

Response to the Review of Employment Practices in the Modern Economy

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General Comments

The Royal College of Midwives (RCM) welcomes the opportunity to respond to the review of employment practices in the modern economy.

The RCM is the trade union and professional body that represents the vast majority of practising midwives in the UK. Most midwives are employed in the NHS under Agenda for Change terms and conditions which are the UK-wide terms and conditions that cover the vast majority of NHS staff. The RCM is one of sixteen recognised trade unions in the NHS and sits on the NHS Staff Council, the NHS Staff Council Executive and gives evidence to the NHS Pay Review Body. The RCM is also a member of the NHS Social Partnership Forum (SPF).

We understand that the review has been formed to investigate employment practices in the modern economy with specific reference to the 'gig' economy. While the majority of midwives are permanently employed on a UK-wide collectively bargained contract and have trade union recognition there are worrying employment practices in the NHS that we wish to raise with the review. Additionally, there are examples of best practice that we want to share with the review in the hope that these can be replicated elsewhere in the labour market.

Our response will address four of the key themes of the review:

- Security, pay and rights
- Progression and training
- Representation
- Opportunities for under-represented groups

We have also made some additional comments around workload.

We are happy to discuss any of our evidence with the review team.

RCM Director of Policy, Employment Relations and Communications

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Security, pay and rights

Since 2010 the government has interfered with the independence of the NHS Pay Review Body (NHSPRB) and capped the recommended pay uplift that the NHSPRB can offer. This has

fundamentally undermined the integrity of the pay structure and system. The RCM's view is that the government should end their policy of pay restraint in the NHS and the NHSPRB should return to making unfettered recommendations for NHS pay.

The RCM's evidence¹ to the NHSPRB for the 2017/18 pay round showed that the average midwife has seen their pay decrease in the value of pay by over £6,000. The decrease in value of pay will increase to £9,000 if pay restraint continues to 2020 as the government intend. We presented significant evidence that showed pay restraint has caused lasting damage to the motivation and engagement of the NHS workforce and is worsening the staffing crisis in the NHS. This is important because research shows that decreased staff engagement negatively impacts on the quality and safety of the care that NHS service users receive; to put in another way, investment in staff is an investment in high quality, safe care.

There is currently a shortage of 3,500 midwives in the UK. In 2015 the NHS spent over £72 million² on temporary midwives (through agencies, internal 'bank' systems and overtime) which is enough to employ over 2,000 full time, experienced midwives. During 2016 the RCM conducted a survey³ of 2,719 midwives who have left midwifery in the last two years or are intending to leave midwifery in the next two years and 80% said they would be encouraged to stay if their pay increased.

The government's interference with NHS pay has undermined the pay structure and the collectively bargained pay, terms and conditions of midwives and other NHS staff. The RCM is calling for the government's policy of public sector pay restraint to end and return the NHSPRB to making unfettered recommendations on pay.

Another concern we wish to raise in our response is the high rates of pregnancy and maternity discrimination in the UK. We are concerned by the numbers of employers that deny women their rights, in particular their rights to time off work for antenatal appointments and rights around health and safety. Attending antenatal appointments is extremely important for women to have essential screening tests and get valuable advice around nutrition, smoking and maternal mental health. Women who experience pregnancy and maternity discrimination at work are more likely to feel stress, anxiety and depression and could have an impact on the health of the woman and her baby. This may require additional care from midwives and the NHS. The example of pregnancy and maternity discrimination is useful in illustrating the wider public impact of workers being denied their rights.

¹ RCM Evidence to the NHS Pay Review Body September 2017
<https://www.rcm.org.uk/sites/default/files/Royal%20College%20of%20Midwives%20Evidence%20to%20the%20NHS%20Pay%20Review%20Body%20-%20September%202016.pdf>

² Agency, Bank and Overtime Spending in Maternity Units in England 2015
<https://www.rcm.org.uk/sites/default/files/Agency%20Bank%20and%20Overtime%20Spending%20in%20Maternity%20Units%20in%20England%20-%20October%202016.pdf>

³ Why Midwives Leave Revisited - October 2016
<https://www.rcm.org.uk/sites/default/files/Why%20Midwives%20Leave%20Revisited%20-%20October%202016.pdf>

Progression and training

Midwives fit into the Income Data Services' description of professionals. To register with the Nursing and Midwifery Council (NMC) students must first earn a qualification in midwifery at degree level. Midwifery training involves a mixture of academic study and supervised midwifery practice in hospitals and the community. The degree is a three year course, although qualified nurses can take a shortened programme which lasts for 18 months. On completion of their degree students are awarded both an academic and professional qualification. During their career midwives are responsible for keeping their knowledge up to date in order to remain on the professional register.

The Government is planning to change funding for student midwives by removing the bursary and replacing it with a student loan and introducing tuition fees from September 2017. We believe that the prospect of accumulating significant debt will deter many aspiring students from studying midwifery, particularly as for many student midwives midwifery is their second degree. We conducted a survey⁴ of current student midwives and asked them if the proposed system of finance had been in place when they started would they still have studied midwifery and 63.7% said they would not have applied to study midwifery.

If students are deterred from studying midwifery this will add to the increasing shortage of midwives. We believe that the Government should re-think its plans to abolish the bursary for midwifery students and not introduce tuition fees as both of these actions will have consequences for the numbers of new students training to be midwives.

The majority of midwives are employed under Agenda for Change terms and conditions and newly qualified midwives start at Agenda for Change band five. Between one and two years newly qualified midwives will complete their preceptorship and will move to Agenda for Change band six. The majority of midwives will be employed in pay band six. There are other roles in midwifery which are higher banded roles, for example a labour and delivery suite coordinator, a specialist midwife or a community midwife team leader and midwives have to apply to these when there are vacancies.

Every year the RCM conducts a survey of heads of midwifery (HOMs)⁵. The table below shows the results from the last seven years of HOMs surveys showing the skill mix in maternity units - so the proportion of maternity support workers and midwives at each different pay banding.

Skill Mix in Maternity Units 2010-2016							
	2010	2011	2012	2013	2014	2015	2016
Band 2 MSWs	15.0%	14.3%	12.7%	13.6%	13.1%	12.9%	13.2%

⁴ ⁴ RCM Evidence to the NHS Pay Review Body September 2017

<https://www.rcm.org.uk/sites/default/files/Royal%20College%20of%20Midwives%20Evidence%20to%20the%20NHS%20Pay%20Review%20Body%20-%20September%202016.pdf>

⁵ As above

Band 3 MSWs	4.3%	4.9%	5.6%	5.6%	6.5%	6.5%	6.8%
Band 4 MSWs	0.9%	1.2%	1.4%	0.9%	1.1%	1.2%	1.3%
Band 5 Midwives	6.4%	7.9%	5.7%	7.1%	7.6%	7.8%	8.5%
Band 6 Midwives	53.0%	52.1%	55.9%	54.5%	54.8%	55.9%	54.3%
Band 7 Midwives	18.3%	17.3%	16.3%	16.0%	14.5%	13.8%	13.7%
Band 8 and 9 Midwives	2.2%	2.4%	2.4%	2.3%	2.9%	2.0%	2.2%

As the table shows, there has been a significant reduction in band seven posts. We believe that this has had a detrimental impact on the attractiveness of midwifery as a career as there are fewer opportunities for talented midwives to progress.

Representation

Traditionally the NHS has enjoyed good partnership working with additional bodies such as the Social Partnership Forum supporting partnership working.

Good partnership working has benefitted the NHS workforce and is incredibly valuable in ensuring the NHS delivers high quality, safe care because it gives a forum to discuss the role of frontline staff in improving productivity and service users' outcomes. Indeed, in Scotland there is additional legislation that requires a worker representative on each health board so that employee voice is heard at the highest levels. This is a model that we support and would like to see replicated across the other counties in the UK. We believe that positive engagement between employers and staff via partnership arrangements assists productivity in the NHS.

However, as discussed above the RCM is concerned by the way the government has continued to restrain the NHSPRB and interfere with the independence of the recommendations of the NHSPRB. Indeed, in 2014 the government and employers made the unprecedented decision to reject the recommendation of the NHSPRB and stand down the NHSPRB from recommending an uplift for 2015/16. The actions by the government and employers led to the RCM taking industrial action for the first time in our 134 year history. We cannot understate the gravity of our decision to undertake industrial action and the seriousness of our members' decision to vote for and take action. Fundamentally, the decision by the Secretary of State to substitute incremental progression for a pay rise of any kind weakened the trust and confidence that NHS staff had in the pay structure. This, combined with ongoing political interference in NHS pay has undermined the integrity of the system. Additionally, the government attempted to impose changes to the junior doctors' contract of employment causing a significant industrial dispute in 2015/16 with the doctors. The actions by the government are in danger of normalising poor industrial relations and increased industrial action in the NHS.

Moreover, the government have made several moves to legislate changes that interfere with collectively bargaining agreements. For example, in September 2016 the government

announced its intention to cap redundancy payments. This undermines collective bargaining because there is already a redundancy agreement in Agenda for Change that has been negotiated by the NHS trade unions, including the RCM, with employers. By announcing that it will legislate change and not allowing trade unions and employers to negotiate change is a cynical move by the government that undermines the trust and confidence that staff have in the UK wide bargaining system.

Opportunities for under-represented groups

Over 99% of midwives are women and as such we have considerable interest in flexible working. Agenda for Change contains a fair arrangement for requesting flexible working patterns. However, there is no standard monitoring to investigate whether requests for flexible working are granted fairly.

In the 2016 HOMs survey we asked questions about the ability of HOMs to be able to support flexible work arrangements. They reported that:

- 81.2% of HOMs said they found accommodating requests to reduce the number of night shifts difficult/very difficult.
- 81.8% of HOMs said they found accommodating requests to reduce the number of weekends difficult/very difficult.
- 89.4% of HOMs said they found accommodating requests to fix their shifts (so no rotation of shifts) difficult/very difficult.

When asked if they could accommodate requests to work flexibly if the number of requests increased many HOMs reported that they were only just managing now and they would not be able to cope with more requests to work flexibly and some HOMs were reporting that they already had to decline requests to work flexibly. Additional in our survey⁶ of why midwives leave many midwives identified the lack of access to flexible working as a reason for leaving midwifery.

The Family and Childcare Trust's annual Childcare Costs Survey 2016 found that the costs of sending a child under two to nursery part time (25 hours) is £116.77 per week or £6,072 per year, which is a 1.1% rise since 2015. There are also issues with the opening hours for many child care facilities that make child care difficult for midwives working twelve hour shifts.

We believe that as the opportunities to work flexibly decline and the costs of childcare increase, at a time when midwives are seeing a real terms cut in their pay this will create a significant problem with retention and increase the shortage of midwives. Midwives must be supported with childcare arrangements by being able to work flexibly and by getting a real terms pay increase so that they can afford childcare. It is not enough for the agreement to be in place there must be monitoring and enforcement to make sure flexible working happens

⁶ Why Midwives Leave Revisited - October 2016

<https://www.rcm.org.uk/sites/default/files/Why%20Midwives%20Leave%20Revisited%20-%20October%202016.pdf>

in practice too. We are hopeful that the system of gender pay gap reporting that has just been introduced will be a useful mechanism that can be replicated to measure other rights at work such as access to flexible working.

Workload

Finally, we want to bring workload pressures to the review's attention. In March 2016 the RCM conducted a survey⁷ of our members about their health, safety and wellbeing at work. The survey had 1,361 responses. It was clear from the results of the survey that the increased pressure and demands are having a significant effect on the health, safety and wellbeing of midwives and maternity support workers. RCM members are reporting that they are feeling stressed, burned out and unable to give high quality care to women and their families. While there is a high level of camaraderie in maternity units there are also many reports of bullying and undermining behaviours. Some of the key findings of the survey are:

- Only 21% of RCM members said they take their entitled breaks most or all of the time.
- 17% of members work 5 hours or more every week unpaid.
- 48% of members said they felt stress every day or most days. The most common reasons for stress were workload; staff shortages and not enough time to do their job.
- 57% of members agreed with the statement 'I have to neglect some tasks because there is so much to do'.
- 56% of members agreed with the statement 'I feel overwhelmed by how much work I have to do'.
- 50% of members agreed with the statement 'I am worried about making a mistake at work because I am exhausted'.
- 18% of members agreed with the statement 'I often cry at work because of the pressure I am under'.

Maternity units are overworked and understaffed and midwives and maternity support workers have never been so challenged in their ability to provide high quality and safe care.

It is clear that staffing shortages are causing huge pressures and workload demands on the remaining workforce. Many organisations are cutting the numbers of good, permanent employees and expecting the rest of the workforce to work harder and harder. This leads us to the conclusion that one of the problems is not that there is not enough good, skilled work in the modern economy but rather that there is not enough good, skilled positions to do the work in the modern economy. This then has the effect of causing what were formally good, skilled jobs to be too demanding and pressured.

⁷ RCM Caring for You Survey Results

<https://www.rcm.org.uk/sites/default/files/Caring%20for%20You%20-%20Survey%20Results%202016%20A5%2084pp%205%20spd.pdf>

The RCM believes that one of the most critical measures that needs to be taken to improve employment across the modern economy is to address staffing shortages and the increasing workload and demands on workers.