

The Royal College of Midwives (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.

Introduction

2022 has been a perfect storm for the NHS, and particularly for maternity services. For many years the RCM has been warning of the short and long-term impacts of workforce shortages; last year these impacts became clearly visible, as we struggled to recover from the long tail of the covid pandemic while experiencing an acute cost of living crisis. **Midwives and MSWs are exhausted and morale is at rock bottom.** At a time of low unemployment, it is no surprise that many are opting out of the NHS.

The direct and indirect impacts of the midwifery workforce crisis have been starkly illustrated in last year's publication of the Ockenden Review of maternity services at the Shrewsbury and Telford Hospital NHS Trust, and the Kirkup report on East Kent. Both found serious shortcomings in clinical safety resulting in terrible loss and trauma for many families. While these events were multi-factorial, staffing shortages were implicated in or exacerbated by many of them. The Ockenden Review echoed the Health and Social Care Select Committee in recommending that the Government takes **urgent action to increase the maternity workforce** to deliver safe maternity care.

Improved pay is never the whole answer, but it is inescapably critical to building back our NHS. **In December 2022 almost 12,000 RCM members voted in our industrial action ballot in England with 88% of those voting for strike action, this strength of feeling cannot be underestimated. In Wales on a turnout of 55%, 91% voted for strike action. The RCM will ballot members in Northern Ireland later this month.** While the Government has acted to increase student midwife recruitment, we cannot keep them in service: 2022 saw a real fall in midwifery numbers from the previous year.

This year our submission is short and to the point. **The crisis we warned of is upon us.** Our evidence draws from a range of sources to demonstrate that it is the status quo, not midwives' reasonable pay demands, that is unaffordable. Midwives and MSWs are highly skilled professionals who have endured years of pay restraint: it is time to stop paying lip service to the vital work they do and start valuing the societal benefits of safe, high quality maternity services.

Our evidence to the PRB

The RCM is submitting shortened evidence to the NHS PRB 2023/24. We are currently in dispute with the Westminster and Welsh Governments over the 2022/23 pay award; we will be balloting members in Northern Ireland later this month. In Wales, over 95% voted for industrial action short of a strike, and over 91% in favour of strike action, based on a turnout of 55% of eligible members. In

England, 94% voted for industrial action, but with a lower turnout just shy of the 50% threshold demanded by law. The strength of our members' feelings speaks for itself, and the evidence we submitted one year ago still stands. **Our participation in the process for 2023/24 does not mean that 2022/23 is settled** and does not mean that the outcome of the process will be accepted by RCM members – indeed, delays in the PRB timetable have exacerbated our members' frustration with the process. We do, however, wish to take this opportunity to restate the case for supporting midwives, MSWs and maternity services.

As in previous years, the Secretary of State's remit letter to the PRB has focused on the affordability of a pay award. We continue to assert that this should be weighed against the costs of NOT taking decisive action to stem the tide of midwives and MSWs leaving the NHS. Pay is a key factor in recruitment and retention, as well as in staff morale and motivation. **There is no resolution to the growing crisis in maternity services without fair pay.**

We would like to once again remind the Westminster Government of its power to act outside of the NHS PRB process. We call for urgent action to resolve the pay disputes that have erupted across the NHS and remain ready to enter into negotiations.

Maternity staffing shortages

The long-standing staffing crisis in midwifery is ongoing. The most recent figures, for October 2022, show an annual fall in the number of midwives working in the NHS in England. **Since October 2021 the number of full time equivalent (FTE) midwives has fallen by nearly 200.** The longstanding shortage of midwives will only worsen if midwives are not retained in the NHS.

The NHS faces a staffing shortage in many areas, but the maternity situation is particularly chronic. This is evident in the percentage fall of midwives in the wider NHS workforce over the last decade: in November 2013 midwives made up 2.17% of the total NHS workforce, while in November 2022 they made up just 1.77%. If the number of midwives had grown at the same pace as the NHS workforce as a whole over the past nine years, there would be 5,000 more than there actually are – and there would not be a midwife shortage at all.

Between December 2022 and January 2023 the RCM conducted a survey of Heads of Midwifery (HoMs) and Directors of Midwifery (DOMS) across the UK. We received responses from 87 individual HoMs/DOMS across the UK representing 49% of NHS trusts and health boards. Worryingly, 30% of respondents told us that even without vacancies they would be short staffed, as their funded establishment does not match that of Birthrate+ or other assessment tools.

Nearly three out of every four HoMs **(72%) said they were finding it either difficult or very difficult to recruit to vacancies in their units**, with one in every three (33%) finding it very difficult. This is particularly concerning when compared to the results of the RCM's 2021 HoMs survey. In 2021, HoMs were asked to rate the difficulty of recruiting for vacancies in each band. Overall, just 33% of vacancies were described as difficult or very difficult to fill. In the last year it has clearly become significantly harder to recruit for positions in midwifery units: in 2021, HoMs said 33% of vacancies were easy to fill, while in the 2022 survey this had dropped to just 3%.

The trend of maternity staff struggling to take breaks and leave work on time has continued – 78% of HoMs said it was either difficult or very difficult to ensure staff take their breaks and leave work on time. **Effectively most midwives work unpaid overtime as a matter of routine.**

Midwifery staffing shortages go the very top of many organisations, with the Healthcare Safety Investigations Branch (HSIB) estimating that there are currently 18 vacancies for Director and Head of Midwifery Services posts, equivalent to 13% of midwifery services in England. Add to this that approximately one in five maternity providers are requiring intervention by one or more regulators, and the emerging picture is one of considerable instability for many maternity services in England. In our view this makes it all the more imperative that the focus should now be on the basics of recruitment, retention, safety and governance.

Managing staff shortages

Unpaid staff labour continues to prop up the provision of safe maternity care to women and their families. 54% of HoMs says their unit relies upon significant levels of goodwill from midwives and MSWs to deliver safe care, with an additional 40% saying they rely on moderate levels of goodwill. Crucially, **fewer than 6% of HoMs said they do not rely on staff goodwill to maintain essential services.**

72% of HoMs reported having to call in bank and/or agency staff nearly every day. An additional 23% have to call in bank or agency staff a few times a week, meaning **95% of all HoMs in the UK use bank or agency staff regularly.** Notably, no respondents to the HoMs survey said they never call in bank or agency staff. **Extensive use of bank and agency staff is extremely expensive for the NHS.**

A third option is to incentivise staff to work longer hours. We have heard plenty of anecdotal evidence that trusts are paying massive enhancements to bank rates to incentivise staff to work longer hours in order to cover shortages. For example:

- Uplift of 150% for bank shifts in one trust.
- Trusts paying those on bank one band higher than their normal banding.
- A number of trusts paying significantly higher hourly rates and also offering further cash incentives for extra shifts over a certain period (one trust offering Band 6 midwives £46 per hour with an additional £300 bonus for four shifts over four weeks).

None of these options are sustainable. The NHS simply cannot afford to rely on bank and agency staff as routine, and sweating the asset of existing staff leads to increased burnout and staff feeling they cannot go on. What we need is substantive staff being properly paid for the hours they work, with extra hours paid at the agreed Agenda for Change overtime rates.

Impact on service quality

A survey conducted by the National Childbirth Trust of 1,254 people who had given birth between August 2021 and July 2022 found that more than half (51%) of respondents had experienced at least one NICE-identified 'red flag event'. Around one in three had experienced delays in seeing a midwife, being given pain relief, getting a prescription or being referred.

In 2022 the Maternity All Party Parliamentary Group (APPG) and the Baby Loss APPG – then co-chaired by Jeremy Hunt MP - jointly called for urgent action to address staffing shortages in maternity services. Their report, based on testimony from over 100 respondents, described the impact these shortages are having on the quality and safety of maternity care, on the experience of women and families and on the morale and wellbeing of maternity staff. It found that:

- Midwives, MSWs and other **maternity staff are struggling to find the time to support women** and families, to provide them with timely information and to compensate for the

absence of senior and experienced colleagues. This is creating unacceptably high levels of risk and leaving women feeling uncertain and unsupported.

- **Exhausted and demoralised staff** are frustrated at a system and environment that makes it hard for them to give of their best; some are fearful about making mistakes that could have serious consequences for women and babies. Staff are caught in a vicious circle, as with more of their colleagues leaving, the pressure increases on those that remain.
- Staffing shortages are **limiting opportunities for professional development** and even access to mandatory safety training.
- While NHS employers are implementing some welcome initiatives to increase recruitment, they are struggling to stem the flow of **staff who are leaving** because they do not feel valued, cannot work the hours that they want or who are simply burnt-out.

"Maternity services are already broken and dangerous due to staff shortages. Many people try to compare health services to the airline industry yet a plane doesn't take off when there is not enough crew, the plane hasn't had its safety checks or been fuelled." (Obstetrician)

"FEAR. Staff are frightened to work in an understaffed under-resourced unit, for fear of mistakes or incidents occurring due to the high activity and understaffing. Fear of investigations as a consequence and fear for their mental health and wellbeing as a result. Fear of the impact this has on their family life, fear that it will make them ill. I cannot emphasise FEAR enough, it is sometimes enough to make people go off sick." (Midwife)

"The delays in inviting women in for induction of labour have been unprecedented this past year. One lady was delayed and her newborn unfortunately died soon after birth. This may not have happened had we had the capacity to induce her labour sooner." (Midwife)

AfC banding

The RCM is fully engaged with the NHS Staff Council's Job Evaluation Group review of nursing and midwifery profiles, which is part of an established programme of maintenance to update the standard job profiles which help employers to allocate roles to bands. We believe that the effective local application of the Job Evaluation Scheme could have a significant impact on retention.

As we stated last year, the RCM wants to see Government-level commitment to the NHS Job Evaluation Scheme and mechanisms put in place to deliver and monitor access to job banding reviews where roles have changed. Priority should be given to delivering a programme of capacity-building for local job evaluation. We also need an improved central resource to support local job evaluation leads, including networks to share expertise, encourage good practice and enforce standards across geographical patches.

The wider context

In the last century, midwifery was an obvious and attractive career choice for women. In the 21st century, there are many employment options that pay far higher salaries than midwifery. Midwifery is now a graduate profession, meaning that the burden of student debt must be considered. And midwifery often lacks the work-life balance and flexibility that is highly valued by today's young workers. How then do we make midwifery an attractive career choice again?

Further context is provided by the UK's high rates of economic inactivity, which have yet to recover from the Covid pandemic. 2.5 million people – the highest since records began – are economically inactive because of long term illness. Three quarters of these have multiple long term conditions. A new report from the Institute of Public Policy Research (IPPR) makes clear that action on population health is vital to reviving the economy. It claims that if the rate of long term illness in these sectors was brought down to the levels seen in education, this could have meant 15,000 extra, qualified staff working in health or care today.

The relevance for maternity care is clear. Midwifery can be a physically demanding and stressful job, often resulting in musculo-skeletal problems, exhaustion and burnout. As a largely female workforce, midwives are more vulnerable to the effects of the menopause, and they are often unpaid carers for older and younger family members. At a lifestage where flexible working, reasonable accommodations and a supportive work environment are strongly needed, they are often lacking. No wonder so many experienced midwives are retiring early, or just leaving the profession.

In July 2022 the House of Commons Health and Social Care Committee, then chaired by Jeremy Hunt, declared that: "A radical review of working conditions is needed to reduce the intensity of work felt by many frontline professionals and boost retention. This should start with an overhaul of flexible working to encourage NHS workers to retain permanent NHS positions whilst being able to choose working arrangements better suited to their lifestyles. This would mean they were not forced to join agencies or become locums to gain control over their working lives."

The cost of living crisis

The UK economy is entering an unusual recession, with low economic growth and low unemployment, the clear need is to peg down inflation and boost productivity. The NHS, like all employers, will need to attract, retain and upskill a committed and healthy workforce. It will need to offer competitive packages that include flexibility, lifelong learning and a supportive working culture.

Fair pay must be part of that package. As the costs of essential goods and services and housing costs rise steeply, the Office for Budget Responsibility (OBR) expects real post-tax household income to fall by 4.3% in 2022-23. NHS pay has fallen further behind the private sector, and the Nuffield Trust reports that **midwives' real terms pay has fallen by 14% since 2010**. As the Institute for Fiscal Studies (IFS) has commented, "Pay needs to be (at least) sufficient to attract, retain and motivate the appropriate number and mix of staff required to deliver the government's desired range and quality of public services. Private sector pay dynamics are likely to be key here, as they will determine the 'outside option' available for workers who opt to leave the public sector.

It is often assumed that an inflation-level NHS pay award will drive inflation higher, but there is no evidence for that. The IFS, the International Monetary Fund, and any number of economists have explicitly debunked the idea that fair pay for NHS staff will mean higher prices for everyone else.

Conclusion

The evidence could not be clearer that **decisive action is needed to save the UK's maternity workforce**. Chronic understaffing is undermining retention, morale and even clinical safety. Midwives' real terms pay has declined and they are leaving the profession for jobs that are more flexible, less pressured and more fairly remunerated. For many years maternity services have been run on goodwill and we have reached the end of that as a sustainable solution. The recent industrial

action vote demonstrated that midwives and MSWs are fed up of being asked to be patient and ask for nothing in return for the vital work they do

The RCM's ask remains the same for both 2022/23 pay and 2023/24:

- An inflation-beating increase to ensure that midwives can cope with the rising cost of living and the increases to pension contributions
- A clear commitment that the value of NHS pay scales will be restored over a clear timetable and that the 2023 pay rise will provide a significant down payment to that restoration
- That benchmarks the bottom of the structure against the Real Living Wage

We also ask for an urgent retention package that will:

- Ensure banding outcomes reflect job content
 - Reward additional hours fairly
 - Prevent burnout by limiting excess hours
 - Support progression and career development
 - Encourage employers to use RRP's to retain staff where shortages are a risk to staff wellbeing and quality of care
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