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RCM Pay Review Body Evidence January 2019

Introduction

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 includes recommendations around the monitoring and implementation of the multi year pay deal (2018-2019 to 2020-2021) agreed in 2018. Although England, Scotland and Wales have agreed Framework Agreements, in Northern Ireland tripartite discussions will continue in early 2019, though the Department of Health are applying an uplift in February 2019. The RCM remains concerned that low pay in Northern Ireland will exacerbate recruitment and retention issues. We will continue to work with the other health and social care trade unions to achieve pay parity for staff in Northern Ireland and are committed to UK-wide pay structures for the NHS.

We also include data on the current state of recruitment, retention and motivation in midwifery services with evidence from the RCM's *2018 State of Maternity Services Reports* and the results of our annual Heads of Midwifery (HOMs) survey. The 2018 survey was sent to 190 Heads of Midwifery (HOMs) in England, Northern Ireland, Scotland and Wales, the response rate was 53%. We also undertook a freedom of information (FOI) request on NHS organisations' spending on agency, bank and overtime for midwives in 2017.

Our evidence is divided into three sections:

- Monitoring and implementation of the multi year pay deal.
- The shortage of midwives, recruitment and retention.
- Midwives' and Maternity Support Workers' morale and motivation.



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Key Messages

- The pay progression of staff subject to the new appraisal process (from April 2019) should be stringently monitored and equality impact assessed to ensure midwives and maternity support workers are not unfairly held back from progressing to the next pay step. RCM evidence demonstrating the number of staff not having an appraisal, cuts to training budgets and time off for staff to attend training is worrying.
- The inappropriate banding of MSWs at band 2 (now the lowest band in the Agenda for Change pay structure) who are carrying out delegated clinical tasks as part of their role should be addressed and we would like to hear the NHSPRB's views on this issue.
- We would like to hear the NHSPRB's views on reviewing clear and consistent criteria for the introduction and evaluation of national recruitment and retention premia and the case for additional funding for national and local recruitment and retention premia. Recruitment and retention continues to be a concern for the RCM as evidenced by the high number of vacancies particularly for band six midwives.
- The RCM with NHS trade unions commit to reviewing High Cost Area Supplements as part of a specific piece of work within the NHS Staff Council.
- The RCM welcomed the announcement from the Government of their ambition to train an additional 3,000 midwives over the next few years. However the number of applicants to midwifery courses continues to fall since the abolition of the bursary particularly from mature students. Poor take up of professional apprenticeships in band five and above leads us to believe the 2019 midwifery apprenticeship programme will be subject to the same structural barriers. It is also imperative that midwifery degree course places in higher education translate into jobs in the NHS.

Monitoring and implementation of the multi year pay deal

The NHSPRB 2018 report described proposals for data collection to support the monitoring of the pay framework. The RCM supports this approach and notes that it is important that all NHS organisations collect the relevant information and that it is made available to all parties. Any monitoring arrangements around the implementation of the pay deals must be established in partnership with trade unions.

Pay Progression

The RCM is concerned that only 37% of HOMs are able to conduct appraisals with all their staff once a year.

Access to training for staff is also of concern, 96% of HOMs report that all mandatory training is provided during working hours though 81% report that only some Continuing



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Professional Development (CPD) is provided during working hours with 7% saying no CPD is provided during working hours. 31% of HOMs have had to reduce training in the last twelve months.

Pay progression for new starters from April 2019 will be based on:

- i. The appraisal process having been completed within the last 12 months and outcomes in line with the organisation's standards.
- ii. There is no formal capability process in place.
- iii. There is no formal disciplinary action live on the staff member's record.
- iv. Statutory and/or mandatory training has been completed.
- v. For line managers only – appraisals have been completed for all their staff as required.

Stringent monitoring and equality impact assessment will be required to ensure that midwives and MSWs are not held back from pay progression due to not meeting any of the above requirements through no fault of their own. Midwifery managers should also be trained and supported to carry out supportive and developmental appraisals with their staff.

“CPD funding has been cut by 50% review of what staff require for current roles. Maternity safety bid funding supported some training in resilience and human factors which was welcomed”.

“Funding for external training and development (University Modules) has been withdrawn and so has to be found from within budgets or charitable funds”.

The shortage of midwives, recruitment and retention

In England the NHS is short of the equivalent of 3,500 full-time midwives and although the number of births continues to fall marginally from the historic high point in 2016 this reduction is outweighed by changes in the complexity of care. Half of all women are now recorded at their booking appointment as being either overweight or obese, the number of births to women (and some girls) in their teens or twenties fell by around 5,000 between 2001 and 2017, but the number of babies born to women aged 30 or older rose by almost 90,000. In Wales complexity of care is also increasing with one in four pregnant women obese and one in five recorded as smokers. In Scotland the majority (54 per cent) of babies born in 2017 were to women in their thirties and forties. Older women on average need more care and support during pregnancy and birth.

96% of HOMs stated that their units are dealing with more complex cases than last year.

“We are seeing an increase with diabetics, both gestational and pre existing, also ladies that previously would have not gotten pregnant due to complexities impacting on fertility”

Despite more than 2,000 people per year graduating in midwifery the most recent 12-month (September 2017-September 2018) period saw a net rise of the equivalent of just 117 full-time midwives across the whole of England. The retention of existing midwives with invaluable knowledge and experience is equally important as the recruitment of new midwives. It is also important to note the age profile of midwives in England, Scotland and Wales where 32%, 39.8% and 34.5% respectively are in their fifties and sixties. Midwifery is a physically demanding profession providing emergency care; operating a 24-7 service; and working long shifts and undertaking on calls.

The RCM recommends that the correct minimum staffing level for maternity units should be determined using Birthrate Plus (BR+). BR+ 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.

Almost half (48%) of HOMs who responded to our survey told us that their funded establishment does not match BR+ or other workforce assessment tools. In 2017 just under a third (32%) of HOMs said their funded establishment was not adequate for their organisation.

Skill Mix in maternity units

Skill Mix in Maternity Units 2010-2018									
	2010	2011	2012	2013	2014	2015	2016	2017	2018
Band 2 MSWs	15.0%	14.3%	12.7%	13.6%	13.1%	12.9%	13.2%	12.5%	13.4%
Band 3 MSWs	4.3%	4.9%	5.6%	5.6%	6.5%	6.5%	6.8%	6.7%	6.9%
Band 4 MSWs	0.9%	1.2%	1.4%	0.9%	1.1%	1.2%	1.3%	1.5%	1.6%
Band 5 Midwives	6.4%	7.9%	5.7%	7.1%	7.6%	7.8%	8.5%	8.8%	7.7%
Band 6 Midwives	53.0%	52.1%	55.9%	54.5%	54.8%	55.9%	54.3%	54.8%	53.7%
Band 7 Midwives	18.3%	17.3%	16.3%	16.0%	14.5%	13.8%	13.7%	13.4%	14.2%
Band 8, 9 and VSM Midwives	2.2%	2.4%	2.4%	2.3%	2.9%	2.0%	2.2%	2.3%	2.4%



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The vast majority of MSWs continue to be employed in band 2 which from April 2019 will be the lowest band in the Agenda for Change pay system. An MSW at band 2 should be carrying out tasks related to housekeeping, administration and the personal care of mothers and babies under the direct supervision of a midwife. RCM MSW members who are employed at band 2 regularly tell us that they undertake as standard a range of delegated clinical duties which do not match a band 2 job profile. If the NHS Job Evaluation Scheme was applied correctly these duties would attract a much higher level of remuneration. The NHS Job Evaluation Scheme underpins the Agenda for Change pay system and this is reinforced in the Framework Agreement. It is imperative that posts are correctly banded and MSWs are remunerated appropriately. As the closure of band 1 is monitored during implementation of the agreement so should the inappropriate banding of support workers currently in band 2.

For a number of years the RCM has highlighted the significant reduction in band 7 posts and the detrimental impact on the attractiveness of midwifery as a career if there are few opportunities to progress. Although the table above demonstrates that in 2018 there has been a slight increase in the number of band 7 posts clearly lack of opportunities for progression remains an issue.

The RCM is concerned that despite the increasingly complex care required by women more than two thirds (69%) of HOMs reported not having a smoking cessation specialist midwife, 44% reported not having a consultant midwife, two thirds (67%) reported not having a female genital mutilation (FGM) specialist midwife and 41% reported not having a substance misuse specialist midwife. 42% of HOMs who responded also told us it was difficult or very difficult to recruit to specialist midwife posts.

Since the Brexit referendum in 2016 the number of midwives who had trained elsewhere in the European Economic Area and registered with the Nursing and Midwifery Council, to practise in the UK fell to just 33 in the twelve months to the end of March 2018. 29% of HOMs told us that the overall number of EU staff in their unit decreased. Their contribution is immensely important. The Government should do everything it can to ensure that in the future it is just as straightforward as it is now for European healthcare professionals such as midwives to come to the UK to work in the NHS.

Vacancies, recruitment and retention

It is worrying that the number of HOMs reporting vacancies in their unit has risen this year, over three quarters (79%) of HOMs have vacancies in their unit, in 2017 it was 76%. Almost half (49%) of the vacancies were for band 6 midwives, nearly a quarter (24%) of the vacancies for band 6 midwives were over 3 months old.



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The number of HOMs telling us that a ‘recruitment and retention premia’ to help to improve the recruitment and retention of staff would be helpful or very helpful has risen significantly, almost three quarters (73%) in 2018 compared to 69% in 2017.

A number of HOMs cited the high cost of living in their area as a barrier to recruiting staff and as reasons for staff leaving their organisation, particularly those areas surrounding London (including London fringe).

Only 16% HOMs who responded told us it was easy to recruit to band 6 posts, 42% of HOMs said it was difficult or very difficult to recruit band 6 midwives.

40% of HOMs who responded told us that it was difficult or very difficult to recruit band 7 midwives.

Only 10% of HOMs who responded told us it was easy to recruit to Band 8 midwife and management roles. 42% said it was difficult or very difficult to recruit to band 8 roles and half said it was difficult or very difficult to recruit to management roles.

Comments on recruitment

“very proactive but as a very expensive area to live in we are disadvantaged by the London weighting system. We receive fringe and cost of living is higher or comparable”.

“It is difficult to recruit into roles requiring more experience”.

“Everything moves very slowly once a job is offered”.

“There is no forward thinking or capacity to succession plan for leadership roles”.

“We struggle at times to appoint due to high cost living area”.

“It is difficult to recruit into roles requiring more experience”.

Reasons for leaving

“Relocation (due to high cost of living/to be nearer family), retirement and promotion/career development were the most common reasons for leaving. Culture, morale and work life balance were also cited as reasons for leaving/retiring”.

“retirement as soon as reach 55 as feel that the culture and activity are impacting on resilience and wellbeing”.

“moving away from London area, returning to home country in EU”.



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Flexible Working

As evidenced above the number of midwives aged 50 and over is rising. HOMs told us that labour ward and community were the most common areas that staff will struggle to work in over the age of 65.

The RCM believes that flexible working and offering a variety of shift patterns and lengths, is key to the recruitment and retention of midwives and MSWs. Not only for older midwives but also those aged 35 to 44 who are likely to have childcare responsibilities. We are increasingly seeing midwives in this age bracket leaving the profession.

“In general, all areas due to the increasing demands/pressures the introduction of skill mix and complexity of women and the accountability framework. 12 hours shifts are very demanding and community work is no less demanding but in a different way, with increasing safeguarding pressures and requirements and expectations of women. The on call is also a concern as midwives get older”.

“All areas - midwifery is a young persons job. I find the over 55's struggle to keep up and are more likely to be involved in incidents...this is not a good way to end a long career”.

“long shifts make it hard for older staff to work increase in staff with number of staff with health issues at younger ages”.

“Flexible working creative ways to maintain the experience and expertise in the workforce. bank work Wellbeing at work schemes Buddy systems”.

Temporary unit closures

In the last year 40% of units have had to close for a temporary period. 13 units reported closing up to 8 times. Four units closed more than 10 times. One unit closed 28 times and another 34 times.

Redeployment of staff

89% of HOMs reported having to redeploy staff very often or fairly often up from 76% in 2017. The vast majority of staff from all areas were redeployed to labour ward. Community staff are also redeployed to midwife led units and labour ward staff are most likely to be redeployed to the postnatal ward.

A third (33%) said the redeployment of on-call community staff to cover labour and delivery suite restricted the home birth service.

The RCM supports the vision for maternity services set out in Better Births, the report of the National Maternity Review, and has actively engaged with the subsequent maternity



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transformation programme in England. We are however clear that translating this vision into reality requires sufficient staff with the time and resources to implement the recommendations. Midwives working within this model should not be expected to cover for shortages in other areas. Obstetric units need to have an appropriate level of 'core' staffing to ensure that continuity midwives are not regularly being called in to cover peaks in activity. It is of concern that the number of HOMs having to redeploy staff to cover for shortages is increasing.

Bank/Agency Staff

The results of the RCM's FOI request on NHS organisations' spending on agency, bank and overtime for midwives in 2017 showed an overall drop in spending in England of 17% from 2016-2017, this was predominantly due to a reduction in agency spend. The RCM welcomes the reduction but notes that 65% of HOMs still reported having to call in bank and agency very often or fairly often. The most frequent times for calling in bank and agency staff was weekends.

The RCM is part of the NHS Staff Council sub group tasked with looking at bank and agency working as part of the Framework Agreement. We believe that a consistent approach to bank working should be taken including how the service can better incentivise staff to offer their own time to the bank. For example by paying staff at the pay point of their substantive post for bank work.

We have been made aware that not all organisations in England which provide bank staff have applied the new pay rates following the pay award and restructure of Agenda for Change in England from 1st April 2018. The RCM would like to see the new pay rates provided to bank staff as a matter of urgency and for the NHSPRB to review the impact of this decision.

Midwives in training

The RCM welcomed the Government's announcement in March, to train an additional 3,000 midwives in England. We are hopeful that the improvement in starting salaries and faster progression to the top of the pay band in the Framework Agreement will begin to address some of the recruitment issues in maternity services.

However we are concerned that 56% of HOMs told us they would not be able to increase the number of student placements in their unit.

The number of applicants to midwifery courses has continued to fall since the abolition of the bursary, particularly from those aged 21 and older. Many of those who have previously chosen careers in midwifery have been older students inspired by the care they received



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while pregnant or with another degree or educational qualifications relevant to healthcare. These older, more experienced applicants are of real value to the NHS.

We also need a commitment from the Government that the new midwifery degree course places in higher education translate into jobs in the NHS.

Health Education England have announced that the Midwife Apprenticeship standard and assessment plan has been approved; the first degree level midwifery apprenticeship is due to take students in 2019, there are already MSW apprenticeships. Poor take up of professional apprenticeships in band five and above (between August 2017 and April 2018 only 260 people started a nursing degree apprenticeship) leads us to believe any 2019 midwifery apprenticeship programme will be subject to the same structural barriers around the levy and lack of funding to support salary and backfill costs. As part of the NHS Staff Council apprenticeship sub group the RCM has been disappointed to see a large number of apprenticeships advertised on NHS job websites on very low pay. Without additional funding for apprenticeships in the NHS it is difficult to see how they can be a viable option to fill the skills gap the NHS faces.

Morale and Motivation

It is too early to tell whether the multi year pay deal has had any impact on morale and motivation of midwives and MSWs. Maternity units remain overworked and understaffed and rely on significant levels of goodwill. Midwives continue to be motivated to work together to provide high quality care to women and babies. It is imperative that as organisations develop continuity teams to achieve the recommendations set out in Better Births, midwives and MSWs are actively involved and engaged, to ensure organisational change is carried out in partnership and viewed positively by staff. RCM research as part of our Caring for You campaign found that workplace culture improves significantly in organisations that take positive action on health, safety and wellbeing of staff.

93% of HOMs agreed that midwives in their unit are motivated to give high quality, safe care to women. 83% of HOMs agreed that midwives in their unit are motivated to work together as a successful maternity team.

A quarter (26%) of HOMs who responded do not feel valued as a head of midwifery and over half (57%) are not able to meet all the conflicting demands on their time at work.

Half of HOMs reported morale in their unit as only ok to poor, this is a slight increase on 2017 when 54% of HOMs told us that morale was ok-poor..

Almost three quarters (74%) of HOMs are relying on a significant or moderate level of goodwill to give high quality, safe care.



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Over half of HOMS (53%) told us that they weren't sure or disagreed with the statement "The midwives in my unit are positive about organisational change".

Comments on morale and motivation

"The work around addressing continuity of care is affecting many staff during staff engagement sessions they just do not want to change how they work or have caseloads and work differently it is that organisational change they are not accepting well".

"We have been fighting for a new model of care for a number of years, we are under intense scrutiny as an organization and our staff are exhausted, very nearly burnt out. they are incredibly resilient".

"whilst morale is generally good, particularly since embedding the RCM's Caring for You Campaign, during times of change such as rotation and heightened acuity this can have a profound effect on staff well-being".

"Seems to have been a struggle in the last year- all NHS workers are tired. Less flexible retirements and more FULL retirements".