

Royal College of Midwives Report: Spending on Agency Midwives in England



The Royal College of
Midwives

Executive Summary

It is well known that the use of agency staff in the NHS has reached inappropriate levels. Improving productivity is increasingly becoming a pivotal issue in the NHS. Not least because productivity is a key issue across the economy but because of the significant funding challenges facing the NHS combined with an increased demand for services due to the increasing birth rate and increasing complexity of cases. We believe that the best way of improving productivity is by utilising the existing workforce. This does not mean continuously relying on the goodwill of staff but rather eliminating staff shortages and incentivising existing staff to work bank or overtime. These are the only safe, sustainable and effective ways to reduce agency spending.

It is clear that the Government and NHS organisations need to change their approach to NHS staff because an investment in NHS staff is an investment in care.

This report details the findings of three research studies:

- In January 2015 the Royal College of Midwives (RCM) sent a Freedom of Information (FOI) request to the 136 NHS trusts in England about their spending on agency midwives for 2012, 2013 and 2014. The FOI had a response rate of 95.6% (130 trusts responded).
- In July 2015 the RCM conducted a survey of RCM members who work agency shifts. We had 138 responses to the survey.
- Every year the RCM conducts an annual survey of Heads of Midwifery (HOM). This publication gives results from the last two HOMs surveys, so the results for 1st April 2014 and 1st April 2015. The survey was conducted in June/July 2014 and June/July 2015 and was conducted by email to HOMs across the UK. In 2014 64 HOMs giving a response rate of 38.3% and in 2015 83 HOMs responded giving a response rate of 50.3%.

Key Findings:

Trusts in England spent **£17,849,767** on agency staff in **2014**...

...this would pay the salaries of **511** experienced full time midwives.

The spending on agency increased from **£10,159,099** in **2012** to **£17,849,767** in **2014**; an increase of **75.7%**.

There were eleven trusts that spent over **£1 million** on agency midwives in the three year period with one trust spending **£4,482,432** on agency midwives between **2012-2014**.

Our HOMs survey found that **67% (2014)** and **72.8% (2015)** of HOMs answered they had to call in bank and/or agency staff very or fairly often (very often - nearly every day, fairly often - a few times a week).

According to our survey of midwives who work agency shifts **23.3%** of **respondents** said they did not feel adequately briefed about the trusts policies and procedures.

There were **17 trusts** using agency midwives in **January 2012**, this doubled to **34 trusts** using agency midwives in **December 2014**.

According to our survey of midwives, on average, respondents said they were paid **£22.84 an hour**. This is a striking difference to the Freedom of Information request as the trusts reported that the spend per hour was **£49.01** in **2014**. This would indicate that over half (**53.4%**) of the spend per hour for agency midwives goes on agency fees and other on-costs.

Overwhelmingly, the trusts that use agency staff are in the London region, with **73.7%** of trusts in London using agency midwives.

The normal rate of pay for a Band 6 midwife with ten years experience is **£17.84 an hour** and when a midwife works overtime (any hours worked over **37.5 per week**) they get paid time and a half which would be **£26.76 an hour**. The spend per hour of **£49.01** is more than **2.7 times** the amount for a permanently employed midwife and more than **1.8 times** the amount of paying overtime.

43 trusts (33.1%) have used agency staff at some point in the last three years.

Most midwives who work agency shifts do so in addition to a permanent post; the most common reason for midwives to only work for an agency was the need to work flexible shifts, with **71.0%** of midwives giving this as the reason they only work for an agency and the most common reason for midwives to work agency shifts in addition to their permanent post was the need to top up their income, with **90.1%** of midwives giving this as the reason they work agency shifts in addition to their permanent post.

RCM Recommendations:

The RCM believes there are two safe, sustainable and effective ways to reduce agency spending in maternity units:

Eliminate the shortage of midwives - The shortage of midwives needs to be eliminated by training and employing more midwives but also by retaining existing midwives by fair pay policies and granting flexible working requests.

Incentivise existing staff to work bank or overtime - At present the cost of overtime is being controlled but agency spend, which is much more expensive, is less controlled. This needs to be corrected as current practice in the NHS is wasteful. Managers need to be authorised to pay overtime rather than calling in more expensive agency staff.

Agency Spend By Trust

In January 2015 the Royal College of Midwives (RCM) sent a Freedom of Information (FOI) request to the 136 NHS trusts in England who provide maternity services to ask them:

- the total cost, including fees and any other on-costs, for midwives supplied by an agency broken down by month in 2012, 2013 and 2014;
- the cost for the fees and any other on-costs for midwives supplied by an agency broken down by month in 2012, 2013 and 2014; and
- the total number of hours worked by midwives supplied by an agency, broken down by month in 2012, 2013 and 2014.

The FOI had a response rate of 95.6% (130 trusts responded).

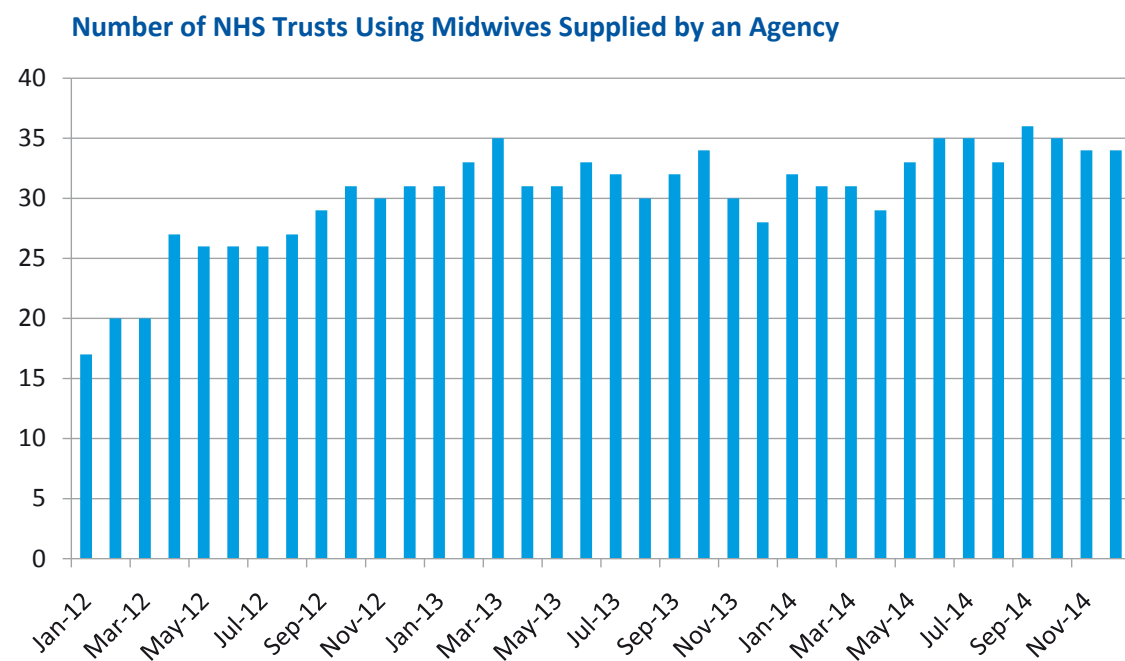
The FOI only asked about spending on agency midwives, it did not ask about spending on bank midwives or paying midwives overtime.

Numbers of NHS Trusts in England Using Agency Midwives

The responses from the Freedom of Information Request found that:

- 43 trusts (33.1%) have used agency staff at some point in the last three years;
- 78 trusts (60.0%) do not use agency staff (although they may use bank staff or pay existing staff overtime); and
- 9 trusts (6.9%) could not respond to the request because they did not have separate figures for midwives (e.g. it was combined with nursing staff).

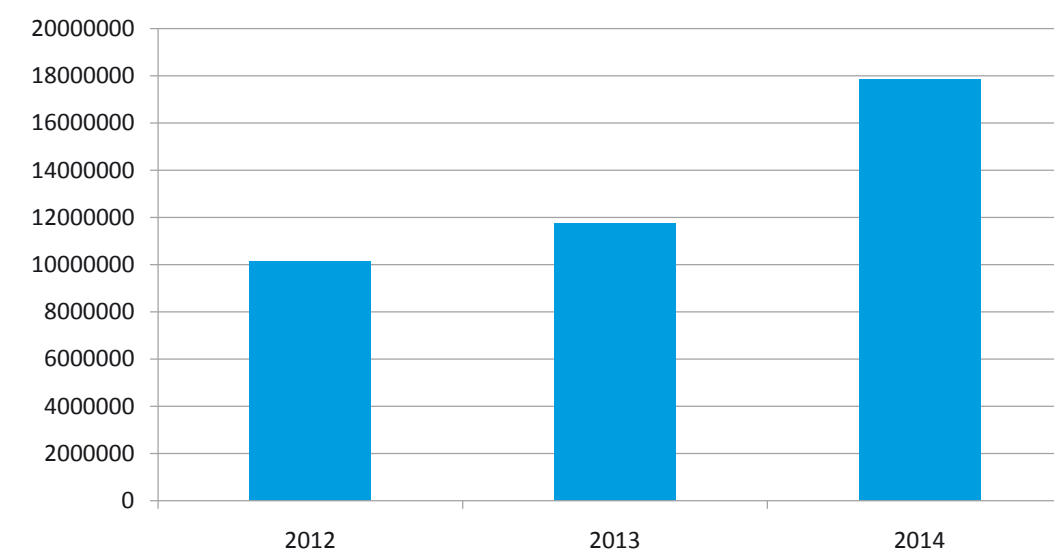
In total, 43 trusts used agency midwives at some point during the three year period, however not all trusts used agency midwives every year or every month. The chart below shows the number of trusts that used agency each month from January 2012 to December 2014. There were 17 trusts using agency midwives in January 2012 which doubled to 34 trusts using agency midwives in December 2014.



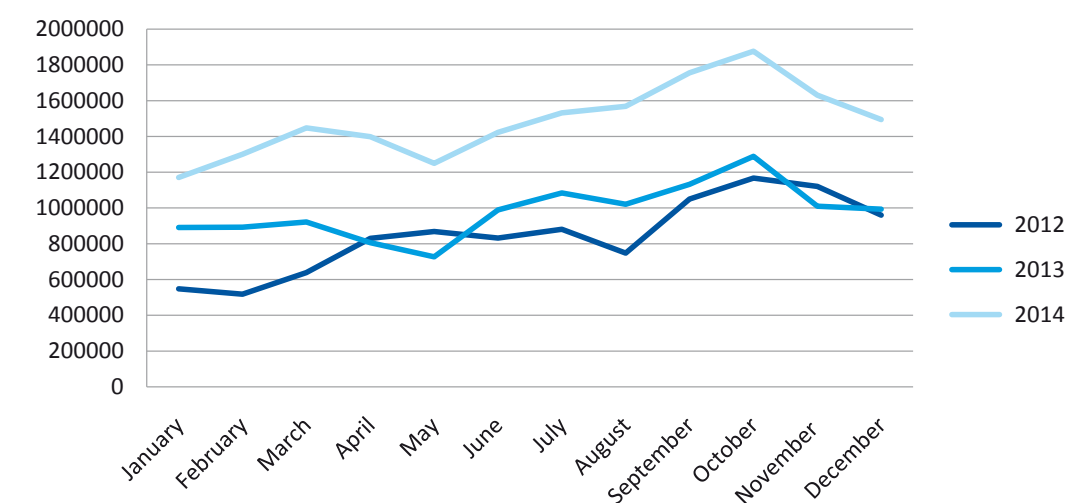
Overall Spending on Agency Midwives in England

The results of the FOI show a substantial increase in spending on agency staffing in the past three years. The spending on agency increased from £10,159,099 in 2012 to £17,849,767 in 2014, an increase of 75.7%.

Total Spending on Midwives Supplied by an Agency 2012-2014



Total Spending on Midwives Supplied by an Agency January 2012 - December 2014



The graph above shows the spending on agency midwives for each year. It shows that the spending in 2014 is substantially higher than 2013 and 2012 for every month of the year. It also reveals that spending on agency midwives reaches a peak every October in each year analysed.

A qualified midwife with ten years experience working full time in the NHS in England is paid a yearly salary of £34,876. In total, trusts in England spent £17,849,767 on agency staff in 2014; this would pay the salaries of 511 experienced full time midwives.

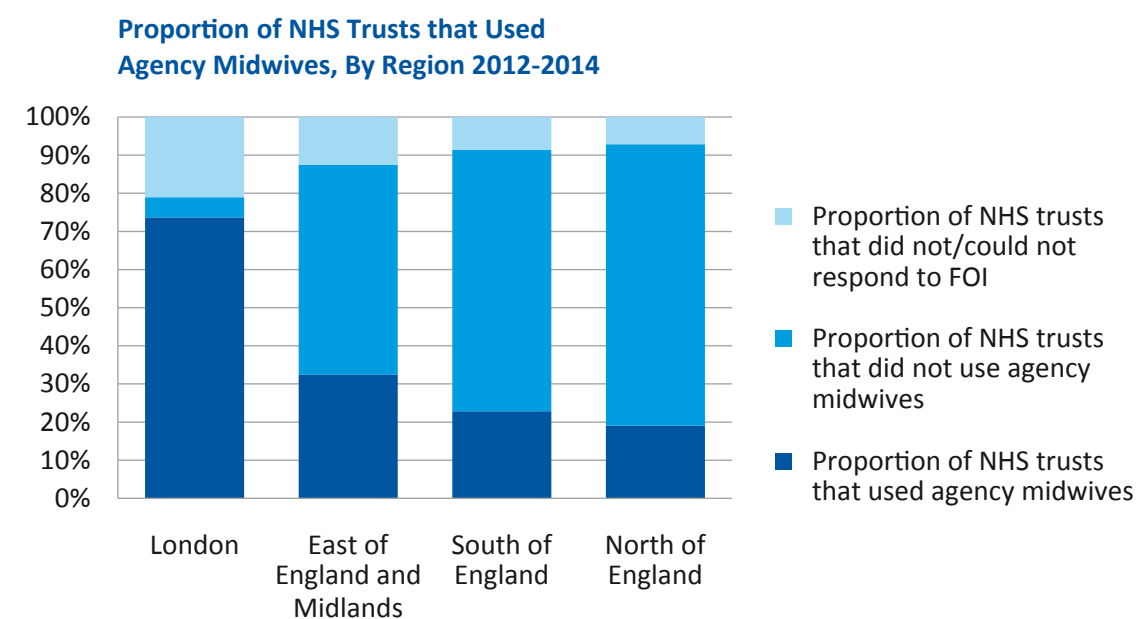
Differences in Agency Spending Between Trusts in England

The map (below) shows the location of the 43 trusts in England that spent money on agency midwives during 2012-2014.

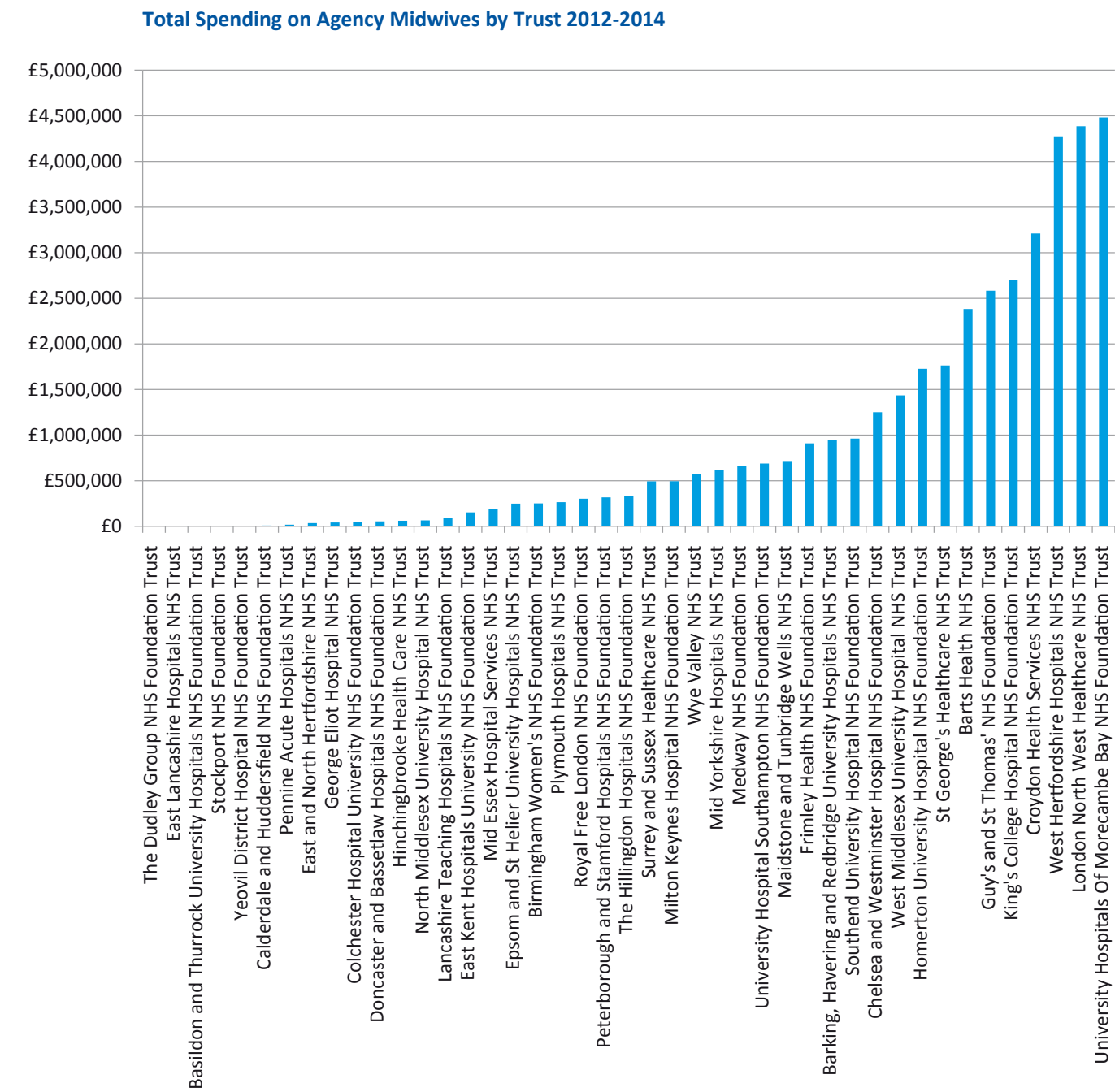


There was variation in the amount of agency spending between trusts, with one trust spending just £358 on agency midwives between 2012 and 2014 and the highest spending trust spending £4,482,432 on agency midwives between 2012 and 2014. There were eleven trusts that spent over £1 million on agency midwives in the three year period.

As the chart below shows, overwhelmingly, the trusts that use agency staff are in the London area, with 73.7% of trusts in London using agency midwives.



The chart opposite shows the 43 trusts in England that used agency midwives and their total spend between 2012-2014. It shows that eight of the ten trusts that spent the most money on agency midwives during 2012-2014 are based in the London region.



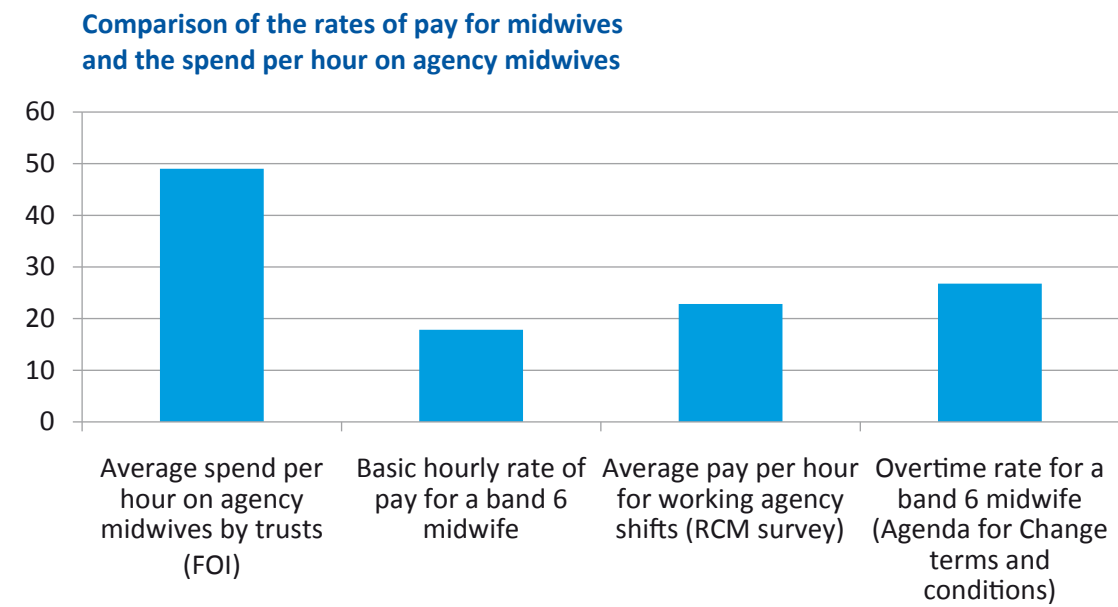
Experiences of RCM Members Working Agency Shifts

In July 2015 the RCM conducted a survey of RCM members who work agency shifts. We had 138 responses to the survey.

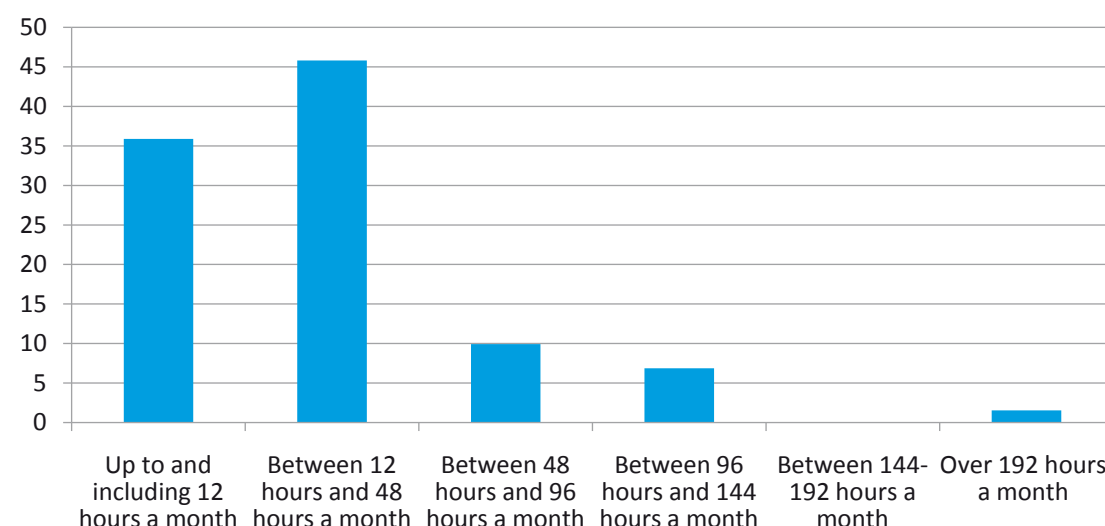
The respondents to the survey said they were paid on average £22.84 an hour. This is a striking difference to the Freedom of Information request as the trusts reported that the spend per hour was £49.01 in 2014. This would indicate that over half of the spend per hour for midwives goes on agency fees and other on-costs.

The normal rate of pay for a Band 6 midwife with ten years experience is £17.84 an hour and when a midwife works overtime (any hours worked over 37.5 per week) they get paid time and a half which would be £26.76 an hour. The spend per hour of £49.01 is more than 2.7 times the amount for a permanently employed midwife and more than 1.8 times the amount of paying overtime.

Midwives were asked on average how many hours per month they worked as agency shifts. The most common response was between 12 and 48 hours per month, which 45.8% of respondents said they worked.



Number of hours worked on average per month as a percentage of survey respondents



Most respondents said they worked their agency shifts in the same trust but 25.2% of respondents said they worked in different trusts. While most respondents in the survey answered that they are briefed about the unit's policies and procedures and where things are kept 23.3% of respondents said they did not feel adequately briefed about the trusts policies and procedures. There were some worrying comments from some respondents that did not feel briefed:

Midwives said:

"Unlike my own trust, there is no induction to the ward. You have to find your way around yourself."

"You are treated as an outsider and will not be given the access to the policy; however it is my responsibility to keep asking until I get what I want. Also you have no access to enter or exit in any door you have to wait for someone to open doors, however there are very nice staff who are willing to help you and show you the policies and procedure. Once you go to a hospital at least three times the staff begin to know you and trust you."

"You are left to find out for yourself or brief you as issues arise i.e. if you have forgotten to do

something, or are still doing something that has recently changed."

"Often treated very poorly and not well orientated or supported."

"Most trusts have a brief induction period either with the midwife in charge or a supervisor of midwives who goes through it with you. Electronic systems are difficult because each hospital has chosen a different one."

Most midwives who work agency shifts do so in addition to a permanent post; 26.8% of midwives said they only worked agency shifts. 31.4% of those midwives said they would prefer a permanent position rather than working just agency shifts. The midwives who worked only agency shifts were asked their reasons for doing so and the most common reason was that they needed flexibility of shifts (71.0% of midwives said this was the reason they worked only agency shifts). This is a worrying finding given that the NHS terms and conditions of employment have a positive approach to flexible working and employers are required to consider flexible working options for all staff in the workplace. This would suggest that staff are not being granted the opportunity to work flexibly.

Additionally, there was a worrying comment that suggested more black and minority ethnic (BME) midwives work agency shifts due to the difficulties that BME midwives experience in the workplace (highlighted by the RCM's research¹ about BME midwives and disciplinary proceedings; the Snowy White Peaks Report² about BME leadership in the NHS; and the NHS Workplace Race Equality Standard³.)

Midwives said:

"I left my permanent band 7 post as we recently moved to London due to my husband's job. I am doing agency work as we have a 2 year old son and no friends or family in London to rely on for childcare. Our son starts nursery in September. I would prefer a permanent post but would need set days/nights. I hope to get a permanent post eventually."

"Every contract requires night shifts and I now find that working a night shift doesn't suit me both physically and mentally."

"I struggled to balance working shifts and child care so therefore had to give up my permanent post and just do agency shifts so I could choose the shifts that suited me best."

"Best way to work right now as I have a family of two young children and husband who works ridiculously long hours, but is mostly around during the weekends to look after the children if I work."

"I had a back injury and the trust only employ for 22.5 hours or more. I was advised to only work 15 hours by occupational health so therefore I do agency work."

"Majority of agency workers are black, this is largely due to the fact that it is very difficult for black midwives to obtain senior positions, especially as matrons, consultant midwives or head of midwifery. Hence the black midwives have to work twice as hard to achieve the same money as their white counterparts in senior posts. It would be nice to work a 37 hour week in a senior post and not having to do agency shifts to supplement my income. Too many times black midwives have been passed over for senior jobs, and they are left with no other option but to leave the NHS and work full time agency. If all the black agency workers were to stop doing agency and return to full time NHS posts and be treated with the respect they deserve, majority of agencies would go out of business thus saving the government millions."

The midwives who work agency shifts in addition to their permanent post were asked the reasons why they work agency shifts and the most common reason given was to top up their income with 90.1% of midwives giving this as their reason for working agency shifts. Worryingly, 27.8% of these midwives said that they felt working the extra agency shifts, in addition to their permanent post, has impacted on their health, safety and wellbeing.

Midwives said:

"I am already very stressed at work but need the extra money to make ends meet."

"I'm exhausted, but need the money."

"Not with me but I have seen others who are desperate for the money and work full time then do night after night in between. That's dangerous as it 12.5 hour shifts at a time."

¹ <https://www.rcm.org.uk/news-views-and-analysis/news/midwives-and-disciplinary-proceedings>

² <http://www.mdx.ac.uk/news/2014/04/the-snowy-white-peaks-of-the-nhs>

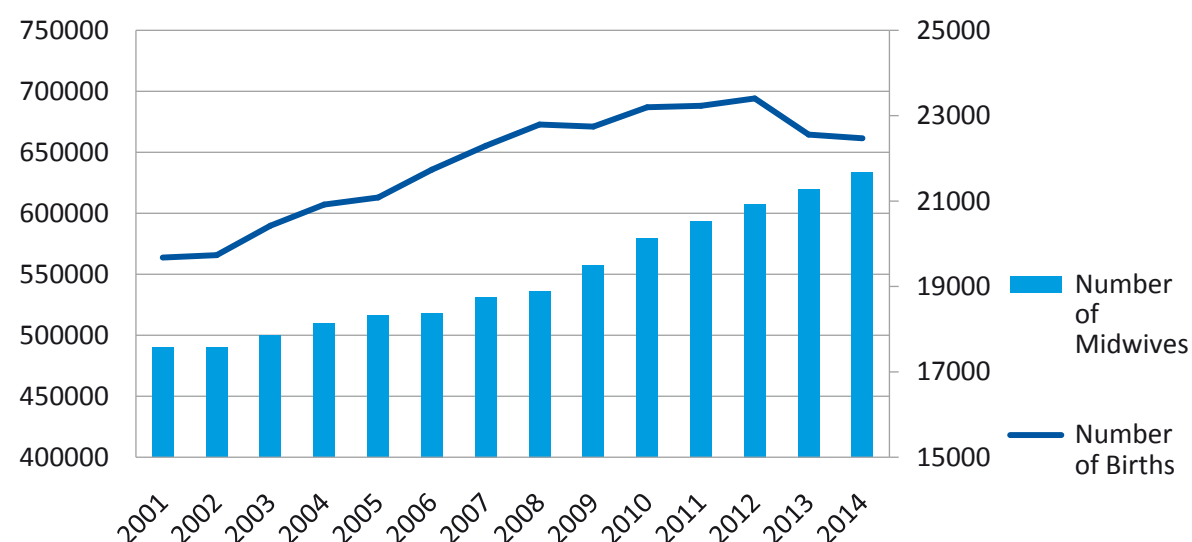
³ <https://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard/>

The Experiences of Heads of Midwifery

Every year the RCM conducts an annual survey of Heads of Midwifery (HOM) Survey⁴. In our HOMs survey 67% (2014) and 72.8% (2015) of HOMs answered they had to call in bank and/or agency staff very or fairly often (very often - nearly every day, fairly often - a few times a week). HOMs identified that the reasons for using bank and agency staff were because of the increasing demands of the service (the high birth rate and complexity of cases).

The RCM recommends that the correct minimum staffing level for maternity units should be determined using Birthrate Plus. Birthrate Plus suggests the number of whole time equivalent (WTE) midwives required should reflect, amongst other things, the complexity of case mix and the number of births. The table below shows the number of births in England compared to the number of WTE midwives from 2001 to 2014. While the graph below does show that the numbers of midwives has increased since 2001 and that in the last two years the birth rate has fallen slightly the increase in midwives has been at a far slower pace than the increase in births. There is a current shortage of 2,600 midwives in England.

Comparison of the Birth Rate and the numbers of midwives in England 2001-2014



The HOMs survey found that:

- 29.5% (2014) and 29.6% (2015) of HOMs said their funded establishment was not adequate for their organisation; and
- 96.9% (2014) and 91.3% (2015) of HOMs said their unit is dealing with more complex cases than last year.

Given the shortage of 2,600 midwives and an increasing complexity of cases the HOMs survey asked questions about how HOMs were managing service delivery under increased pressure. There were reports of some cuts to services, including closing the maternity unit, although some HOMs also reported that they were asked to take on more services (but not given the extra budget). In the main it would appear that existing staff are being relied upon to cover the gaps in the service through being redeployed to other areas (normally the labour and delivery suite), missing their breaks and working late. This is in addition to a reliance on using bank and agency staff.

The HOMs reported that:

- 21.3% (2014) and 14.6% (2015) of HOMs said their budget had decreased in the last year;
- 10.9% (2014) and 11.0% (2015) of HOMs reported that they had to decrease services in the last year;
- The most common services that HOMs report having to reduce in both 2014 and 2015 were specialist midwives; parent classes; bereavement support; and breast feeding support;
- 32.8% (2014) and 41.5% (2015) of HOMs reported that they had to close their unit during the year because they couldn't cope with the demand;
- The average number of times a unit had to close their doors was 6.6 separate occasions (2014) and 4.8 separate occasions (2015). The most times a single unit closed in a year was 33 times (2014) and 23 times (2015);
- 75% (2014) and 75.9% (2015) of HOMs said they had to redeploy staff to cover essential services either very or fairly often;
- HOMs were asked which areas staff were redeployed to and from, overwhelmingly in both 2014 and 2015 HOMs reported that staff were redeployed from the community and the postnatal service to the labour and delivery suite;
- 65.6% (2014) and 64.6% (2015) of HOMs answered that on call community staff have to be called in to cover the labour and delivery suite and 26.2% (2014) and 35.8% (2015) of HOMs said this restricted the home birth service;
- 59.4% (2014) and 61.3% (2015) of HOMs said that it was difficult/very difficult to ensure that staff take their breaks and leave on time; and
- 67% (2014) and 72.8% (2015) of HOMs answered they had to call in bank and/or agency staff very or fairly often (very often - nearly every day, fairly often - a few times a week).

⁴ This publication gives results from the last two HOMs surveys, so the results for 1st April 2014 and 1st April 2015. The survey was conducted in June/July 2014 and June/July 2015 and was conducted by email to HOMs across the UK. In 2014 64 HOMs giving a response rate of 38.3% and in 2015 83 HOMs responded giving a response rate of 50.3%.

When asked about service delivery HOMs said:

“There is a great deal of ‘goodwill’ where unpaid work is done.”

“Activity can be high at times and breaks are missed or not completed. Since e-rostering was introduced these unpaid breaks cannot be compensated for.”

“I am very concerned about the state of the NHS. How is it possible to continue providing high levels of individualised quality care year on year with high cost reductions, cuts to training budgets and more women with complex needs? Stress in the workplace directly affects women’s care. The pressure all grades of staff are experiencing is palpable. As a head of service I feel powerless to affect change.”

“I feel staff are feeling the pressure of austerity with the major drive to bring down costs within the NHS. This trust has a duty to look at all services and to keep staff informed of the measures we need to take. This is a new world for many midwives who probably do not have finance as a driver in how they want to deliver care.”

“All staff including non clinical based roles are under extreme pressure with many of us working c.60 hours per week on 37.5 hours contracts for no additional pay and still not keeping up. When struggling, the response from the top floor is to delegate; to whom I ask? Everyone is too busy.”

“The continued pressure of adding services to the midwives portfolio without extra funding, because the service is apparently in tariff, this is not sustainable.”

“Since my appointment into this role substantively in 2015 I have already had other specialist areas added which provides a challenge in being able to focus on midwifery issues. The current trust focus is on the financial pressures being faced which proves to be a constant challenge when the quality and safety of care to women and babies cannot be compromised. Increased numbers of complaints/ litigation cases is becoming a worrying factor and the public’s perception of what they perceive they should receive as ‘care’ is often unachievable within the resources available.”

“The gross under funding of maternity services makes it very difficult for senior leaders in the service to implement changes especially with development specialist posts. We used to be able to move posts

around and effect changes in a timely manner now this is difficult as there are so many hoops from a financial perspective to get through this slows down service development. Heads of Midwifery need to be able to be responsive to changes and needs of pregnant service users not to be held back by bureaucracy. Financial considerations are of course important but they should help not hinder progress if services are to be responsive to individual needs.”

“I work ridiculous hours to not even stand still. I am passionate about midwifery services but we need more support from the Government.”

Recommendations

The RCM believes there are two safe, sustainable and effective ways to reduce agency spending in maternity units:

Eliminate the shortage of midwives - The shortage of midwives needs to be eliminated by training and employing more midwives but also by retaining existing midwives by fair pay policies and granting flexible working requests.

Incentivise existing staff to work bank or overtime - At present the cost of overtime is being controlled but agency spend, which is much more expensive, is less controlled. This needs to be corrected as current practice in the NHS is wasteful. Managers need to be authorised to pay overtime rather than calling in more expensive agency staff.

In the recent report by the NHS Pay Review Body ‘Enabling the Delivery of Healthcare Services Every Day of the Week - the Implications for Agenda for Change’ the Pay Review Body identified that the main barrier to expansion of services is the numbers of staff. They identified that without the appropriate numbers of staff to deal with the rising demand for services there would be an increase in the cost of agency staff.

The NHS Pay Review Body said:

“If changes are introduced without the appropriate workforce planning then the short-term impact on staff levels could see agency costs increase. We note that those responsible for workforce planning and commissioning of training are not yet fully linked into local plans for seven-day services. Given the number of years it takes to train suitably skilled and qualified staff we believe a substantial barrier to the expansion of seven-day services could be insufficient numbers of appropriately trained staff”

If trusts had the appropriate numbers of midwives employed then they would only need to use agency staffing to deal with unexpected demand. **Employing the right number of staff is the safe, sustainable and effective solution to the problem of increased agency spending.**

In the meantime, we recommend that as a short term solution trusts could **reduce their agency spending by using their own staff and incentivising staff to work overtime or on the bank** rather than using agency staff. We would like to reiterate the comments made by the Pay Review Body in their report on seven day services:

“The pay structure should work to support and incentivise behaviours to ensure that shifts are scheduled principally around the needs of the patient rather than skewed by rules around shifts and payments.”

There is a single harmonised rate of overtime set out in Agenda for Change (time and a half for all overtime apart from public holidays which is double time). We understand that it is difficult to get authorisation to pay overtime rates and that bank rates are too low (sometimes midwives are paid a wage that is a point in the middle of band 6 rather than the top of band 6). By not authorising overtime or paying bank at a fair rate the result is that trusts have to use agency staff, which costs them more money.

We are concerned by the level of fees and on-costs that agencies charge, if trusts were paying staff overtime rates or bank rates they would save substantial amounts of money by not paying agency fees. Indeed, the ‘Review of Operational Productivity in NHS Providers’⁵ report by Lord Carter of Coles identified that bank staff are not remunerated in a way to attract them from moving from agencies.

In our survey of midwives who work agency shifts, many midwives raised the issue that the solution to high agency costs is existing staff:

Midwives said:

“My trust gave us extra for bank shifts, then took it away. The permanent staff stopped doing bank, and the trust had to employ more agency, therefore spending more money. I decided I need to save for a house, and as I wasn’t getting extra for my bank I had to join agency. Since discussing me with the chief executive they have brought back the extra for bank, and the agency usage has dropped.”

“Was asked to do overtime at my own trust but at basic rate of pay. I offered to do the shifts but at waiting time initiative (so higher than basic) but they said it was not allowed and I could have time owing or basic pay so I said no so they employed agency at a higher rate.”

Conclusion and Summary

It is well known that the use of agency staff in the NHS has reached inappropriate levels. Improving productivity is increasingly becoming a pivotal issue in the NHS. Not least because productivity is a key issue across the economy but because of the significant funding challenges facing the NHS combined with an increased demand for services due to the increasing birth rate and increasing complexity of cases. We believe that the best way of improving productivity is by utilising the existing workforce.

This does not mean continuously relying on the goodwill of staff but rather eliminate the staff shortages and incentivise existing staff to work bank or overtime. These are the only safe, sustainable and effective ways to reduce agency spending

It is clear that the Government and NHS organisations need to change their approach to NHS staff because an investment in NHS staff is an investment in care.

⁵ ‘Review of Operational Productivity in NHS Providers: Interim Report June 2015’ An independent report for the Department of Health by Lord Carter of Coles June 2015

Appendix One: Total Spending on Agency Midwives By Trust 2012-2014

TOTAL SPEND ON AGENCY MIDWIVES 2012-2014 BY TRUST*				
	2012	2013	2014	Total
Barking, Havering and Redbridge University Hospitals NHS Trust	£671,402	£103,561	£175,871	£950,834
Barts Health NHS Trust	£792,726	£595,884	£995,144	£2,383,754
Basildon and Thurrock University Hospitals NHS Foundation Trust	£1,475	-	-	£1,475
Birmingham Women's NHS Foundation Trust	-	-	£251,897	£251,897
Calderdale and Huddersfield NHS Foundation Trust	£1,840	£3,719	£3,325	£8,884
Chelsea and Westminster Hospital NHS Foundation Trust	£195,813	£499,425	£555,971	£1,251,209
Colchester Hospital University NHS Foundation Trust	-	22655	£28,812	£51,467
Croydon Health Services NHS Trust	£1,161,559	£1,173,389	£876,205	£3,211,153
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	£2,740	£29,784	£21,994	£54,517
East and North Hertfordshire NHS Trust	£6,446	£14,335	£14,773	£35,554
East Kent Hospitals University NHS Foundation Trust	-	-	£153,154	£153,154
East Lancashire Hospitals NHS Trust	-	£619	-	£619
Epsom and St Helier University Hospitals NHS Trust	£57,952	£39,544	£151,430.	£248,926
Frimley Health NHS Foundation Trust	£103,571	£287,928	£518,328	£909,827
George Eliot Hospital NHS Trust	£4,874	£346	£36,522	£41,742
Guy's and St Thomas' NHS Foundation Trust	£953,040	£589,065	£1,040,721	£2,582,826
Hinchingbrooke Health Care NHS Trust	£20,322	£17,697	£22,706	£60,725
Homerton University Hospital NHS Foundation Trust	£325,069	£701,617	£700,849	£1,727,535
King's College Hospital NHS Foundation Trust	£320,273	£771,001	£1,608,980	£2,700,254
Lancashire Teaching Hospitals NHS Foundation Trust	£1,732	£784	£91,373	£93,889
London North West Healthcare NHS Trust	£1,640,043	£1,256,576	£1,489,144	£4,385,763
Maidstone and Tunbridge Wells NHS Trust	£440,822	£158,843	£108,335	£708,000
Medway NHS Foundation Trust	£18,526	£95,420	£549,189	£663,135
Mid Essex Hospital Services NHS Trust	£22,098	£60,030	£111,669	£193,798
Mid Yorkshire Hospitals NHS Trust	£164,256	£206,902	£249,223	£620,380
Milton Keynes Hospital NHS Foundation Trust	£50,055	£121,792	£322,700	£494,547
North Middlesex University Hospital NHS Trust	£13,641	£25,800	£26,301	£65,742
Pennine Acute Hospitals NHS Trust	-	£14,437	£3,583	£18,019
Peterborough and Stamford Hospitals NHS Foundation Trust	£184,294	£58,070	£75,475	£317,839
Plymouth Hospitals NHS Trust	£61,971	£58,428	£143,950	£264,349
Royal Free London NHS Foundation Trust	£58,983	£39,650	£203,333	£301,966
Southend University Hospital NHS Foundation Trust	£37,817	£389,688	£535,320	£962,825
St George's Healthcare NHS Trust	£252,405	£427,652	£1,084,596	£1,764,653
Stockport NHS Foundation Trust	-	£1,475	£131	£1,606
Surrey and Sussex Healthcare NHS Trust	£118,766	£86,838	£287,677	£493,281
The Dudley Group NHS Foundation Trust	-	-	£358	£358
The Hillingdon Hospitals NHS Foundation Trust	£10,064	£73,695	£245,129	£328,888
University Hospital Southampton NHS Foundation Trust	£95,432	£325,973	£266,761	£688,166
University Hospitals Of Morecambe Bay NHS Foundation Trust	£1,285,715	£1,574,468	£1,622,249	£4,482,432
West Hertfordshire Hospitals NHS Trust	£775,957	£1,031,895	£2,467,877	£4,275,729
West Middlesex University Hospital NHS Trust	£281,000	£408,000	£747,000	£1,436,000
Wye Valley NHS Trust	£26,000	£486,000	£59,000	£571,000
Yeovil District Hospital NHS Foundation Trust	£420	£517	£2,712	£3,645
	£10,159,099	£11,753,497	£17,849,767	

*Figures rounded to the nearest pound. In total, 43 trusts (33.1%) have used agency staff at some point in the last three years; 78 trusts (60.0%) do not use agency staff (although they may use bank staff or pay existing staff overtime); and 9 trusts (6.9%) could not respond to the request because they did not have separate figures for midwives (e.g. it was combined with nursing staff). It is clear that the Government and NHS organisations need to change their approach to NHS staff because an investment in NHS staff is an investment in care.

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The Royal College of
Midwives

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