



Royal College
of Midwives

RCM evidence to the NHS Pay Review Body 2025/2026

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.

Whilst we welcomed the government accepting the most recent NHS Pay Review Body (PRB) recommendations in full it should be recognised that the 5.5% consolidated increase was just a start to addressing the years of real terms pay cuts for NHS staff. In England and Wales, members again received their pay awards late, receiving them in October and November of 2024, respectively. In Northern Ireland, the 2023 pay deal was only paid with a salary increase in June and the backpay in August of this year, over a year after it was due. Despite a now functioning executive in Stormont, NHS staff there, are still without a pay award for 2024/2025. Timely implementation of pay awards are critical to the retention of midwives and MSWs. We note that, as in previous years, NHS pay for Agenda for Change staff in Scotland will be decided through collective bargaining. In Scotland pay rates are now significantly higher than the rest of the UK, with a midwife at the top of Band 6 on £48,635, £3,673 more than England, with the gap continuing to widen.

We welcomed the PRB's recommendation that governments issue a mandate to negotiate to address the structural issues in Agenda for Change that the RCM has been highlighting for a number of years. This includes pay on promotion, particularly at Band 7-8a and 2-3. However, it is noted that at the time of writing this mandate has not yet been issued. Non-pay elements of the 2023 pay deal (England) are now completeⁱ and joint recommendations are to be considered by ministers. It is crucial that any required funding for these recommendations is provided by government. Non pay work in Wales is also still ongoing with implementation not fully rolled out. Continued delays to both the 2023 non-pay work and structural negotiations can only increase NHS staff frustration and gives added pressure to the coming pay round. It also demonstrates the need for a longer-term solution to the lack of a mechanism for the Staff Council (where the experience and understanding of the pay structure sits) to negotiate and address structural issues facing the Agenda for Change system. Regular maintenance of the structure is crucial to avoid issues cumulating and while the addition of an interim pay point at Bands 8a and above was needed and something the RCM has long called for the whole structure needs to be addressed rather than individual points in isolation.

The 5.5% increase for 2024/2025 was an award rather than an offer so was implemented regardless of the views of our members. However, we did consult members in England and Wales to ask them if they thought the award was acceptable as a step towards addressing long term pay cuts. 60% of members in England told us that it was. However, 56% of midwives and MSWs in Wales told us that it was not acceptable. It is clear that there is still work to do to address the years of real terms pay cuts our members have received.

The quality and safety of maternity services remains under scrutiny. The CQC published a national review of maternity services in England 2022 to 2024 in September of 2024. They inspected 131 locations. 36% of those sites inspected were rated as requires improvement for care and none were rated as outstanding. For safety, almost half (47%) were rated as required improvement. This is symptomatic of the systemic pressures being exerted on services due to increasingly complex care, staff shortages and high levels of staff burnout. Urgent action on staff retention is vital; pay, though not the whole answer, is absolutely key. Midwives and MSWs are burnt out and services are often running on goodwill which is fast depreciating. Morale and motivation are at rock bottom and highly skilled midwives and MSWs need to see their work valued with fair pay and recognition of the societal benefits of safe, high quality maternity services.

Our evidence to the PRB

Our evidence this year draws on:

A survey of Heads of Midwifery (HoMs) and Directors of Midwifery (DoMs) from across the UK, conducted in the final quarter of 2024, which received 79 responses.

A survey of RCM members in the UK, carried out in March 2024, and official workforce data and results from the most recent NHS Staff Survey in England.

It includes:

- The pay setting process
- Staffing shortages
- Morale and motivation
- Pay
- Conclusion and recommendations

The pay setting process

In previous years, the government insisted that the pay award be “affordable”. In addition to this, there was a continually delayed publication of the remit letter. This had a significant impact on midwives and MSWs’ morale and motivation.

We welcome the new Westminster Government's commitment to reforming the timetable for responding to pay review bodies recommendations. Paying midwives and MSW's on time is a crucial factor in their retention.

However, we are concerned that whilst not explicitly mentioning affordability. In his remit letter of 30 September 2024, the new Secretary of State for Health & Social Care, Wes Streeting refers to the £22 billion deficit inherited from the previous government. Midwives and MSWs won't accept being the victims of government's financial failings. We are also concerned that the review of the pay setting process linked to the 2023 Agenda for Change pay deal has made limited progress.

The cost of a decent pay award should be weighed against the costs of not taking action to stem the tide of midwives leaving the NHS. Pay is a key factor in recruitment and retention: there is no resolution to the workforce crisis in maternity services without it.

Maternity staffing shortages

- Workforce

The NHS has many staffing shortages, but the maternity staffing crisis is particularly severe and longstanding. The latest NHS workforce statistics for England show that despite the upward trend in midwife numbers, the proportion of England's NHS workforce made up of midwives is still reduced. The longstanding shortage of midwives will only worsen if midwives are not retained in the NHS. In July 2024, midwives made up 1.7% of the total NHS workforce in England.

There remain big differences between the English regions. The East of England continues to have the largest proportion of its local NHS workforce made up of midwives (2.10% of all staff), whilst the North West has the lowest proportion, at 1.56%.

In Wales there has been a slight increase in the number of midwives (1406.0 FTE) but it's only a small increase since 2014 (1316.2 FTE). The recent RCM Wales State of Maternity Services report shows that although the number of midwives remains virtually the same, there has been a decline in the number of experienced midwives (those aged 46-55). This is worrying because the women they care for are presenting with increased clinical complexity and additional health needs, so increasing the demand on midwives' time and expertise. Women who experience severe and multiple disadvantage (SMD) during pregnancy are more likely to experience poor maternity outcomes. When skilled midwives can identify needs and make necessary referrals, women and their babies experience better outcomes, but this effectiveness is often dependent on resources, support, and on their ability to develop a trusting relationship with the woman they are caring for. Action is urgently needed to address these challenges. When experienced midwives leave they take with them their knowledge and experience, which are needed to help train the next generation of midwives. This is more than simply a numbers game. We must ensure we have the right staff with the right skill mix, well-trained and well-resourced.

In Northern Ireland, the numbers of women being cared for by maternity services with additional health needs has been increasing, which correlates with a continuing rise in the average age of mothers, impacting the workload of midwives and putting pressure on maternity services. Although there are now more than 70 midwives graduating each year, the number of staff remains essentially the same, year after year. The Nursing and Midwifery Council registration data does show a slight increase in March 2024 of 2.92% in the number of Midwife registrations over the same time the previous year. Registrations have only increased by 170 since September 2018. Birthrate Plus findings from 2023 show a shortage in funded establishment of at least 80 Full time midwives.

Current staffing challenges have not been caused by a lack of midwives entering the profession or insufficient take-up of midwifery degree programmes: the workforce crisis is caused by midwives leaving the NHS. However, the number of applicants to UK undergraduate midwifery courses has decreased by 13% compared to 2023 from 8,910 to 7,740 (Universities and Colleges Admissions Service (UCAS) 2024). The latest NHS workforce statistics show that 2148 Midwives have left the NHS, over the period June 2023 to June 2024. In our annual HoMs and DoMs survey 69 of the 79 respondents answered that retirement was one of the most common reasons for midwives leaving. The loss of experienced Midwives only increases the pressure on other staff in maternity services.

- Unpaid labour

RCM research shows that midwives across the UK work around 145,000 extra unpaid hours a week to keep maternity services safe. This amounts to approximately 3,800 midwives working for free. The same survey showed that 85% of respondents worked additional unpaid hours, with more than one third (35%) of respondents working more than five additional unpaid hours a week. Effectively, most midwives work unpaid overtime as a matter of routine. The results of the RCM's survey are backed up by the NHS Staff Survey's finding showing that 78.8%% of midwives work additional unpaid hours, much higher than the national average for NHS staff of 52.7%.

- Bank and agency staff

49% of HoMs who responded to our survey reported having to call in bank and/or agency staff nearly every day. An additional 38% had to call in bank and/or agency staff a few times a week, meaning 87% of all HoMs in the UK use bank or agency staff regularly.

Extensive use of bank and agency staff is expensive for the NHS and is not a sustainable way of managing staff shortages in the medium and long term.

Insights show that the flexibility of bank contracts has been attractive for workers who may not be able to get flexible working in permanent employment with the NHS.

What we urgently need is substantive staff being properly paid for the hours they work, with extra hours paid at the agreed Agenda for Change overtime rates and flexible working opportunities available to all.

An NHS England survey of 146,000 bank only NHS staff in 2023 found that 71% of respondents had bank work as their only source of employment and that, 'indication from insights suggest that bank workers are made up of a high proportion of ethnic minority workers'. Understanding the experience of bank staff is important to understanding true ethnicity pay gaps in the NHS.

- Flexible working

The most recent NHS Staff Survey results showed that the percentage of midwives satisfied with their opportunities for flexible working was just 45%. The national average for NHS staff is 57.39% and it has been significantly higher since at least 2019. Which shows that the opportunity for flexible working is far lower for midwives than the rest of their NHS colleagues, despite the introduction of new flexible working provisions in Agenda for Change. An all Wales flexible working policy has recently been implemented, but there is clearly still work to be done.

As the RCM has highlighted in previous evidence to the PRB, flexible working is key to the retention of staff in maternity services. Most midwives and MSWs are women, very many of whom having caring responsibilities for children and/or older adults. They need planned and reliable flexible working, and for most this means set days or reduced hours. In March this year, we surveyed our members about flexible working and nearly a quarter (24%) of respondents told us that an agreement to work flexibly would encourage them to return or stay working in the NHS. Innovative shift patterns (with a variety of shift lengths and varying start and finish times) as well as the ability to fix shifts and ensure a predictable working pattern is crucial to supporting those with, for example, caring responsibilities as well as disabled or older staff. It is also key to staff retention by enabling everyone to juggle the competing demands of work and family life.

More flexible working in the NHS is vital to boost retention of midwives and maternity support workers. There are pockets of good practice which have had demonstrable impact on retention, but these urgently need to be made the norm across the NHS.

- Agenda for Change (AfC) banding and skill mix

NHS Digital workforce data shows that 61% of all midwives are at band 6, and 23% are at band 7. There has been a continuous rise in the number of newly qualified midwives, which is having an impact on the skill mix and are over-represented in band 5. This along with a slight decrease at the top of band 6, shows the pressing need to retain experienced staff. Current workforce data also shows that just 17.65% of Band 6 staff are from global majority backgrounds, and just 14.68% of band 7, shows there is more work to be done in recruiting and progressing under-represented groups. Midwives are autonomous practitioners at the point of registration and newly qualified midwives undertake a preceptorship which is a period of consolidation of their knowledge and skills to develop their confidence. A

midwife automatically progresses from band 5 to band 6 as per their employment contract, Agenda for Change Annex 20 states that this should be 'no earlier than one year and no later than two years from the date of qualification'.

The lack of opportunities for career progression for both midwives and MSWs remains a concern. As we have highlighted previously, this will have a damaging impact on the attractiveness of both roles as a career. With the majority at the top of their pay band (the full rate for the job), inability to progress in both career and salary is keenly felt.

- Job evaluation

We support the NHS Job Evaluation Scheme, which underpins the Agenda for Change pay structure and ensures equal pay for work of equal value. Capacity building to ensure robust job matching and evaluation locally is essential, and the RCM will continue to encourage our members to get involved in job evaluation and promote opportunities for training.

The effective local application of the Job Evaluation Scheme could have a significant impact on retention, but we are increasingly concerned that lack of investment in infrastructure and capacity building is leading to failings in the application of the scheme locally. When midwives and MSWs request updated job descriptions they are met with push back and the regrading application process is protracted. Regular meaningful appraisals should include revisiting job descriptions to ensure that they are fit for purpose and where necessary are updated to reflect the work that is actually being done.

In our engagement with members, we often hear that due to staffing shortages, pressures on services and increased complexity of care, both midwives and MSWs are asked to carry out work and use skills of a higher band.

As part of last year's England pay deal, work has already been started on job evaluation. We believe that it is imperative that any recommendations - for example around infrastructure, local capacity building for training and time to attend job matching panels - are fully funded by Government. The Job Evaluation Group review of nursing and midwifery profiles is still ongoing, the RCM has already responded to the consultation on draft profiles for bands 4-6 and is currently preparing its response in the draft profiles for bands 7-9.

- Progression at band 8

We need strong midwifery leadership to deliver high-quality and safe maternity services. Midwifery leadership and management are required to uphold and advance the profession across all organisations that provide and support maternity services.

Organisations that offer career progression and personal development are more likely to retain existing talent, attract new staff and promote succession planning into senior strategic roles. Investing in leadership is also linked to higher performance and a learning culture. Leadership and management development, especially for

those from underrepresented groups, is needed to make career choices accessible and ensure better diversity and representation at all levels.

The RCM advocates that there should be a Head of Midwifery in every maternity unit (with exceptions for small units) responsible locally for leading their team and managing the provision of local services. And that every trust or health board delivering maternity care should have a Director of Midwifery at board level. The RCM is committed to the ongoing development of midwives to achieve their potential as leaders. To facilitate this we have designed 'leading for maternity improvement programme' for band 7 midwives who aspire to develop and apply their leadership skills in a positive and supportive work environment.

But for years, RCM members have been highlighting the challenges faced in recruiting midwifery leaders, with posts staying vacant and positions having to be re-advertised many times before being filled. Leadership positions are not attractive, and leaders feel they don't get financial reward for such a high level of responsibility.

- **Safety**

In the RCM response to the Health and Social Care Committee's Expert Panel on the evaluation of the Government's progress on meeting patient safety recommendations, we highlighted that the CQC inspection programme has frequently resulted in down-grading of units, with many services now rated as inadequate. The RCM suggests that this is indicative of the systemic pressures being exerted on services due to increasingly complex care, staff shortages and levels of burnout among staff. It is imperative that further urgent action is taken at national level to boost workforce numbers, and that staff have time to undertake training and implement measures to improve cultures and working practices where necessary.

Morale and motivation

Chronic understaffing has an unavoidable impact on staff morale and motivation and a detrimental impact on service quality and safety. The RCM's survey of Heads of Midwifery (HoMs) and Directors of Midwifery (DoMs) across the UK shows that just 29% said morale and motivation is good, and none (0%) reported that it was very good.

For many years, maternity services have been run on goodwill and we have reached the end of that as a sustainable solution. Our annual HoMs and DoMs survey showed that 91% of respondents said that their unit relied on a significant (16%) or moderate (75%) amount of goodwill from staff. Only 9% said they do not rely on staff good will to maintain essential services.

"Main reason for poor morale is lack of staffing which has been ongoing for a number of years. Staff are tired and burnt out. "A respondent to our HoMs and DoMs survey

Staff are desperate to plug the gaps, and they are doing so, but they are at the limits of their endurance. The 2023 NHS England Staff Survey shows that just over half

(50.3%) said they often or always feel burnt out because of their work. Just over 68% said they often or always feel worn out at the end of their working day or shift.

Midwives are susceptible to burnout, because the role can be stressful and, in many cases, involves supporting women and families during a time of heightened emotions and periods of anxiety. The nature of midwifery care means they work with women and their families throughout the entire pregnancy and birthing journey, so they naturally become involved with them. Due to the unpredictable nature of birth this can take a considerable toll on them emotionally.

“Staff burnout is reported through various workforce surveys and the Perinatal Culture Safety SCORE Survey” A respondent to our HoMs and DoMs survey

Pay and the cost of living.

Whilst the inflation rate was at its lowest level for three years in September at 1.7%. It has climbed to 2.3% in October which is over the Bank of England’s target of 2%. Member’s cost of living is still being impacted by rising prices and years of real terms pay cuts.

Energy prices are still rising, as evidenced by the energy price cap increase announced in October 2024. Over the three years between May 2021 and May 2024 food prices have risen by 30.6%. The increase in the Bank of England interest rates that went from 0.1% in December 2021 to 5.25% in August 2023, means many UK households are having to find more money for their mortgages and rent.

TUC analysis published in 2023, showed that, as a result of NHS pay not keeping in line with inflation, midwives has suffered cumulative real terms pay loss of £48,000 between 2010 and 2023.

NHS staff need a meaningful pay increase that continues the journey to address 14 years of wage decline and a credible plan to completely restore the lost pay.

The 2023 NHS England Staff Survey (published March 2024) shows that just 25.37% of midwives said they are satisfied with their levels of pay, which is lower than the NHS national NHS Staff average of 31.23%. Real terms pay rises and restoration to address historic pay loss is imperative to support staff retention in the NHS. Whilst last years pay award was enough at the time, to restore the bottom of the pay structure to a position in excess of the real living wage. The bottom of the structure now sits well behind the real living wage again, and worse still, below the legal minimum wage that comes into effect next April.

Years of real terms pay cuts is also impacting our MSW members. Our annual HoMs and DoMs survey asked, “What were the most common reasons for MSWs leaving?” 45.6% of the respondents said pay.

In the same survey we asked the HoMs and DoMs if they had any comments about pay, recruitment and retention. The following are quotes from the survey;

“Difficult to complete with roles in the private sector which are much better paid.”

“Recruitment is getting easier, but retention remains a problem in the junior staff, burnout is common in this group”

“Difficulties recruiting support staff over the past 12 months, feedback suggests pay and conditions better in supermarkets.”

“The retention of support workers is really difficult due to pay”

The RCM has supported the introduction of new retirement flexibilities which contribute in part to the retention of midwives and MSWs. Experienced midwives and MSWs contribute greatly to the safe running of maternity services. Midwives aged 55+ make up a significant and growing section of the midwifery workforce, in 2015 14% of midwives in England were aged 55+, in 2024 this figure had increased to 16.5%. There is still work to be done in the implementation of retirement flexibilities with a lack of understanding from both members and employers of the changes, particularly around the number of hours that staff are able to work.

Affordability for all members should be a paramount objective of the pension scheme. The current percentage of staff opting out of the NHS Pension Scheme is 14%. The opt-out rate is highest (18%) for nursing and midwifery staff. There is also a large disparity of opt-out rates, between grades. The opt-out rate for a Band 1 employee (26%) is nearly four times greater than that for a Band 8D employee (6%). The RCM did not support changes to contribution tiers which saw the lower paid paying more. Contribution structures should aim to minimise the extent to which any NHS worker feels unable to join the Scheme due to the impact of contributions on their take-home pay. We support the introduction of well-designed pension flexibilities, which would enable lower paid members to gain or retain access to the Scheme at an affordable cost and we are raising these issues through the NHS Pension Scheme Advisory Board. We also have concerns about the equality impact of the changes to contribution tiers with a midwifery workforce that is more than 99% women, of whom a large proportion work part time. The equality impact of these changes must be properly assessed and monitored. Higher earners are more likely to be men who would benefit from the lower member contributions. There is already a gender pension gap of 63% in the NHS scheme. The RCM wants to see the formation of a gender pensions gap working group.

Conclusion and recommendations

In the last century, midwifery was an obvious and attractive career choice. In the 21st century, many employment options pay far higher salaries than midwifery. Nowadays, midwifery often lacks the work-life balance and flexibility that is highly valued by today's workers. Midwives have borne the brunt of years of pay stagnation and underinvestment in the NHS. There just aren't enough staff to provide maternity care to the safest and highest standard. Immediate and decisive action is needed to save the UK's maternity workforce.

RCM asks the pay review body to make a recommendation of:

- A real terms pay increase that starts to address the pay cuts our members have faced.
- A commitment to the real living wage
- A consolidated across the board pay increase

We also want to see:

- A credible plan to restore the pay lost by NHS staff
- A Government commitment to fund any recommendations that come out the of non-pay working groups
- The government to commit to working with unions to put equalities at the heart of the bargaining process
- Action on retention to: Ensure banding outcomes reflect job content
- Reward additional hours fairly
- Prevent burnout by limiting excess hours
- Support progression and career development

ⁱ <https://www.nhsemployers.org/articles/agenda-change-pay-deal-2023-latest-non-pay-commitments-update>