RCM EVIDENCE TO THE NHS PAY REVIEW BODY 2021

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THE ROYAL COLLEGE OF MIDWIVES

EXECUTIVE SUMMARY

THE ROYAL COLLEGE OF MIDWIVES (RCM) WELCOMES THE OPPORTUNITY TO SUBMIT EVIDENCE TO THE NHS PAY REVIEW BODY (NHSPRB).

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

Our evidence this year is set against the backdrop of COVID-19, the biggest challenge in the NHS's history. The impact of the COVID-19 pandemic on midwives and MSWs cannot be underestimated. Maternity care is an emergency service, which operates 24 hours a day, every day. RCM members have had to face insufficient access to PPE, staffing shortages and increased workloads, while continuing to provide a safe and caring service throughout the pandemic. Their contribution cannot be ignored. The Government encouraged the public to applaud our NHS heroes but these thanks ring hollow if staff are not rewarded with a fair pay increase.

Though it is central to the experience of NHS staff throughout 2020 and now as 2021 begins and the second wave surges, COVID-19 will not form the basis of our evidence as we highlight longstanding workforce shortages, issues around recruitment and retention and poor morale. If the NHS is to address the challenges it faces it must pay its staff fairly and address the real terms losses they have experienced over the past decade and which the Framework Agreements coming to an end on 31 March 2021 only partially began to do.

In July 2020 NHS England and NHS Improvement published the People Plan and accompanying People Promise. The ambitious plan includes commitments around recruitment and retention, health and wellbeing, flexible working and compassionate, inclusive cultures. These are laudable aims which the RCM welcomes but it must go hand in hand with a significant pay increase, because fair pay is a key factor in demonstrating that staff are valued.

In his mandate letter to the NHSPRB the Secretary of State for Health and Social Care sets a dire economic and financial context and asks the NHSPRB to consider the affordability of any recommendation it makes. It is the RCM's view that a return to austerity and pay freezes in the NHS would be the wrong decision for the NHS and its workforce and also that it does not make good economic sense. We will outline the financial and economic argument to invest in NHS pay later in our evidence.

The RCM is recommending that the NHSPRB make a recommendation of a single significant consolidated percentage increase across all Agenda for Change pay points and bands. An equitable across the board increase will ensure that all staff are valued and paid fairly for the work that they do. Midwives and MSWs do not want to wait to receive their pay increase after the due date of 1 April. Therefore the RCM is recommending that the NHSPRB expedite the process as far as it is able. We will also continue to campaign for any NHS pay rise to be brought forward before 1 April 2021 to recognise the incredible work of NHS staff during the pandemic and beyond.

The RCM was dismayed by the timelines set by the Secretary of State in his mandate letter to the NHS Pay Review Body which gave a date for publication of the NHSPRB's report of early May. The RCM will continue to lobby the Government to bring forward the due before 1 April 2021.

We note that NHS pay in Scotland will be decided by collective bargaining and the Scottish Government has already indicated that any pay award in Scotland will be backdated to December 2020. This is on top of a £500 payment to NHS staff in recognition of their work during the pandemic. The RCM supports the ability of NHS trade unions in Scotland to negotiate on pay and is a member of the staff-side group involved in those negotiations. The increasing disparity in pay does however impact the morale and motivation of midwives and MSWs in the rest of the UK, only 2% of whom feel valued by the UK Government. This is compounded by pay rises awarded to health and wider public sector workers in the rest of Europe, pay rises worth €8bn (£7.2bn; $9bn) to health workers in France, and in Germany public sector pay increases from plus 4.5% for the lowest income bracket to plus 3.2% for the highest bracket.

Midwives and MSWs deserve to be appropriately compensated for their work. Appropriate and fair compensation is not only necessary for job satisfaction, but also to retain and attract the best people to the NHS and to support their health and wellbeing.

Our evidence this year includes official workforce data, and evidence from the RCM's annual Heads of Midwifery (HOMs) survey which this year was shortened due to the immense pressure on midwifery managers. Responses were received from 92 individual Heads and Directors of Midwifery across 156 NHS trusts and health boards. This represents 53% of NHS trusts and health boards (54% England, 57% Scotland, 43% Wales and 20% Northern Ireland). Other RCM member survey data is included demonstrating the excessive workloads and often extremely difficult situations faced by RCM members. A survey on workload carried out across the UK (with responses predominantly from members in England) had 980 responses, another RCM member survey carried out in November included questions on staffing and morale and received 1400 responses (with responses predominantly from members in England). We also included data from a number of surveys of student midwives and midwifery educators.

Our evidence is divided into three main sections:

- **THE SHORTAGE OF MIDWIVES, RECRUITMENT AND RETENTION**
- **MIDWIVES' AND MSWs' MORALE AND MOTIVATION**
- **ECONOMIC PICTURE AND LOST PAY**

KEY MESSAGES

- The RCM is recommending that the NHSPRB make a recommendation of a single significant consolidated percentage increase across all Agenda for Change pay points and bands.
- In 2020 the value of pay for a midwife at the top of band six has decreased by over £7000 in real terms since 2010.
- Midwives and MSWs do not want to wait to receive their pay increase after the due date of 1 April.
- There is currently a shortage of just over 3,000 midwives in England alone. Fair pay is critical to the recruitment and retention of midwives and MSWs. 83% of RCM member survey respondents do not feel that their Trust/Board has the right number of staff to operate a safe service.
- It is imperative that the NHS is able to retain valuable, experienced midwives in the profession. The vast majority of those midwives are at the top of their pay band and it was these staff who benefited the least from the three year pay deals. A significant pay rise for all NHS staff is key to ensure midwives and MSWs feel valued enough to stay in the profession.
- The RCM supports maternity transformation programmes across the UK but there must be adequate investment and safe staffing levels. In order that midwifery continuity of care (MCOC) can be implemented safely and successfully it is imperative that the right staffing levels are in place. Fair pay, with flexible working opportunities and control on working hours is absolutely crucial to the ability of the NHS to recruit and retain enough midwives and MSWs to be able to successfully implement MCOC.
- Incredibly high workloads and work related stress are a common feature in the lives of midwives and MSWs with many working extra unpaid hours, feeling dehydrated, skipping meals and even delaying using the toilet.
- Workloads and staff shortages are having a serious impact on morale and motivation. 61% of HOMs told the RCM that morale and motivation in their units was ok or poor and 71% of RCM members have considered leaving the profession with over a third (38%) seriously thinking about it.
- The NHS is the biggest employer in Europe, the NHS helps stabilise the economy. Increasing pay for NHS workers is an effective way of intervening to promote an economic recovery. By boosting the income of households, the Exchequer can also expect to benefit from increased tax revenues.

THE SHORTAGE OF MIDWIVES, RECRUITMENT AND RETENTION

THERE IS CURRENTLY A SHORTAGE OF JUST OVER 3,000 MIDWIVES IN ENGLAND ALONE. FAIR PAY IS CRITICAL TO THE RECRUITMENT AND RETENTION OF MIDWIVES AND MSWS.

Closing the gap a report by the King's Fund, the Nuffield Trust and the Health Foundation, states that "Pay and reward are tangible signs of how far staff are valued and have a clear impact on retention"[1].

It is imperative that the UK Governments commitment in 2018 to train 3,650 more midwives in England is met. It will take a number of years for any new midwives to increase the overall numbers as those joining the profession must be balanced against the number of midwives leaving, which has increased as a result of Brexit and the number of midwives choosing to retire. It may increase further as a result of continuing poor pay and conditions and the impact of the COVID-19 pandemic. The latest data from the Nursing and Midwifery Council (NMC) shows that almost one third (29%) of registered midwives in the UK are aged over 50[2], fair pay along with flexible working opportunities including 'retire and return' is key to retaining these experienced midwives in the NHS.

The shortage of midwives – Birthrate Plus (BR+) calculation

BirthRate Plus (BR+) is the midwifery workforce planning tool recommended by the RCM. It takes into account not just numbers but the needs of women, local geography and patterns of care. The shortage figure in England of just over 3,000 midwives is based on the latest BR+ calculation following a review of the tool.

The change in the calculation following the review comes in part from factors like the growing proportion of pregnant women who have a raised BMI, are older or who have pre-existing medical conditions. There has been a significant rise in poor mental health, drug and alcohol dependency and other social factors that impact on the safety of mother and baby. Overall these women will need more care and that means we will need more midwives in the workforce. There is also an increased need for more midwives in specialist roles, for example diabetes specialist midwives, and this adds to the size of the midwifery workforce across the country. These initiatives are focused on improving safety, as midwives develop advanced skills, including carrying out scans of pregnant women, examination of new born babies and other specialist roles. Policy initiatives like maternity continuity of carer (MCOC) also have implications for the number of midwives required by the NHS. The impact of the implementation of MCOC on the workforce is covered later in this section

The RCM HOMs survey asked whether maternity budgets had increased, decreased or stayed the same in the past 12 months. Just over a quarter of HOMs told us that their budget had increased (27%) this is despite increased demand on services as outlined above. We also asked HOMs across the UK whether their funded establishment matched BR+ or other workforce assessment tools, almost half (47%) of respondents said no. It is worth bearing in mind that these calculations would have been made using

1 https://www.kingsfund.org.uk/publications/closing-gap-health-care-workforce
2 Equality and diversity reports (nmc.org.uk)

BR+ prior to the review outlined above. It's likely therefore that shortages identified by HOMs may now be even higher. Longstanding budgetary constraints on maternity teams further highlight the need for funding for NHS pay to come from the UK Government, not existing NHS budgets.

Staffing levels

Historically high vacancy rates in maternity teams have been exacerbated this year due to the COVID-19 pandemic with increased sickness absence levels and self-isolation of staff. Although vacancy rates do provide a useful indication of the pressure services are under they do not give a full reflection of shortages as funding for posts varies and as evidenced as above funded establishments often do not reflect the true needs of the service.

An all member survey carried out by the RCM in November 2020 asked a series of questions about staffing levels. The results showed:

- 83% do not feel that their Trust/Board has the right number of staff to operate a safe service
- 42% say half of shifts are understaffed, while a third say there are very significant gaps in most shifts
- 63% are working beyond their contracted hours, unpaid, with 37% working additional paid overtime

The HOMs survey asked whether there are currently vacancies in their unit for midwives and MSWs. We found that:

- 71% have midwife vacancies
- 49% have MSW vacancies

We also asked HOMs approximately how many vacancies (e.g. to the nearest 10 headcount figure) they had.

- The total number of midwife vacancies was 688
- The total number of MSW vacancies was 194

The average number of midwife vacancies was nine, but a significant number (22%) had 15 or more vacancies, six trusts/health boards had more than 25 vacancies, the single highest number of vacancies was 47.

The average number of MSW vacancies was three. However similar to midwife vacancies a number had significantly more. 19% of trusts/boards had five or more vacancies, six had 10 or more, the single highest number of vacancies was 15.

To begin to establish the length of time vacancies exist in maternity units we also asked HOMs approximately how many of the vacancies (e.g. to the nearest 10 headcount figure) were over three months old. Well over half the total number of midwife and MSW vacancies identified overall were vacant for more than three months.

- The total number of midwife vacancies over three months old was 394
- The total number of MSW vacancies over three months old was 115

On average, trusts/boards have five midwife vacancies that are over three months old. One quarter of HOMs had 10 or more midwife vacancies over three months old, seven had 20 or more and the single highest number of vacancies over three month old was 25.

On average, trusts/boards have two MSW vacancies that are over three months old. 10% of HOMs had 5 or more vacancies over three months old, five had 10 or more and the single highest number was 15.

Reason for leaving

It is imperative that the NHS is able to retain valuable, experienced midwives in the profession. The top reason HOMs identified for leaving was retirement. The vast majority of these midwives are at the top of their pay band and it was these staff who benefited the least from the three year pay deals. A significant pay rise for all NHS staff is key to ensure midwives and MSWs feel valued enough to stay in the profession.

The impact of implementing MCOC on the workforce

MCOC is the cornerstone of Better Births, the maternity transformation plan for England, in Wales the maternity transformation tool is known as The Vision and in Scotland Best Start. There is no maternity transformation strategy in Northern Ireland. While the RCM supports this model of maternity care, its successful implementation investment and safe staffing levels.

The increased pressure to meet targets and implement MCOC more widely during the pandemic has had a huge impact on staff in maternity services and also highlighted further the huge shortage of midwives. 95% of respondents to the RCM's November member survey said that they believe there is insufficient staffing to implement MCOC and almost three quarters (74%) telling us that the right leadership or systems to implement are not in place.

In order that MCOC can be implemented safely and successfully it is imperative that the right staffing levels are in place and that staff are fully engaged and consulted on any changes to their terms and conditions and that new services are co-designed. Fair pay, with flexible working opportunities and control on working hours is absolutely crucial to the ability of the NHS to recruit and retain enough midwives and MSWs to be able to successfully implement MCOC.

Workforce skill mix

Year	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a - VSM
2015	0.30%	14.80%	7.20%	1.70%	7.80%	52.20%	14.80%	1.20%
2016	0.40%	15%	7.60%	1.60%	7.50%	52.30%	14.40%	1.20%
2017	0.30%	14.80%	7.40%	1.60%	7.50%	52.50%	14.30%	1.60%
2018	0.30%	14.40%	7.70%	1.60%	7.30%	52.90%	14.50%	1.30%
2019	0.10%	14.20%	8.20%	1.70%	7.60%	52.60%	14.70%	0.90%
2020	0.03%	13.50%	9.03%	2.98%	7.12%	51.43%	14.84%	1.07%

(Data taken from NHS Digital workforce statistics)

The RCM remains concerned that the lack of opportunities for career progression for both midwives and MSWs will have a damaging impact on the attractiveness of both as a career. The majority of midwives and MSWs are at the top of their pay band (the full rate for the job) meaning the lack of opportunities to progress in both career and salary is keenly felt. The number of Band Seven midwives has remained almost static over the past five years, never recovering from 18.3% 10 years ago[3].

3 https://www.rcm.org.uk/media/1911/rcm-evidence-nhs-pay-review-2017.pdf

In our evidence to the NHSPRB last year we also outlined our concerns that Band Two MSWs were undertaking as standard a range of delegated clinical duties which do not match a Band Two job profile and that this risks undermining the NHS Job Evaluation Scheme. Job evaluation underpins the entire Agenda for Change pay structure and ensures equal pay for work of equal value.

The Agenda for Change pay agreement closed Band One (the table shows the continued reduction of Band One posts in maternity), meaning that Band Two MSWs are now employed at the lowest level in the NHS. The table shows an increase in the number of Band Three and Four posts in 2020, however it is likely that this increase is due to the fact that student midwives in years two and three of their studies were employed to support to services during the pandemic.

Future Midwives

The RCM is concerned that universities will be unable to support additional midwifery training places. Based on the RCM's Freedom of Information Act request to pre-registration midwifery education providers in 2018, there is a continued downward trend in the number of midwifery teaching staff per institution.[4] Further, based on an RCM survey conducted in August 2020, 50% of midwifery educators report feeling stressed every day or 'most days', nearly 40% of midwifery lecturers report working more than eight additional unpaid hours per week, and 91% report having felt unwell due to work related stress in the past 12 months.

We have described in previous submissions the precarious financial position that many midwifery students are forced into. An RCM survey conducted in 2019 revealed that, following the introduction of tuition fees and cancellation of the bursary in 2017, 80% of students reported feeling financially precarious, more than two-thirds (68%) said that they worried so much about money that it impacted their studies. The COVID-19 pandemic has further impacted on the experience of midwifery students.

According to an RCM survey conducted in July 2020, 97% of midwifery students feel the pandemic has impacted on their ability to study. This is inclusive of first year students, who were required to move to primarily virtual learning environments, and second- and third-year students, 50% of whom had their clinical placements ended. Of the 70% of second and third years who were deployed into the workforce, 21% were still waiting to be paid, and only 30% of third year students had received job offers. Given the disruption and uncertainty students have faced it is unsurprising that a staggering 97% of students reported experiencing mild to moderate mental health problems since the pandemic began. Without adequate financial support for student midwives and the impact of the pandemic it is more important than ever that pay in the NHS supports the recruitment of staff.

HOMs comments on staffing levels, recruitment and retention

"we usually find it fairly easy to recruit and staff do tend to stay however this year has been challenging. Trying to implement continuity of care is particularly difficult as staff are so stretched"

"struggle to recruit band 6 midwives currently"

"recruitment: less pool to choose from. Retention: Family nurse partnership and Health visiting attracting midwives"

"we have seen a markedly improved retention rate in our unit but our funded establishment is significantly short of that recommended by BR+"

4 In 2014/14 there were 13 students to every 1 FTE member of teaching staff, by 2018 this had decreased to 17:1.

"challenges due to an ageing workforce, nearing retirement and working reduced hours, young midwives, with young families requiring to work part time due to challenges with child care"

"there are not enough midwives to recruit"

"it is difficult to recruit experienced midwives, we recruit band 5's easily but not band 6's or 7's or management roles".

RCM member comments on staffing levels, recruitment and retention

"we need 13 midwives per shift. We often run on 9"

"23 WTE short but then as our births dropped we were fine apparently. Does not feel like this on the ground. Acuity on CDS remains at around 50% of shifts being staffed appropriately but we've been told that it doesn't mean we are short staffed"

"adequate staffing - Unfortunately this does not take into consideration people off on long term sick absence with has a direct impact on the staff"

"needed more midwives but still only calculate on birth numbers not acuity"

"they have said we were staffed adequately but staff are resigning due to COC implementation"

"our minimum safe staffing level is 9 midwives, however this number includes the labour ward coordinator who is supposed to be supernumerary according to Birthrate Plus, so we are actually on 8 every time we are on 9, 7 when we are on 8 and so on. However, senior management say we are staffed appropriately"

"apparently, we have no vacancies but skill mix and shielding sickness and pregnancy are impacting on staffing ratios to patients".

MIDWIVES' AND MSWs' MORALE AND MOTIVATION

INCREDIBLY HIGH WORKLOADS AND WORK RELATED STRESS ARE COMMON FEATURE IN THE LIVES OF MANY MIDWIVES AND MSWs.

The results of the NHS Staff survey (conducted in 2019 and published early 2020) revealed that 34% of midwives felt they were unable to meet the conflicting demands on their time at work, 40.3% of midwives reported feeling unwell due to work related stress in the previous 12 months, and 63.7% had continued to come to work despite not feeling well enough to perform their duties. The results of the 2020 NHS Staff Survey are due to be published soon. This survey was carried out during the pandemic and the results will provide important information of its impact on staff. Midwives are also at particularly high risk of bullying and harassment when compared to other NHS professions, which is likely to be connected to the high-pressure environment in which midwives work. In 2019, 39.3% of midwives had experienced at least one incidence of bullying or harassment from patients in the previous 12 months compared to only 28.5% of NHS professionals as a whole, 15.2% of midwives had experienced bullying and harassment from managers, compared to 12.3% of NHS professionals, and 22.8% of midwives had experienced bullying and harassment from other colleagues, compared to 19% of NHS professionals.[5] Bullying, harassment and discrimination is a particular problem for black, Asian and minority ethnic (BAME) midwives. In 2019, 42% of midwives reported experiencing discrimination based on their ethnic background.

RCM surveys carried out during the pandemic (covered in this section) show a workforce that was already under pressure due to staff shortages and high levels of stress hit hard by the pandemic but continuing to cope and provide a safe and caring service. This is not however sustainable in the long term.

A number of reports published during 2020 highlight the experience of midwives at work. Supporting Occupational Health and Wellbeing Professionals (SOM) reported that midwives and nurses are at considerable risk of work-related stress, burnout and mental health problems as a result of heavy workload, lack of support, low job satisfaction (particularly in relation to terms and conditions of employment), low satisfaction with work-life balance, and the demands of providing compassionate care.[6] The King's Fund, in the Courage of Compassion report[7], found that the nursing and midwifery workforces "had been struggling to cope even before the pandemic took hold. Staff stress, absenteeism, turnover and intentions to quit had reached alarmingly high levels in 2019, with large numbers of nurse and midwife vacancies across the health and care system. And then the pandemic struck. The impact of the pandemic on the nursing and midwifery workforce has been unprecedented and will be felt for a long time to come. The crisis has also laid bare and exacerbated longstanding problems faced by nurses and midwives, including inequalities, inadequate working conditions and chronic excessive work pressures."

5 NHS Staff Survey (2019) NHS Staff Survey: Latest results. Available at: https://www.nhsstaffsurveys.com/Page/1085/Latest-Results/NHS-Staff-Survey-Results/

6 Kinman. G, Teoh. K, and Harriss, A. (2020) The Mental Health and Wellbeing of Nurses and Midwives in the United Kingdom. Available at: https://www.som.org.uk/sites/som.org.uk/files/The_Mental_Health_and_Wellbeing_of_Nurses_and_Midwives_in_the_United_Kingdom.pdf

7 The courage of compassion (nhsemployers.org)

It is in this context that this section of our evidence sets out the lived experiences of RCM members during 2020, experiences that have led to seven out of 10 (71%) considering leaving the profession with over a third (38%) seriously thinking about it.

Workload

The RCM's member workload survey carried out over the summer in 2020 found that the majority of midwives and MSWs are working extra unpaid hours, feeling dehydrated, skipping meals and delaying using the toilet.

- Over half of HOMS (54%) said it was difficult or very difficult to ensure that all staff take their breaks and leave on time
- Almost 40% of RCM members worked three or more hours unpaid overtime each week with over 20% of those working five or more additional hours each week
- 87% of RCM members delay using the toilet due to lack of time
- Over three-quarters skip meals including over a quarter who do so always or most of the time
- Over half feel dehydrated most or all of the time at work

HOMs comments on workload

"being below BR+ recommendations has a direct impact upon staffing levels and the ability to ensure breaks are covered, especially at night"

"workload to staff ratio main reason for missing breaks"

"due to gaps in the funded established during periods of high activity/acuity it is sometimes difficult to ensure staff on delivery suite get a break at a reasonable time. In these circumstances, specialist midwives are asked to provide meal break relief"

"difficult at times due to short staffing and increased activity"

"staff shortages impact breaks as well as activity on the floor. We use NICE guidelines for red flags. pressure points are triage"

"due to small numbers and on call commitments, it can be challenging to fully cover the Unit when there are aternity leave or long term sickness absence. it only takes a couple of individuals to be off to have a disproportionate impact on cover. Bank capacity to "flex" the staffing numbers is also limited and there is no other facility available to give an option to "close" beds, therefore there can be a reliance on staff increasing hours or working overtime sometimes at very short notice to ensure service delivery"

"staff are fatigued by Covid response and what has become a chronic inability to fill vacancies as they arise"

"staff often miss breaks and accrue time owing. Community caseloads are significantly larger than recommended. Despite a slightly reduced birth rate women are more complex and acuity is higher"

"we do rely on overtime and extra hours to cover shortages as only have a small bank, many of which all already employed on substantive contracts"

"midwives are having increasing demands on their time, workload and competing priorities. Extra demands due to the required meeting attendance, reporting and data collection from the LMS is putting more pressure on staff. This seems not to have been considered or acknowledged"

"staffing shortages have been exacerbated by COVID so staff well being has been impacted as a result"

Morale and motivation

We asked questions about morale and motivation in both the annual HOMs survey and wider membership survey carried out in November 2020. The results showed a workforce under extreme pressure who often don't feel valued by the Government or their employer

- 61% of HOMs told us that morale and motivation in their units was ok or poor
- 83% of HOMs told us that the rely on a significant or moderate level of goodwill from staff with 23% relying on a significant level of goodwill
- 71% of RCM members have considered leaving the profession with over a third (38%) seriously thinking about it
- Over half of RCM members don't feel safe at work because of visitors' response to restrictions
- Seven out of 10 RCM members have experienced abuse due to visiting restrictions
- Just 2% of RCM members feel valued by the UK Government and only 19% feel valued by their employer

HOMs comments about morale and motivation

"the staff in the service have been truly amazing in the adaptation to new ways of working. They have been enabled to bring together an improved 'in it together' mentality and am so proud of them all"

"the motivation of the staff increased during height of COVID as they were more focussed, everyone felt involved and they wanted to ensure that they provided the highest level of safe care. There were obvious fears and anxieties but the team working and support that they gave each other helped with this as well as support from management and Matrons. Even in the private sector pay reward is the biggest area that affects staff morale"

"there has been extra physical and emotional pressure created by the COVID pandemic on staff morale and resilience. The initial response to the pandemic has been immense and that whilst we are still at level 4 we are being asked to start business as usual. I think the emotional toll on midwives have been underestimated"

"Covid has had a significant impact on staff morale including managers and higher level Trust staff. Intensive support required from Trust occupational health and work force teams"

"we have been working hard to address culture, introducing a drive on being kind to ourselves and each other. Flattening hierarchy and valuing staff. We have introduced some social activities that were supporting staff however covid has stopped some of this. We have a great MDT who are engaged and enthusiastic but tiring of constant shortages"

"ward manager doing overtime in their area as shortfall of staff"

"morale is low with COVID. Psychological wellbeing is crucial at the moment given the remobilisation of COVID"

"it's really tough particularly over last 6 months - lots of extra hours and overtime and the use of Agency MWs , all staff have access to clinical supervision and the professional 2 day study days . NQMs have a 1 year supportive programme"

"senior mw leadership, morale and motivation has dipped with the impact of covid which we are still dealing with on daily basis alongside all the restoration work, which is yet more of a juggling act for HOMS/DOMS"

"I do think the pandemic has put an awful lot of strain on the service and the families we care for. I believe we will continue to see the effects of this for many years"

"concerns with achieving CoC in the organization with being a tertiary unit and the pressures on workforce due to COVID-19"

"we are in a changing time- can be difficult to navigate with national expectations to restore when we need to first recover our staff and ourselves. There has been no respite or time for Senior midwifery leaders to debrief and gain respite after some of the trauma we have faced and led our teams through"

"very difficult to secure support to obtain additional funding for continuity of carer and transitional care models"

"it is a very challenging time to lead a service where the staff feel as though they are being asked to do significantly more, with what appears to be no increase in resource (particularly as we are a lean service already)"

RCM member comments about morale and motivation

"staff shortages, lack of breaks, lack of pay rise and appropriate recognition, best start- being implemented despite lack of appropriate staffing, management trying to change working ours to accommodate on call for homebirths- mw not keen to work extra on call and split shifts etc. Mw are leaving..."

"people are rightly upset and frightened. They are particularly angry about being told one thing by government and in particular the prime minister (e.g. rapid testing will allow partners to be with women in labour) and finding out that the reality is different - e.g. rationing of rapid testing, unclear results etc."

"verbal abuse daily"

"threatened by visitors and patients, quite disturbing when leaving the hospital to go home. Getting security involved on a frequent basis"

"guilt as so tired and not able to do any more bank shifts to help colleagues"

"pressure of trying to implement continuity of carer models when staff are exhausted and just struggling to maintain antenatal and postnatal continuity with absences due to covid"

"unsupportive management, lack of accurate information from management and above. Chaotic changes. Very dangerous staffing levels, lack of equipment, lack of common sense. Poor quality and not practical PPE making working conditions very difficult"

"complete disregard from the government. No financial reward for frontline staff"

"no appreciation from managers. Continue to implement changes despite staff shortages. No staff consultation. Almost threatening discipline if changes not followed".

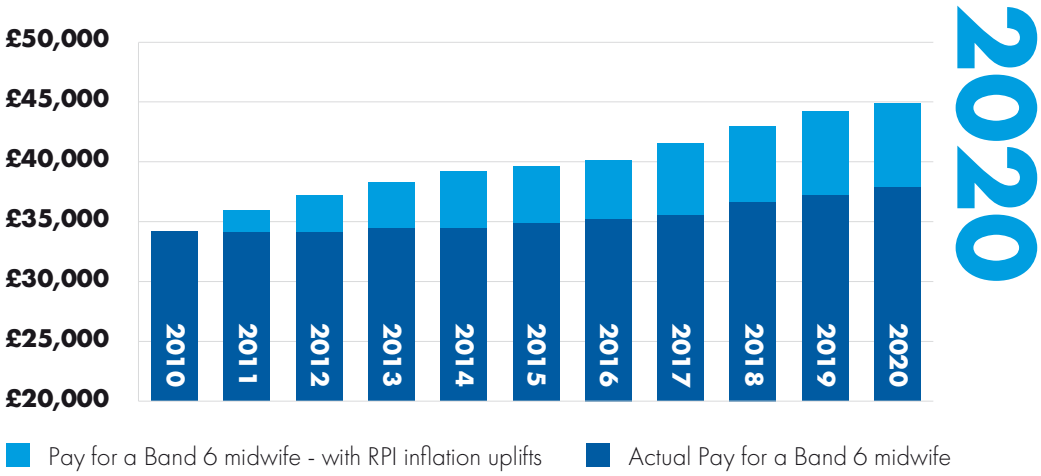
ECONOMIC PICTURE AND LOST PAY

THE FRAMEWORK AGREEMENTS RESOLVED LONGSTANDING STRUCTURAL ISSUES BY REMOVING OVERLAPS BETWEEN BANDS TO IMPROVE STARTING AND PROMOTION PAY AND SHORTENED MOST PAY BANDS TO MAKE IT QUICKER TO REACH THE FULL RATE FOR THE JOB.

For those members of staff at the top of the band real terms losses over the past decade are still keenly felt.

The chart below shows the actual pay for a midwife at the top of Band Six (England, Northern Ireland and Wales) from 2010-2020 and pay if there had been increases to their salary in line with RPI inflation. In 2020 the value of pay for a midwife at the top of Band Six has decreased by over £7000 in real terms since 2010.

Comparison of actual pay for a Band Six midwife to pay including RPI inflation uplifts



In his mandate letter to the NHS Pay Review Body the Secretary of State asserts that public sector remuneration was 7% ahead of the private sector based on 2019 ONS data. However the ONS states in the same publication that 'the modelled public sector average earnings premium must be interpreted with caution because of differences between the private and public sectors' and that 'high-skilled employees in the public sector tend to have lower earnings than employees in the private sector employed in the knowledge-intensive services and primary sectors'[8].

It is also not the case that public sector pay restraint benefits the private sector or indeed aids economic recovery. Estimates from the New Economics Foundation, using numbers produced by the Office for Budget Responsibility found that the cumulative effect of austerity was to shrink the economy by £100bn compared to what it would have been without the cuts.

The NHS is the biggest employer in Europe, with 1.3 million staff in England alone[9]. It was observed at a meeting of OECD health ministers in 2010 that "the health system contributes to economic

8 Public and private sector earnings - Office for National Statistics (ons.gov.uk)
9 https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/may-2020

performance. It is a major employer – it accounts for nearly one every ten jobs in OECD countries; health spending helps stabilise the economy in times of crisis"[10]. That is no less true today. Through its role as an employer the NHS helps stabilise the economy.

In a study published in November 2020, the Institute for Fiscal Studies argued that boosting demand is the only way to avoid long-term policy intervention and is key to the longer term economic recovery. "The question now is primarily about household confidence and whether it can drive a pick-up in spending."[11]

Increasing pay for public sector workers is an effective way of intervening to promote an economic recovery. By boosting the income of households, the Exchequer can also expect to benefit from increased tax revenues and direct, indirect and induced taxation receipts from the impact of the additional spending throughout the wider economy.

To support the NHS trade unions joint PRB submission RCN/Staff Side unions commissioned London Economics to conduct some independent research on the net impact to the Exchequer of increasing pay for Agenda for Change staff. The full report, methodology and assumptions will be made available to the PRB.

The research undertook detailed economic modelling of the impact of a 5% and 10% increase in the total Agenda for Change pay bill, they concluded:

- The Treasury would recoup 47% (£0.44bn for 5% and £0.89bn for 10%) of the additional cost through collecting the income tax and NI insurance contributions of Agenda for Change staff and their employers alone
- The Treasury would recoup a further 26% (£0.44bn for 5% and £0.89bn for 10%) of these costs through direct, indirect and induced taxation receipts from the impact of the additional spending throughout the wider economy
- There would be a significant impact on recruitment and retention and reduced reliance on Bank and Agency staff over a 10 year period, resulting in an overall decline in the pay bill associated with the newly retained substantive workforce, bank and agency staff
- The research also modelled the impact of cost savings from a reduction in the number student loan write-offs, which they calculated would generate an additional 0.07bn (for 5%) or 0.13bn (for 10%)

In total this means that increasing the Agenda for Change pay bill by 10% has a net cost of just 0.66bn to the Treasury.

The London Economics report is backed up by analysis that the IPPR did in 2017. It its report *Uncapped Potential* (which examined the impact of ending the public sector pay cap), the positive fiscal and distributional effects of a pay increase are outlined:

"Our findings show that a significant portion of funding required to lift the public sector pay cap is in fact returned to the Treasury almost immediately in the form of higher tax receipts and lower welfare payments. The initial cost per year in 2019/20 of uprating public sector pay in line with CPI for two years from 2018/19 is £5.8 billion, compared with the cost had the cap remained in place. However, this drops to £3.55 billion once higher receipts from Income Tax and National Insurance and lower welfare payments from means-tested benefits are taken into account. Uprating pay scales in line with public sector earnings plus one per cent a year has an initial annual cost of £12.7 billion in 2019/20, which falls to £7.75 billion after higher taxes and lower welfare payments are taken into account."[12]

10 https://www.oecd.org/health/2010-ministerial/46098466.pdf
11 UK economic outlook: the long road to recovery - Institute For Fiscal Studies - IFS
12 Uncapped potential (ippr.org)

CONCLUSION

MIDWIVES AND MSWS DESERVE A DECENT PAY DEAL.

We would like to see a recommendation from the NHSPRB based on the evidence presented to it, considering the unprecedent challenge from COVID-19 that the NHS and its workforce faces, and that addresses longstanding workforce issues which have led to a huge shortage of midwives, with a significant number of existing midwives and MSWs considering leaving the NHS, high workloads and low morale. It is this that the NHSPRB should base its recommendation on, not the economic and financial context set out by the Secretary of State in his remit letter. A low pay award for NHS staff not only risks the ability of the NHS to recruit and retain staff further exacerbating staff shortages. If the NHS does not have enough staff it cannot provide a high quality safe service. Pay restraint does not support economic recovery. By boosting the income of NHS staff not only does spending increase in local economies, the Exchequer can also expect to benefit from increased tax revenues.

The RCM would like to see the NHSPRB make an unfettered recommendation of a single significant consolidated percentage increase across all Agenda for Change pay points and bands that considers the real terms losses faced by midwives and MSWs since 2010. The pay of a midwife at the top of Band Six has decreased by over £7,000 in real terms since 2010. Secondly midwives and MSWs do not want to wait to receive their pay increase after the due date of 1 April. The RCM will continue to lobby the Government to bring forward the due date before 1 April 2021.

There is currently a shortage of just over 3,000 midwives in England alone. Incredibly high workloads and work related stress are a common feature in the lives of midwives and MSWs, This combined with staff shortages, is having a serious impact on morale and motivation. 61% of HOMs told the RCM that morale and motivation in their units was ok or poor and 71% of RCM members have considered leaving the profession with over a third (38%) seriously thinking about it.

Fair pay is absolutely critical to the recruitment and retention of midwives and MSWs, 83% of RCM member survey respondents do not feel that their trust/board has the right number of staff to operate a safe service. It is imperative that the NHS is able to retain valuable, experienced midwives and MSWs. A significant pay rise is key to ensure midwives and MSWs feel valued enough to stay working for the NHS.

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RCM EVIDENCE TO THE NHS PAY REVIEW BODY 2021

The RCM is the only trade union and professional association dedicated to serving midwifery and the whole midwifery team. We provide workplace advice and support, professional and clinical guidance and information, and learning opportunities with our broad range of events, conferences and online resources. For more information visit the RCM website at **www.rcm.org.uk**

The Royal College of Midwives is and has always been neutral in party politics and we work with politicians from across the political spectrum.

THE ROYAL COLLEGE OF MIDWIVES

Promoting • Supporting • Influencing