that:

- 82.4% said working longer (beyond the age of 60) would have a negative impact on staff
- 71.4% said working longer (beyond the age of 60) would have a negative impact on service delivery

Bullying, Harassment and Abuse

Unfortunately, midwives and maternity support workers are subject to abuse in their employment. The HOMs survey found that:

- 37.2% of HOMs reported that they had received complaints from staff about bullying, harassment, verbal or physical abuse from other staff members and supervisors
- 40.4% of HOMs reported that they had received complaints from staff about bullying, harassment, verbal or physical abuse from service users
- 37.2% of HOMs reported that they had received complaints from staff about bullying, harassment, verbal or physical abuse from the friends and family of service users.

“Aggressive women and relatives, usually realities to safeguarding or substance misuse.”
Head of Midwifery, 2013
“General harassment from service users whilst waiting to be seen and regarding access to the maternity unit outside visiting times.”
Head of Midwifery, 2013

“Objections to the visiting hours, aggression when not allowed to stay particularly when a woman is having an induction in labour. Culture of compensation for events that go wrong.”
Head of Midwifery, 2013

Morale and Motivation

In the 2013 HOMs survey 30.1% of HOMs answered that morale and motivation had decreased in the last 12 months. HOMs stated that the shortage of midwives, the increase in workload, the Government’s pay policy; the lack of opportunities and the Government’s policies for the NHS and maternity services are all having a negative impact in morale and motivation.

“It is most difficult now we are trying to provide more for less with an increasing birth rate but as far as trust board are concerned this is not enough - we have a service we can’t afford. The idealisms from the Department of Health and House of Commons are just not matching up with the requirements to provide this. All the fat is off the bone we can not strip any more off. Having worked in the NHS for over 30 years I have never known it to be so bad and I fear for mothers babies and midwives they are working tirelessly and the fear of litigation, poor performance without adequate support is increasing. The space between delivering the service on the shop floor and board is very wide, I know they are being pressed from on high but the elastic will break.”
Head of Midwifery, 2013

“We are in a very challenging environment and period with a pending merger and potential reconfiguration of services in the sector with our hospital being down graded. Maternity Tariff is a real issue and problem, although this may have worked elsewhere, this is more challenging in smaller units, challenging in London with lots of CCG’s and lots of providers.”
Head of Midwifery, 2013

“Our service is a community service within a community trust which provides antenatal, home birth and postnatal care to 1,600 women a year and is a unique model of care in the Northwest. We are constantly been squeezed financially and it would appear that there is not an understanding that our service is 365 days 24 hours unlike other child and family services within the division/trust.”
Head of Midwifery, 2013

“The implementation of payment by results having a huge detrimental effect on future funding as this is a small unit with 1650 births, geographically isolated at least 2-2.5 hours from nearest other maternity service.”
Head of Midwifery, 2013

Views on pay

In April 2013 the Royal College of Midwives commissioned Professor Ian Kessler (Kings College London) and Richard Griffin (Buckinghamshire New University) to conduct
independent research to investigate the response of midwives and support workers to the issues raised in the debate about NHS pay determination and other changes in conditions of service, as well as their attitudes more generally to job satisfaction, morale, commitment and career development opportunities against the backdrop of service reform and increasing demands on services. The research comprised of a nationwide survey of members and two focus groups, one in London and one in the South West.

1,025 RCM members responded to the survey which found that while the vast majority are highly motivated and committed to their roles, loyalty to their trusts is fragile and limited and there is a high level of dissatisfaction with pay.

The survey found that:

- 50.9% of respondents said they are very dissatisfied/dissatisfied with the recognition they get for good work
- 52.2% said they are very dissatisfied/dissatisfied with the extent to which their trust values their work
- 66.3% said they are very dissatisfied/dissatisfied with the level of their pay
- 32.8% said they are very dissatisfied/dissatisfied with the opportunities they have to advance their skills
- 83.2% said they are very dissatisfied/dissatisfied with the their last pay rise
- 76.7% said they strongly disagree/disagree with the statement ‘I am paid fairly considering the responsibilities of my job’
- 54.2% said they strongly disagree/disagree with the statement ‘I am paid fairly compared to employees in other organisations doing similar work’
- 68.1% said they strongly disagree/disagree with the statement ‘I am given a pay increase to maintain my standard of living’

A strong theme from both focus groups was that while maternity staff were being required to work harder to meet the demands on services, including a growing amount of unpaid work, the rewards that they received were diminishing. This shift had a number of consequences including a detrimental effect on the quality of life, falling living standards (staff reported working as bank staff during their holidays to make ends meet) and growing disillusionment. While maternity staff remained committed to mothers and their families, the focus group discussions strongly suggested that good will is being eroded.

**Staff Engagement**

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.
The concept of engagement can have different meanings. In the Kings Fund research ‘Employee Engagement and NHS Performance’ (2012) the authors state that broadly employee engagement can include various elements including: psychological engagement; proactivity; enthusiasm and initiative; organisational citizenship behaviours and organisational commitment; involvement in decision making; positive representation of the organisation to outsiders.10

In their research they analyse the data from the NHS Staff Survey which indicates employee engagement and how it is linked to a variety of individual and organisational outcome measures, including staff absenteeism and turnover, patient satisfaction and mortality, and safety measures, including infection rates. The results from their research clearly found that the more positive the experiences of staff within an NHS trust the better the outcomes for that trust. Engagement has significant associations with patient satisfaction, patient mortality, infection rates, Annual Health Check scores, staff absenteeism and turnover. They conclude that the more engaged staff members are, the better the outcomes for patients and the organisation more generally.

These results were replicated in other research conducted by West and Dawson that found there were particular factors that were important in ensuring good staff engagement. In particular, they found that good staff management is a key factor in engagement. This includes having well-structured appraisals setting out clear objectives and ensuring the employee feels valued by the employer. This is followed through in team working, so the team have a good understanding of their shared objective and work interdependently to meet those objectives. The research has shown that good, supportive line management is key. Conversely, high levels of work pressure and stress can lead to dissatisfaction and disengagement.11 All these factors were linked to patient satisfaction, patient mortality and staff absenteeism and turnover, and better performance on the Annual Health Check.

Another factor that was important is training and development. Where employees received training, learning and development that is relevant to their job there were better outcomes, in particular health and safety training and equality and diversity training were important. Therefore, as noted above it is very worrying that 28.3% of HOMs have had to reduce training in the last 12 months.

Moreover, another important factor in engagement scores is creating a safe working environment. Research has found that in trusts were there are high levels of physical violence, bullying, harassment, abuse and discrimination this creates poorer outcomes in terms of staff turnover, absenteeism and patient satisfaction.

In 2009 a report was published by the Aston Business School that linked NHS staff survey data to patient survey data and found that the staff survey item that was most consistently linked to patient survey scores was discrimination, in particular discrimination on the basis of

10 Employee Engagement and NHS Performance Michael A West and Jeremy Dawson, The Kings Fund 2012
11 NHS Staff Management and Health Service Quality – Results from the NHS Staff Survey and Related Data – Michael West, Lancaster University Management School and the Work Foundation. Jeremy Dawson, Lul Admasachew and Anna Topakas, Aston Business School
ethnic background. They found that high levels of bullying, harassment and abuse against staff related to negative patient experiences.\(^\text{12}\)

As shown above, around 40% of HOMs reported that there had been incidences of bullying, harassment and abuse in their unit. Moreover, the RCM has concerns about perceptions of discrimination in maternity units particularly in London; following research and anecdotal reports of the disproportionate number of black and minority ethnic (BME) midwives involved in disciplinary proceedings in September 2011 the RCM sent a Freedom of Information Request to the 24 Trusts in the London Strategic Health Authority that provide maternity services to gather information about the number of midwives subject to disciplinary proceedings broken down by ethnic group\(^\text{13}\).

The Freedom of Information Request showed a disproportionate number of black/black British midwives were subjected to disciplinary hearings and a disproportionate number of black/black British midwives were subjected to a more punitive outcome from the disciplinary proceedings. The research found that 60.2% of the midwives who were subject to disciplinary proceedings were black/black British however only 32.0% of midwives in London were black/black British and there were ten midwives who were dismissed during the time period; every midwife who was dismissed was black/black British; 15.4% of the black/black British midwives who were subject to disciplinary during the time period were dismissed.

In their research West et al conclude that:

“By giving staff clear direction, good support and treating them fairly and supportively, leaders create cultures of engagement, where dedicated NHS staff in turn can give of their best in caring for patients. The analysis of the data shows this can be achieved by:

- Focusing on the quality of patient care
- Ensuring that all staff and their teams have clear objectives
- Supporting staff via enlightened Human Resource Management practices such as effective appraisal and high quality training
- Creating positive work climates
- Building trust
- Ensuring team working is effective

Such steps produce high quality and improving patient care along with effective financial performance.”\(^\text{14}\)

Therefore research has 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. Since the Francis Report into the failings at Mid Staffordshire Hospital emphasised the importance of organisational culture that promotes

\(^{12}\) ‘Does the experience of staff working in the NHS link to the patient experience of care? An analysis of links between the 2007 acute trust inpatient and NHS staff surveys.’ Jeremy Dawson, Aston Business School, July 2009


\(^{14}\) NHS Staff Management and Health Service Quality – Results from the NHS Staff Survey and Related Data – Michael West, Lancaster University Management School and the Work Foundation. Jeremy Dawson, Lul Admasachew and Anna Topakas, Aston Business School
high quality care it is important for organisations to take staff engagement seriously and promote a culture that engages and values staff.

The results from our HOMs survey and our member research were very interesting in the context of staff engagement and patient care. In addition to the findings shown above, the member research also found that:

- Only 45.5% of members agreed/strongly agreed with the statement ‘I feel a strong sense of belonging to my trust’
- Only 42.8% of members agreed/strongly agreed with the statement ‘I would recommend my workplace to others as a good place to work’
- Only 13.9% of members agreed/strongly agreed with the statement ‘staff are always consulted about change at work’

As the research shows improving staff engagement will improve outcomes for organisations including patient care and sickness absence rates. If the NHS can improve these outcomes they could save substantial amounts of money; for example the NHS Litigation Authority found that between 1st April 2000 and 31st March 2010 the NHS paid out £3.1 billion in maternity compensation claims.

Moreover, NHS Employers have calculated that in the NHS there are 10.3 million working days lost to sickness absence which equates to £1.7 billion a year.\(^{15}\) Therefore, organisations would economically benefit by improving staff engagement in addition to improving patient outcomes.

Therefore, the Government’s approach to the NHS and the NHS workforce does not equate investing in staff with investing in patient outcomes. The continued pay freeze and cap; pension changes; NHS restructure; and continued references to public sector workers versus taxpayers has contributed to a culture that does not value staff and results in staff feeling disengaged from the NHS.

\(^{15}\) http://www.nhsemployers.org/Aboutus/Publications/Pages/Generating-savings.aspx
Conclusion and Summary

- The Royal College of Midwives (RCM) continues to support the NHS Pay Review Body (NHSPRB). The RCM is committed to the independent process of the Pay Review Body and strongly opposes any moves away from this process.

- The RCM is opposed to decisions relating to pay that have not arisen from the Pay Review Body, the most pertinent example being the decision by the Treasury to freeze the pay of public sector employees for two years; impose a pay cap of 1% last year; and continue the imposition of a pay cap of 1% for the next two years.

- The RCM does not agree with the overall 1% pay increase for Agenda for Change staff. We feel that this is an insufficient reward that is out of line with inflation. Following three years of below inflation awards the value of NHS pay has significantly reduced and to have a 1% uplift for the next two years will further damage the value of NHS pay.

- While we feel that a 1% uplift is inappropriate the RCM does not agree that there should be an unequal pay increase across the bands, we feel that there should be a 1% uplift for all staff.

- However, the RCM would like to see all NHS staff paid the Living Wage. Given the relatively small cost of doing this and the benefits that employers gain from paying the Living Wage we would like to see this over and above the 1% uplift for all staff.

- The RCM does not agree with arguments made by NHS Employers 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 NHS Pay Review Body has taken the position that incremental progression is a separate issue to basic pay and we would like the NHS Pay Review Body to confirm that is still their view. We would also like the NHS Pay Review Body to acknowledge the agreed changes to incremental progression and recommend that they are implemented rather than making further changes.

- The evidence in this submission comes from a variety of sources, including official figures from the NHS Information Centre, Stats Wales, the Information Services Division Scotland, and the Health Social Services and Public Safety (Northern Ireland). We conducted our own research, the RCM’s 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%.

- In April 2013 the Royal College of Midwives commissioned Professor Ian Kessler (Kings College London) and Richard Griffin (Buckinghamshire New University) to conduct independent research to investigate the response of midwives and support workers to the issues raised in the debate about NHS pay determination and other changes in conditions of service, as well as their attitudes more generally to job
satisfaction, morale, commitment and career development opportunities against the backdrop of service reform and increasing demands on services. The research comprised of a nationwide survey of members and two focus groups, one in London and one in the South West.

- There is currently a shortage of approximately 5,000 midwives in England. While the number of midwives has been rising the number of births has risen at a greater pace thus causing a shortage of midwives. Given the additional pressures caused by the increasing complexity of cases; our annual Heads of Midwifery (HOMs) survey found that maternity units in the UK are struggling to meet the demands of the service with HOMs frequently having to redeploy staff to cover essential services; call in bank and agency staff; withdraw ‘non essential’ services; and close the maternity unit.

- The HOMs survey replicated previous years finding that there have been more cuts to training and development opportunities are decreasing further with continued down banding of band 7 posts. Around 40% of HOMs report that there have been incidences of bullying, harassment and abuse in their unit.

- The RCM 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.

- The RCM believes that maternity units are facing unprecedented challenge. Units are overworked and understaffed. There has not only been a reduction in training but also there has been a reduction in band 7 posts so there are fewer opportunities for talented midwives to progress and less leadership on the unit; staff are not feeling valued; there are high levels of bullying, harassment and abuse and perceptions of discrimination, particularly in London trusts; staff are redeployed to other areas of work to cover essential services and units rely on temporary workers. 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.

- The RCM is 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.