

Royal College of Midwives Briefing for MPs – NHS Pay

January 2017



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RCM Briefing for MPs – NHS Pay

The Royal College of Midwives (RCM) submitted evidence to the NHS Pay Review Body (NHSPRB) in the Autumn **calling for the NHSPRB to break with the Government's policy of public sector pay restraint.**

We made the following **recommendations** to the NHSPRB:

- We believe that the increase to the **national minimum wage** is part of Government's social policy and this should be funded in addition to the increase to the pay bill. The RCM believes that the best way to do this is a restructure of bands 1-3 to deliver the living wage.
- We would like to see a return to **UK-wide pay structures** for the NHS; this would involve re-setting bands 4-9 of the NHS pay structures to the current Scotland rates.
- Following re-setting of the NHS pay structure to the Scotland rates for bands 4-9 and the living wage restructure for bands 1-3 there should be an annual pay award determined for the NHS. The RCM believes that the NHSPRB needs to **break the public sector pay restraint** and should recommend an appropriate pay award to ensure that NHS organisations are able to recruit and retain staff in the NHS. We believe that retail prices index (RPI) is the most appropriate measure for the cost of living and therefore an **award of 1.9%** based on the July rate of RPI should be applied to the re-set pay structure to determine salaries for 2017/18.

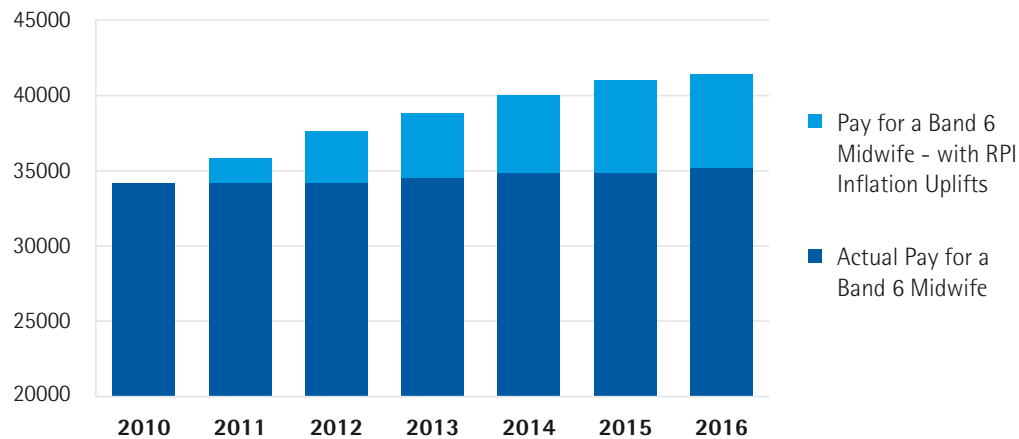
We would like the NHSPRB to accept our recommendations. If the NHSPRB makes a recommendation breaking public sector pay restraint the Health Departments must accept the recommendations and implement them in full. In 2014 the Secretary of State for Health in England made the unprecedented decision to reject the recommendation of a 1% pay increase for NHS staff, including midwives, which resulted in the RCM taking industrial action for the first time in our 134 year history. We want to see good employment relations in the NHS and **the Secretary of State make a commitment to honour the recommendations of the NHSPRB.**

We would like to see a return to the NHSPRB making recommendations based on the evidence presented, rather than seeing the Government constraining the process before it even starts. The RCM remains committed to the independence of the NHSPRB process and would like to see an **end to the political interference with the NHSPRB.**

The **key findings** from the RCM's evidence to the NHSPRB are:

- The RCM is increasingly concerned by the way the Government continues to constrain the NHSPRB and we are particularly alarmed that after six years of pay restraint they have announced they will continue with pay restraint until 2020. This **fundamentally** threatens the independence of the NHSPRB; **undermines the integrity of the system**; and will cause lasting damage to the morale and motivation of staff, worsening the staffing crisis in the NHS.
- The Government needs to stop considering their pay policy in isolation; they need a **total strategy for the whole workforce**. The RCM is concerned that the Government's zeal for cutting pay, terms and conditions for NHS staff will actually result in far higher costs to the NHS in terms of low staff engagement and patient outcomes. Investment in staff is an investment in high quality care.
- The chart below shows the actual pay for a midwife at the top of band six from 2010-2016 and the pay if there had been increases to their salary in line with RPI inflation. In 2016 **the value of pay for a midwife** at the top of band six has decreased by over £6,000. This will increase to a difference of £9,000 if pay restraint continues to 2020 as planned.

Comparison of Actual Pay for a Band Six Midwife to Pay Including RPI Inflation Uplifts 2010–2016



- There is currently a **shortage of nearly 3,500 midwives in the UK**. This is caused by the rising birth rate and increased complexity of health needs. The RCM has grave concerns that the planned removal of the bursary and introduction of tuition fees for student midwives and if the nearly 1,200 midwives from other EU countries are not given the right to remain we will see an upsurge in the shortage of midwives in the coming months and years.
- Maternity units are struggling to meet the demands of the service, our annual survey with Heads of Midwifery (HOMs) shows that they are frequently redeploying staff to other areas; using bank and agency staff; withdrawing services and closing the unit. Fundamentally, organisations are **relying on the goodwill of midwives** and maternity support workers to staff the units and this is leading to high levels of stress and burn out and is causing midwives to leave midwifery.
- In January 2016 the RCM sent a freedom of information request to all the NHS trusts in England that have maternity units to ask them how much they have spent on agency and bank staff and overtime for midwives in every month in 2015. The FOI found that **NHS organisations spent £72,698,200 on agency, overtime and bank midwives in 2015**. £72,698,200 is enough money to pay for 2,063 full time, experienced midwives (paid at the top of band 6 at £35,255 a year) or 3,318 full time, newly qualified midwives (starting salary is £21,909 per year). There were 23 organisations in total that spent more than £1 million on agency, bank and overtime.
- During 2016 the RCM conducted a survey of 2,719 midwives who have left midwifery in the last two years or are planning to leave midwifery in the next two years about the reasons for leaving midwifery. The most common reasons that midwives give for leaving is staffing levels and workload indicating that maternity services are in a catch-22 situation with many midwives leaving midwifery because of understaffing which further exacerbates staffing levels. However, **80% of the midwives who are intending to leave midwifery in the next two years said that increased pay would encourage them to stay in midwifery**. This means that breaking the public sector pay restraint could be a key intervention that would encourage midwives to stay in the service that would ultimately improve service and quality of care for women.
- The RCM believes that maternity units are facing unprecedented challenge. Maternity units are overworked and understaffed and this has resulted in low levels of staff engagement. Improving staff engagement can not only improve organisations' financial performance through savings on litigation costs and sickness absence costs but it also improves patient outcomes. **Midwives and maternity support workers have never been so challenged in their ability to provide high quality and safe care and now is the time to show them they are valued**.

You can read the RCM's full evidence to the NHSPRB [here](#). If you have any questions about the RCM's evidence to the NHSPRB please contact Amy Leversidge, RCM Employment Relations Advisor on Amy.Leversidge@rcm.org.uk or 020 7312 3457.



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