Royal College of Midwives Submission to NHS Pay Review Body

October 2012
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 30th 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
October 2012
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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 the past two years and cap pay rises at 1% for the next two years.

- The RCM remains committed to national pay agreements and is concerned that an increasing number of Foundation Trusts are attempting to move away from Agenda for Change and form their own local terms and conditions. We are also concerned about the emergence of a ‘Pay Consortium’ in the South West of England to form regional pay, terms and conditions.

- The RCM responded to the Pay Review Body’s consultation in March 2012 on market-facing local pay in which we strongly opposed the Government’s proposals to move away from nationally determined pay. We look forward to reading the NHS Pay Review Body’s report on this matter.

- 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 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.

- 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 in the NHS, particularly in maternity, that have actual earnings of less than £21,000 but have been on a pay freeze for the past two years.

- 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.

- 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.

- 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 2012. The HOMs Survey had a response rate of 55%. The RCM with the other NHS Trade Unions commissioned Income Data Services to conduct a survey of trade union members in April – June 2012. In total 775 midwives and 120 maternity support workers responded in the survey.

- Using the Birthrate Plus methodology there is currently a shortage of 4,976 midwives in England and 154 midwives in Wales. While the number of midwives has been rising the number of births has risen at a greater pace thus causing a shortage of midwives. The HOMs survey confirmed that establishments in maternity units are currently not adequate for the level of activity in their Trust/Board.

- We present evidence from our HOMs survey that shows that in addition to an overall shortage of midwives in the UK the skill mix in maternity units is changing with the number of band 7 posts steadily declining following down banding. In addition to this, budget cuts are forcing Heads of Midwifery to cut all but mandatory training and in some cases this is being cancelled due to staffing shortages. Overall we are seeing a picture of maternity services where there is a lack of training and development opportunities.

- We present evidence that shows due to budget cuts services are being cut. In addition to this, HOMs have to redeploy staff to cover essential services and close the maternity unit when the demand is too great.

- Midwives and maternity support workers reported in the IDS staff survey that workloads are increasing due to the shortage of midwives and this is causing midwives and maternity support workers to have to work additional unpaid hours.

- The RCM believes that understaffed, overworked units will create unsafe maternity units and will mean that midwives and maternity support workers are working far harder at a time when their pay, in real terms, has decreased. The current cuts to budgets has led to a dangerous shortage of midwives and the Government pay policy, attacks on terms and conditions, and lack of development and opportunities will further impact on the attractiveness of midwifery as a career this is not putting maternity service users at the heart of the NHS.
Section One - Government Pay Policy

Introduction

For the third 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 is concerned that an increasing number of Foundation Trusts are attempting to move away from Agenda for Change and form their own local terms and conditions. We are also concerned about the emergence of a ‘Pay Consortium’ in the South West of England to form regional pay, terms and conditions.

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.

While this year’s award is a 1% uplift in pay and is better than the pay freeze which has been imposed for the past two years it 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 and the service.

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.

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. We were surprised by the comments in Danny Alexander’s letter to the Pay Review Body that he recognises the independence of the Pay Review Body but does not believe that constraining the Pay Review Body is challenging it’s independence.

“The Government recognises the Review Bodies role in providing independent advice on pay uplifts. In 2013/14, the Government will limit uplifts to an average of 1% in each workforce.”

Indeed, in the NHS Pay Review Body’s Twenty-Sixth Report 2012 it states:

“We remain concerned that these constraints do not allow us to consider the full range of evidence and issues. We believe that the Review Body process adds most value when it is able to bring independent and expert judgement to bear on all factors within our terms of reference – including the four Government’s economic and affordability evidence – while maintaining the trust of all parties to do so. Our terms of reference already allow the Governments to ask us to consider any other specific issues. The ability to make independent judgements ensures that we maintain the confidence of NHS Employers and the Staff Side in the process.”

1 Letter to NHS Pay Review Body from Danny Alexander – 24th September 2012
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 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.

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.

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2 Income Data Services Pay in the Public Services 2010
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.

For the past two years there has been a pay freeze in the NHS and there will be a pay cap of 1% for a following year. This 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.

Pay Settlements in 2012

According to Income Data Services the median settlement so far in 2012 is 2.75% with the most common award at 3%. 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 2.75% 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.

Value of NHS Pay

The impact of the pay freeze for the past two years 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 2012.

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 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%. While both CPI and RPI inflation have fallen in the last year they are both still above 2.2%, 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.

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4 Income Data Services Pay Report October 2012

5 The Office of National Statistics – Consumer Price Indices, September 2012
Last year we presented evidence to the Pay Review Body stating that we have concerns about an increasing number of Foundation Trusts 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.

Unfortunately, this year we still have Foundation Trusts that are attempting to form their own local terms and conditions but we also are facing a threat from twenty trusts in the South West who have formed the ‘South West Pay, Terms and Conditions Consortium’ and are attempting to form their own regional terms and conditions including levels of pay.

Nationally, in the NHS Staff Council, NHS Trade Unions are talking to NHS Employers about potentially making changes to Agenda for Change to ensure that the national agreement stays in place. However this is on the condition that employers stop attempting to move away from the nationally determined structures. This shows the NHS Trade Unions commitment to nationally determined pay, terms and conditions.

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.

Conclusion

For the third 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 is concerned that an increasing number of Foundation Trusts are attempting to move away from Agenda for Change and form their
own local terms and conditions. We are also concerned about the emergence of a ‘Pay Consortium’ in the South West of England to form regional pay, terms and conditions.

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.

While this year’s award is a 1% uplift in pay and is better than the pay freeze which has been imposed for the past two years it 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 and the service.

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.
Section Two – Staffing, Morale and Motivation

Introduction

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 2012. The HOMs Survey had a response rate of 55%. The RCM with the other NHS Trade Unions commissioned Income Data Services to conduct a survey of trade union members in April – June 2012. In total 775 midwives and 120 maternity support workers responded in the survey.

Using the Birthrate Plus methodology there is currently a shortage of 4,976 midwives in England and 154 midwives in Wales. While the number of midwives has been rising the number of births has risen at a greater pace thus causing a shortage of midwives.

The HOMs survey confirmed that establishments in maternity units are currently not adequate for the level of activity in their Trust/Board. The RCM believes that understaffed, overworked units will create unsafe maternity units but it will also have a negative effect on the attractiveness of Midwifery as a career. It also means that Midwives are working far harder at a time when their pay, in real terms, has decreased.

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.

The table below shows the numbers of Midwives and the numbers of births in England, Wales, Scotland and Northern Ireland from 2001-2011. As the table shows there is a shortage of midwives in every region of England and Wales, with a shortage of 4,976 midwives in England and 154 midwives in Wales.

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Births</th>
<th>Actual WTE Midwives</th>
<th>WTE Midwives needed under Birthrate Plus</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td>30,527</td>
<td>1,057</td>
<td>1,131</td>
<td>-74</td>
</tr>
<tr>
<td>North West</td>
<td>88,752</td>
<td>2,913</td>
<td>3,288</td>
<td>-375</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>66,451</td>
<td>2,098</td>
<td>2,462</td>
<td>-364</td>
</tr>
<tr>
<td>East Midlands</td>
<td>55,378</td>
<td>1,499</td>
<td>2,052</td>
<td>-553</td>
</tr>
<tr>
<td>West Midlands</td>
<td>73,023</td>
<td>2,207</td>
<td>2,706</td>
<td>-499</td>
</tr>
<tr>
<td>East of England</td>
<td>73,220</td>
<td>2,011</td>
<td>2,713</td>
<td>-702</td>
</tr>
<tr>
<td>London</td>
<td>132,842</td>
<td>3,925</td>
<td>4,922</td>
<td>-997</td>
</tr>
<tr>
<td>South East</td>
<td>107,132</td>
<td>2,944</td>
<td>3,969</td>
<td>-1,025</td>
</tr>
<tr>
<td>South West</td>
<td>60,794</td>
<td>1,861</td>
<td>2,252</td>
<td>-391</td>
</tr>
</tbody>
</table>
The Royal College of Midwives

October 2012

<table>
<thead>
<tr>
<th></th>
<th>England</th>
<th>Wales</th>
<th>Scotland</th>
<th>Northern Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication funding (£m)</td>
<td>688,120</td>
<td>20,519</td>
<td>25,495</td>
<td>-4,976</td>
</tr>
<tr>
<td>Wales</td>
<td>35,598</td>
<td>1,165</td>
<td>1,319</td>
<td>-154</td>
</tr>
<tr>
<td>Scotland</td>
<td>58,590</td>
<td>2,384</td>
<td>2,171</td>
<td>213</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>25,273</td>
<td>1,014</td>
<td>936</td>
<td>78</td>
</tr>
</tbody>
</table>

England data from the NHS Information Centre [www.ic.nhs.uk](http://www.ic.nhs.uk)
Wales data from Stats Wales [www.statswales.wales.gov.uk](http://www.statswales.wales.gov.uk)
Scotland data from Information Services Division Scotland [www.isdscotland.org](http://www.isdscotland.org)
Northern Ireland data from Health Social Services and Public Safety [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

The 2012 HOMs survey found that:

- 61.7% of HOMs said their funded establishment was not adequate for their trust/board using Birthrate Plus methodology.
- 52% of HOMs said the number of births had increased from the previous year.
- Despite this, two trusts said they had to make staff redundant in the past twelve months.

“As Head of Midwifery I am concerned about the lack of funding to resource the appropriate midwife to birth ratio, there is a lack of clarity among commissioners and benchmarking is not useful as acuity depends on Birth Rate Plus audit findings.”

Head of Midwifery – RCM HOMs Survey 2012

“There are increasing concerns with complexity of pregnancy and women requiring HDU care on some labour wards - the skills required and the numbers of staff for theatre, recovery, HDU care and skill set has not been addressed in maternity and there is no recognised standard - and the standards and numbers vary across each unit. There is an increasing concern and an area that needs to be assessed urgently and staffed safely and appropriately.”

Head of Midwifery – RCM HOMs Survey 2012

“Although some measures have been put into place with commissioners supporting the reduction of risk caused by the increased activity, capacity issues remain a concern. Further plans are being agreed to improve this concern/risk. Birthrate plus has been used to identify the staffing requirements for midwives and support staff, the Trust Board have supported the findings and agreed a continued recruitment to achieve safe staffing levels. As many other maternity services, we are experiencing a loss of experienced midwives to Health Visitor training following the Government’s drive. These midwives are often seeking a change of career pathway because of the physical and mental demands of the midwifery profession which appears to have not been equally funded or recognised by Ministers”

Head of Midwifery – RCM HOMs Survey 2012

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.

The 2012 Income Data Services staff survey found that:

- 94.9% of midwives and 100% of maternity support workers reported that in the last twelve months staff shortages occurred ‘frequently’ or ‘sometimes’.
86.9% of midwives and 58.3% of maternity support workers reported they ‘frequently’ or ‘always’ work more than their contracted hours.

46.3% of midwives and 44.1% of maternity support workers reported that all of the extra hours were unpaid with a further 19.7% of midwives and 13.7% of maternity support workers said that some of the hours were unpaid.

26.5% of midwives and 22.8% of maternity support workers said they worked 4 or more extra hours each week.

91.6% of maternity support workers and 84.0% of midwives reported that their individual workload had increased compared with twelve months ago.

63.1% of midwives and 49.1% of maternity support workers said the increased workload was having a negative effect on patient care.

**Vacancies**

Despite there being a shortage of midwives there are still vacancies across the UK. The 2012 HOMs survey found that:

- 78.7% of HOMs said there were vacancies in their trust/board.
- On average HOMs recorded 6 midwife vacancies per unit and 3 maternity support worker vacancies per unit.
- 31.5% of maternity support worker vacancies are over three months old and 39.2% 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.

The accuracy of vacancy rates has been challenged on many levels; the Institute for Employment Studies states:

“The accuracy of the data was challenged by the Review Body, based as they were on a once a year snapshot of vacancy levels, and then attributing changes in vacancy rates to labour market/recruitment changes. The figures could distort the true number of vacancies by underestimating the number of vacancies. If Trusts were using temporary staff, this could underestimate the number of vacancies. Vacancies could be overestimated if posts remained unfilled because of unusually long recruitment processes or because posts were left open for staff who were temporarily not working but due to return.”

Head of Midwifery – RCM HOMs Survey 2012

Previously we have been able to compare our vacancy rate recorded from our Heads of Midwifery Survey to the information on the NHS Information Centre.

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6 ‘Review of National Recruitment and Retention Premia in the NHS’ Institute for Employment Studies 2010
However, the NHS Information Centre has suspended vacancy collections and they conducted a consultation last year into the review into data returns. We are surprised that the Department of Health are still considering the responses to the consultation given that it closed in November last year.

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 75 applications per vacancy for band 2 maternity support worker positions
- On average they receive 40 applications per vacancy for band 5 midwife positions
- On average they receive 22 applications per vacancy for band 6 midwife positions.
- 26.4% of HOMs reported that they had problems recruiting to specific posts or areas.
- 5.5% of HOMs reported that they have problems recruiting to all posts and areas.
- HOMs were asked what effect they think regional pay will have on recruitment and retention, only 6.4% said they felt it would have a positive effect

HOMs noted that it was easier to recruit newly qualified midwives than more experienced midwives.

“It seems that there are only newly qualified midwives looking for jobs, which is not helpful when considering skill mix.”
Head of Midwifery – RCM HOMs Survey 2012

“Competing with inner London weighting as we are fringe, location is expensive to live. We struggle with more experienced midwives.”
Head of Midwifery – RCM HOMs Survey 2012

“Problems recruiting experienced midwives to band 6 posts, particularly for community posts. Hospital posts offer 12 hour shifts (3 day working week) with enhancements for night duty, community 7.5 hour shifts felt to disadvantage community with 5 day working week and on call commitment. Staff seem to vote with their feet, with what favours their work life balance and finances being the priority it seems.”
Head of Midwifery – RCM HOMs Survey 2012

We note the comments in the NHS Pay Review Body’s Twenty-Sixth Report 2012 that stated that:

“We conclude from the evidence that further action is needed to manage more effectively workforce and training planning to ensure an adequate supply of midwives in the right locations. As this stage, the evidence does not point to widespread national recruitment and retention problems which require a national pay response. However, we remind employers that, where local recruitment and
Retention difficulties are experienced, local RRP can be used when supported by robust evidence that a pay solution is required."

There does appear to be local issues with the recruitment of midwives to certain posts and while we understand that a pay response is not the solution to the national shortage of midwives we do feel local RRPs could help local trusts. However, we feel that the Government’s pay policy and Employers attacks on terms and conditions will have 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.

Skill Mix

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

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

Compared to previous years the results are fairly static. The overall figures for 2012 show 80.3% midwives and 19.7% maternity support workers in the maternity units compared with 79.6% midwives and 20.4% maternity support workers in 2011 and 79.8% midwives and 20.2% maternity support workers in 2010.

We can see a steady decline in the proportion of band 7 posts from 18.3% in 2010 to 17.3% in 2011 and 16.3% in 2012. 24.5% of HOMs said they had down banded staff in the last twelve months with a total number of 124 whole time equivalent posts being down banded, 63% of the posts down banded were band 7 posts.

Age Profile of Midwives in England

As the chart below illustrates, midwifery is an aging workforce. In 2002 the largest age group of midwives was 35-39 compared with 45-49 in 2011. In 2002 35.1% of midwives were 45 years old or older compared with 48.6% in 2011.8

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7 NHS Pay Review Body Twenty-Sixth Report 2012
8 Age Profile of Midwives data from NHS Information Centre
Midwives who started paying into the pension scheme before 1995 should have special class status, which is the ability to retire at the age of 55. Midwives who started after 1995 will have the right to retire at 60 and midwives who started after 2008 will have the right to retire at 65. (Additionally, all NHS employees were given the choice after the 2008 pension scheme was implemented to have the later retirement age of 65 for an improved accrual rate on their pension. However there are no official figures available for how many midwives took the choice to move to the 2008 scheme.)

Part of the Government’s final offer for the 2015 NHS Pension Scheme includes protection for those within ten years of the retirement age and this will mean that they retain their current normal retirement age. Since nearly all midwives will have a retirement age of either 55 or 60 it is important to note that nearly half of all working midwives in England are over the age of 45 so many will be protected and still be able to retire in the next ten years.

The changes to the NHS Pension Scheme will see those outside the ten year protection working until their state pension age (which could be as late as 68 years old). While midwifery is an ageing workforce, in 2011 48.6% of midwives were over the age of 45, the vast majority were aged between 45 and 60 with only 3.8% of midwives over the age of 60.

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:

- 94.7% said working longer (beyond the age of 60) would have a negative impact on staff
- 77.4% said working longer (beyond the age of 60) would have a negative impact on service delivery

“I think the energy to work shifts will affect midwives health. Also adopting various positions to facilitate alternative birth positions may also be challenging to some midwives as they get older - this..."
in turn will affect women’s choice and birth experience. I have real concerns to how practical this will be not only for midwives but for women too.”
Head of Midwifery – RCM HOMs Survey 2012

“I feel that those who work now do so out of choice and the majority are able and committed to doing so. If the age is extended then there is a potential for staff to have to continue to work who may not have the resilience or inclination to do so.”
Head of Midwifery – RCM HOMs Survey 2012

“Some areas are difficult to change and their working hours are very challenging due to the 24/7 nature of the service and the request for staff to work hours to fit with school children within their families and other child minding requests. Health issues will be the biggest challenge as well as remaining quick decision makers and clinically competent. Working nights and on calls I think will also be challenging.”
Head of Midwifery – RCM HOMs Survey 2012

“With the current re-design of maternity services i.e. high risk labour wards, more mergers, higher birthrates, I think working over 60 years of age will prove very difficult for midwives delivering a service which is a safe and quality focused service.”
Head of Midwifery – RCM HOMs Survey 2012

Budget Cuts

Despite the current shortage of midwives and the increasing birth rate the 2012 HOMs survey found that:

- 26.6% of HOMs reported that their budget had decreased in the last twelve months
- 12.8% of HOMs reported reductions in services that their unit provides
- 9.7% 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.
- 52.7% 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 7 separate occasions.
- 63.8% of HOMs reported they had to redeploy staff to cover essential services
- 50% of HOMs said they found it difficult or very difficult to accommodate staff requests to change their working hours
- 47.2% 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 24.5% of HOMs will be spending less on training in the next 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.

“Staff are going to training in their own time and we have had to cancel in house training as trainers were required for clinical areas due to the demands on the service.”

Head of Midwifery – RCM HOMs Survey 2012

“Midwives have not had allocated time to meet mandatory requirements on the rota due to staff shortages and a headroom of only 20% being applied across the entire service.”

Head of Midwifery – RCM HOMs Survey 2012

“We only provide mandatory in line with CNST and Trust requirements but these are cancelled if capacity is high.”

Head of Midwifery – RCM HOMs Survey 2012

“We have maintained the mandatory training but staff have to do some courses in their own time, or fund training themselves.”

Head of Midwifery – RCM HOMs Survey 2012

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

- 41.5% of HOMs reported that they had received complaints from staff about bullying, harassment, verbal or physical abuse from service users

- 42.6% 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.

- 15% of the HOMs reported that the abuse from service users or their families had arisen on the grounds of the protected characteristics in the Equality Act.

“Incidents of verbal aggression not infrequent, more often related to cases with child protection concerns, and individuals with substance misuse and/or mental health issues. Occasional aggression linked to high expectations and unrealistic demands being placed on the service. Some relate to occasional inflexibility of staff who are not addressing the individual needs of the patient at the time, usually related to visiting times and the restrictions in the unit regarding access for family and friends due to security systems in place for the newborn.”

Head of Midwifery – RCM HOMs Survey 2012

“Aggressive women and partners. One partner where there was a safeguarding issue grabbed a midwife by the throat.”

Head of Midwifery – RCM HOMs Survey 2012
“We are seeing more social complex cases with involvement of social services and police. The handling of these patients can be at times demanding and have known to cause friction with outbursts of violence both physical and verbal to staff.”

Head of Midwifery – RCM HOMs Survey 2012

Morale and Motivation

In the 2012 HOMs survey 43.6% of HOMs answered that morale and motivation had decreased in the last 12 months.

“The work within a FT changes a great deal with regard to efficiencies, cost improvement programmes etc. Staff are constantly asked to change how they work and held to account for a variety of KPIs and performance standards that they are not fully informed about. The continuous change causes dissatisfaction in the work force and creates a "them and us" feeling between management and teams. Supporting staff with sickness and stress at work is becoming harder and the overarching performance management for those who fall short creates anxiety and fear.”

Head of Midwifery – RCM HOMs Survey 2012

The IDS staff survey found that:

- 84.5% of midwives and 63.6% of maternity support workers reported that the increased workload was having a negative impact on morale
- 66% of midwives and 77.6% of maternity support workers reported that compared to twelve months ago their morale and motivation was worse.

The IDS staff survey found that the following reasons were contributing to a decline in morale and motivation:

<table>
<thead>
<tr>
<th>Why morale has worsened in the last twelve months…</th>
<th>Midwives</th>
<th>Maternity Support Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased workplace stress</td>
<td>88.0%</td>
<td>84.8%</td>
</tr>
<tr>
<td>Falling value of take home pay</td>
<td>55.6%</td>
<td>35.7%</td>
</tr>
<tr>
<td>Attack on terms and conditions</td>
<td>36.8%</td>
<td>26.6%</td>
</tr>
<tr>
<td>Reduced career prospects</td>
<td>24.0%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Dissatisfaction with quality of care you feel able to provide</td>
<td>82.2%</td>
<td>52.4%</td>
</tr>
<tr>
<td>Change in pension entitlements</td>
<td>62.6%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Threat of local pay</td>
<td>23.1%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Restructuring and Reorganisation</td>
<td>48.5%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Threats to job security</td>
<td>27.5%</td>
<td>24.9%</td>
</tr>
</tbody>
</table>

However, it is not just the shortage of midwives, the increase in workload and the lack of opportunities that is impacting on morale; the Government’s pay policy and NHS Employers’ attacks on Agenda for Change are having a negative impact in morale and motivation.

“The relentless focus on savings, coupled with the South West’s focus on changing pay and conditions has proved very challenging - staff are demoralised and although still providing excellent care, they
are not happy and nor do they feel valued. The service specification is often at odds with the funding available.”
Head of Midwifery – RCM HOMs Survey 2012

With regards to the Government’s pay policy the IDS staff survey reported that:

- 92.9% of midwives and 61.7% of maternity support workers felt the Government’s pay policy in 2011/13 was unfair (bearing in mind that maternity support workers are band 2-4 so will have been awarded a £250 uplift)

- 93.7% of midwives and 87.5% of maternity support workers feel the proposed pay policy for 2013/15 is unfair.

- 86.2% of midwives and 70% of maternity support workers said that compared to twelve months ago they are worse off.

- 51.3% of midwives and 60.6% of maternity support workers reported that they are ‘fairly dissatisfied’ or ‘very dissatisfied’ with their pay.

Sadly, only 29.7% of midwives and 31.7% of maternity support workers would recommend their occupation as a career in the NHS.

Conclusions

Using the Birthrate Plus methodology there is currently a shortage of 4,976 midwives in England and 154 midwives in Wales. While the number of midwives has been rising the number of births has risen at a greater pace thus causing a shortage of midwives. The HOMs survey confirmed that establishments in maternity units are currently not adequate for the level of activity in their Trust/Board.

Moreover, the midwifery workforce is ageing, with 44.8% of working midwives in England between the ages of 45 and 60. There are concerns amongst Heads of Midwifery about the impact working longer will have on both the staff and the service. There is also the issue that almost half of the midwifery workforce is nearing retirement which given the current shortage is a vulnerable position to be in.

In addition to an overall shortage of midwives in the UK the skill mix in maternity units is changing with the number of band 7 posts steadily declining following down banding. In addition to this, budget cuts are forcing Heads of Midwifery to cut all but mandatory training and in some cases this is being cancelled due to staffing shortages. Overall we are seeing a picture of maternity services where there is a distinct lack of training and development opportunities.

In addition to this services are stretched with HOMs having to redeploy staff to cover essential services and closing the maternity unit when the demand is too great.

Midwives and maternity support workers reported in the IDS staff survey that workloads are increasing due to the shortage of midwives and this is causing midwives and maternity support workers to have to work additional unpaid hours.
The increased workload and working hours combined with dissatisfaction with pay; with the Government’s pay policy; with reduced terms and conditions; with restructuring and down banding; and attacks on pensions are damaging morale and motivation in maternity units.

Worryingly, this has led 82.2% of midwives to report that they are dissatisfied with the quality of care they feel able to provide. This conflicts with the statements made by Dr Dan Poulter to the NHS Pay Review Body:

“I should be grateful if you would make recommendations of up to an average of 1% for the basic pay of NHS staff... in doing so you should consider... the overall strategy that the NHS should place patients at the heart of all it does.”

The RCM believes that understaffed, overworked units will create unsafe maternity units and will mean that midwives and maternity support workers are working far harder at a time when their pay, in real terms, has decreased. The current cuts to budgets has led to a dangerous shortage of midwives and the Government pay policy, attacks on terms and conditions, and lack of development and opportunities will further impact on the attractiveness of midwifery as a career this is not putting maternity service users at the heart of the NHS.

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9 Letter to the NHS Pay Review Body from Dr Dan Poulter MP 17th October 2012
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 and cap pay rises at 1% for the following two years.

- The RCM remains committed to national pay agreements and is concerned that an increasing number of Foundation Trusts are attempting to move away from Agenda for Change and form their own local terms and conditions. We are also concerned about the emergence of a ‘Pay Consortium’ in the South West of England to form regional pay, terms and conditions.

- 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 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. We believe that unequal pay increases disproportionately impact part-time 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.

- Using the Birthrate Plus methodology there is currently a shortage of 4,976 midwives in England and 154 midwives in Wales. While the number of midwives has been rising the number of births has risen at a greater pace thus causing a shortage of midwives. The HOMs survey confirmed that establishments in maternity units are currently not adequate for the level of activity in their Trust/Board.

- We present evidence from our HOMs survey that shows that in addition to an overall shortage of midwives in the UK the skill mix in maternity units is changing with the number of band 7 posts steadily declining following downbanding. In addition to this, budget cuts are forcing Heads of Midwifery to cut all but mandatory training and in some cases this is being cancelled due to staffing shortages. Overall we are seeing a picture of maternity services where there is a distinct lack of training and development opportunities.

- We present evidence that shows due to budget cuts services are being cut. In addition to this, HOMs have to redeploy staff to cover essential services and close the maternity unit when the demand is too great.

- Midwives and maternity support workers reported in the IDS staff survey that workloads are increasing due to the shortage of midwives and this is causing midwives and maternity support workers to have to work additional unpaid hours.
The RCM believes that understaffed, overworked units will create unsafe maternity units and will mean that midwives and maternity support workers are working far harder at a time when their pay, in real terms, has decreased. The current cuts to budgets has led to a dangerous shortage of midwives and the Government pay policy, attacks on terms and conditions, and lack of development and opportunities will further impact on the attractiveness of midwifery as a career this is not putting maternity service users at the heart of the NHS.
Appendix One – Royal College of Midwives Heads of Midwifery Survey 2012

Every year the RCM conducts a survey of all Heads of Midwifery (HOMs) in the UK.

The survey was conducted electronically using Survey Monkey. The surveys were sent out in August and HOMs were asked to give their answers for their Trust/Board as of 1st April 2012.

There were 95 returns on the survey – a response rate of 55%

The Royal College of Midwives Heads of Midwifery Survey 2012

The Royal College of Midwives annual HOMs survey is sent to every Head of Midwifery in the UK and will form part of the RCM’s evidence to the Pay Review Body in September.
(Please note that by Head of Midwifery we mean the Head of Midwifery for the Trust/Board. If this is not your self please could you forward on to the appropriate person)

Please answer all questions as of the beginning of the financial year (April 2012).

You can complete the survey online by clicking this link or you can complete this copy and email to Amy.Leversidge@rcm.org.uk

The answers you have given will be confidential. The results from the survey will form part of our evidence to the Pay Review Body and may contribute to other publications and consultation documents that the RCM produces in the next year.
The results from the survey will not identify individual trusts/Boards.

If you have any questions or queries please contact Amy Leversidge at the RCM on Amy.Leversidge@rcm.org.uk or 020 7312 3457.

Please complete the survey by no later than Friday 27th July 2012.

Thank you for taking the time to complete this survey.
Section One – General Information

1. Name

2. Job Title

3. Trust/Board

4. Email Address
Section Two – Your Staffing Establishment

Please answer questions as of the beginning of the financial year (April 2012).

Useful Information:
The RCM defines a Maternity Support Worker as an unregistered employee who provides support to a maternity team, so would include MSWs, MCSWs, Nursery Nurses etc.

WTE – Whole Time Equivalent
The RCM recommends that the minimum midwife to women staffing ratio across a maternity service offering a full range of choices is 1:28.

5. How many births did your unit deliver in the last year? (April 2011-2012)

[Blank]

6. Compared to the previous year have the number of births...

☐ Increased
☐ Decreased
☐ Stayed the same

7. Please complete the following figures for your Trust/Board as of April 2012:
Total Funded Establishment – Whole Time Equivalent (WTE)

Band 2 Maternity Support Workers

Band 3 Maternity Support Workers

Band 4 Maternity Support Workers

Band 5 Midwives

Band 6 Midwives

Band 7 Midwives

Band 8 Midwives

Band 9 Midwives

Other Staff

8. Please complete the following figures for your Trust/Board as of April 2012:
Total Staff in Post – Whole Time Equivalent (WTE)
9. Please complete the following figures for your Trust/Board as of April 2012:
   **Total Staff in Post - Headcount**

<table>
<thead>
<tr>
<th>Band 2 Maternity Support Workers</th>
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<tbody>
<tr>
<td>Band 3 Maternity Support Workers</td>
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<td>Band 4 Maternity Support Workers</td>
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<td>Band 5 Midwives</td>
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<td>Band 8 Midwives</td>
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<td>Band 9 Midwives</td>
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<tr>
<td>Other Staff</td>
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</table>

10. Using the national Birthrate Plus ratio of 28:1 (hospital) and 35:1 (home birth) is your funded establishment adequate for your Trust/Board?

☐ Yes
☐ No
11. Have there been any changes to your funded establishment in the last year?
   □ Yes, it has increased
   □ Yes, it has decreased
   □ No, it has stayed the same

If you have answered yes please go to question 12
If you have answered no please go to question 13

12. What were the changes?
   (Please state Increased or Decreased then the number of WTE staff)
   Band 2 Maternity Support Workers
   Band 3 Maternity Support Workers
   Band 4 Maternity Support Workers
   Band 5 Midwives
   Band 6 Midwives
   Band 7 Midwives
   Band 8 Midwives
   Band 9 Midwives
   Other Staff

13. Do you expect your funded establishment to change in the next year?
   □ Yes, I expect it to increase
   □ Yes, I expect it to decrease
   □ No, I do not expect any changes

14. In the last 12 months has the Midwifery budget...
   □ Increased
   □ Decreased
   □ Stayed the same
15. Have any staff been downbanded in the last year?

- Yes
- No

*If you have answered yes please go to question 16
*If you have answered no please go to question 17

16. How many staff have been downbanded?

<table>
<thead>
<tr>
<th>Band 2 Maternity Support Workers</th>
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<tr>
<td>Band 3 Maternity Support Workers</td>
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<td>Band 4 Maternity Support Workers</td>
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<td>Band 5 Midwives</td>
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<td>Band 9 Midwives</td>
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<tr>
<td>Other Staff</td>
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</table>

17. Have you had to make staff redundant in the last year?

- Yes
- No

*If you have answered yes please go to question 18
*If you have answered no please go to question 19

18. How many staff have you had to make redundant?

<table>
<thead>
<tr>
<th>Band 2 Maternity Support Workers</th>
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<tbody>
<tr>
<td>Band 3 Maternity Support Workers</td>
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<tr>
<td>Band 4 Maternity Support Workers</td>
<td></td>
</tr>
<tr>
<td>Band 5 Midwives</td>
<td></td>
</tr>
</tbody>
</table>
19. Are there currently vacancies in your unit?

☐ Yes
☐ No

If you have answered yes please go to question 20
If you have answered no please go to question 24

20. How many vacancies are there?

Band 2 Maternity Support Workers
Band 3 Maternity Support Workers
Band 4 Maternity Support Workers
Band 5 Midwives
Band 6 Midwives
Band 7 Midwives
Band 8 Midwives
Band 9 Midwives
Other Staff

21. How many vacancies are over three months old?

Band 2 Maternity Support Workers
Band 3 Maternity Support Workers
Band 4 Maternity Support Workers
22. On average, how many applications do you receive per vacancy? (Please estimate, if necessary)

Band 2 Maternity Support Workers
Band 3 Maternity Support Workers
Band 4 Maternity Support Workers
Band 5 Midwives
Band 6 Midwives
Band 7 Midwives
Band 8 Midwives
Band 9 Midwives
Other Staff

23. Compared to last year has this...

☐ Increased
☐ Decreased
☐ Stayed the same

24. Have there been any staff recruited to your unit in the last 12 months?

☐ Yes
☐ No

If you have answered yes please go to question 25
If you have answered no please go to question 28

### 25. How many staff have been recruited in the last 12 months?

<table>
<thead>
<tr>
<th>Band 2 Maternity Support Workers</th>
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<tbody>
<tr>
<td>Band 3 Maternity Support Workers</td>
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<td>Band 4 Maternity Support Workers</td>
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<td>Band 5 Midwives</td>
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<td>Band 6 Midwives</td>
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<td>Band 7 Midwives</td>
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<td>Band 8 Midwives</td>
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<tr>
<td>Band 9 Midwives</td>
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<tr>
<td>Other Staff</td>
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</table>

### 26. How many of the staff have been recruited on a permanent contract?

<table>
<thead>
<tr>
<th>Band 2 Maternity Support Workers</th>
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<tbody>
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<td>Band 3 Maternity Support Workers</td>
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<tr>
<td>Band 4 Maternity Support Workers</td>
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<tr>
<td>Band 5 Midwives</td>
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<td>Band 6 Midwives</td>
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<td>Band 7 Midwives</td>
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</tr>
<tr>
<td>Band 8 Midwives</td>
<td></td>
</tr>
<tr>
<td>Band 9 Midwives</td>
<td></td>
</tr>
<tr>
<td>Other Staff</td>
<td></td>
</tr>
</tbody>
</table>

### 27. How many of the new recruits were...

<table>
<thead>
<tr>
<th>Newly qualified midwives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to practice midwives</td>
<td></td>
</tr>
</tbody>
</table>
28. Have there been any staff leave the unit in the last 12 months?

☐ Yes
☐ No

If you have answered yes please go to question 29
If you have answered no please go to question 31

29. How many staff have left the Trust/Board in the last 12 months?

Band 2 Maternity Support Workers
Band 3 Maternity Support Workers
Band 4 Maternity Support Workers
Band 5 Midwives
Band 6 Midwives
Band 7 Midwives
Band 8 Midwives
Band 9 Midwives
Other Staff

30. How many staff left because they...

Retired
Retired due to ill health
Moved to another employer (still a midwife/MSW)  

Moved to another employer (no longer a midwife/MSW)  

Dismissed  

Other (please specify)  

31. How would you rate your unit in terms of recruitment?

☐ No problems with recruitment
☐ Only problems with specific posts
☐ Problems with recruiting to all posts

If there are problems what are they?

32. How would you rate your unit in terms of retention?

☐ No problems with retention of staff
☐ Only problems with specific posts
☐ Problems with retention of staff in all areas

If there are problems what are they?

33. The Government have asked the NHS Pay Review Body to produce a report around the feasibility of moving from national pay awards to regional pay that takes account of local labour markets. What effects do you think this will have on recruitment and retention in your Trust/Board?
- Positive effect on recruitment and retention
- No change in recruitment and retention
- Negative effect on recruitment and retention
- I am not sure what effect it will have
Section Three – Service Delivery

34. Does your Trust/Board have the following…

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand Alone Midwife Led Unit</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Alongside Midwife Led Unit</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

35. If yes, are either under threat of closure?

☐ Yes
☐ No

36. Have you previously had a midwife led unit that has now closed?

☐ Yes
☐ No

37. Have there been any reductions in the services that your unit provides?

☐ Yes
☐ No

If you have answered yes please go to question 38
If you have answered no please go to question 39

38. Have there been any reductions in the following services in the last year?

☐ Home Birth Service
☐ Specialist midwives for vulnerable women
☐ Breast feeding support
☐ Parentcraft classes
☐ Bereavement support

Other (please specify)

39. In the last year has your unit had to close?
Yes
No

If you have answered yes please go to question 40
If you have answered no please go to question 41

40. How many times has your unit closed?

41. Do you ever have to redeploy staff to another area to cover essential services?
   Yes
   No
Section Four – Working Longer

The Government’s final offer for the NHS Pension Scheme will see the normal retirement age in the new scheme equal to a member’s state pension age. Part of the Government’s final offer is a tripartite review into the impact of working longer.

42. What impact do you think working longer will have on maternity services?

<table>
<thead>
<tr>
<th>Impact on staff</th>
<th>Positive</th>
<th>No Change</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact on service delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

43. Are there any particular areas of your unit that you feel most staff will struggle to work in over the age of 60? (Please tick all that apply)

- [ ] Antenatal services
- [ ] Postnatal services
- [ ] Labour and Delivery
- [ ] Community services

Other (please specify)

44. Currently how do you find accommodating staff requests to change...

<table>
<thead>
<tr>
<th>Their working hours</th>
<th>Very easy</th>
<th>Easy</th>
<th>Difficult</th>
<th>Very difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>The area they work in</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

45. Are there any issues you can identify with midwives and maternity support workers working past the age of 60?
Section Five – Morale and Motivation

46. In the last 12 months do you feel that staff morale and motivation have...

☐ Increased
☐ Decreased
☐ Stayed the same

47. In the last 12 months have staff made any complaints about bullying, harassment, verbal or physical abuse...

☐ From other staff members and supervisors
☐ From service users
☐ From the friends/families of services users

48. If you have answered that there have been complaints from staff about harassment or abuse from service users or their friends or families have any of the incidents of harassment arisen on the grounds of any of the protected characteristics* in the Equality Act?

*The protected characteristics are: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

☐ Yes
☐ No

If yes, please give details e.g. the frequency of harassment and the protected characteristics affected

☐

49. Please give details of any other incidents of bullying or harassment e.g. the nature and frequency

☐

50. Have you had to reduce training in the last 12 months?

☐ Yes
☐ No

51. If yes, please give details of any reductions in training in your unit

[Blank Space]
Section Six – Maternity Support Workers

52. What are MSWs/MCSWs main duties? (please tick all that apply)

☐ Administrative and Clerical
☐ Hotel Services (e.g. cleaning, making beds etc)
☐ Organising antenatal/parentcraft meetings
☐ Assisting in theatre
☐ Breastfeeding advice and support
☐ Maternal Observations
☐ Baby Observations
☐ Demonstrating infant/baby techniques

Other (please specify)

53. What specific education, training and development do MSWs/MCSWs receive?

54. Is there any education, training and development that your MSWs/MCSWs need?

☐ Literacy
☐ Numeracy
☐ ICT
☐ Communication

Other (please specify)
55. If there is anything you would like to comment on or draw attention to please feel free to do so here.

56. The answers you have given are confidential. The results from the survey will form part of our evidence to the Pay Review Body and may contribute to other publications and consultation documents that the RCM produces in the next year.

The results from the survey will not identify individual trusts.

However, there are times that the Employment Relations Department would like to use individual trusts as case studies, particularly in our campaign to protect maternity services.

Would you be willing to discuss any of your answers in further detail and to use your unit as a case study to illustrate the current situation in maternity services in the UK? (This could be done on or off the record)

☐ Yes
☐ No

Thank you for completing this survey.