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Pay deal recognises the value of the NHS

Surely there can be no reader ignorant of the news that a pay deal for NHS staff was agreed, as the Royal College of Midwives (RCM) (2018) carefully phrased it, 'in principle' last month. Members of staff unions will still have to vote on whether they accept the deal, but with all but one union poised to recommend it, NHS employees on Agenda for Change contracts look set to receive an increase of 6.5–29% over the next 3 years (Campbell and Stewart, 2018).

This deal comes about after a 7-year freeze on wages and, if agreed, half of NHS staff will receive a 6.5% pay increase, while the other half will receive an increase of 9–29%—without having to sacrifice a day's holiday, as previously proposed (Triggle, 2018). The total cost of these increases is £4.2 billion, which, it has been assured, will not come from the NHS' already limited budget (although it is difficult to imagine where this money would have come from, had this been a requirement). Ministers in Scotland, Wales and Northern Ireland have also been urged to agree similar deals.

The range of this increase is broad, reflective of the many grades of pay in the NHS. Part of this agreement, however, will be that pay bands are streamlined, so that overlaps between grades are reduced, and it will be easier to move up the pay scale. As a result, Band 6 midwives (the majority of the workforce) could receive pay increases of 11–24% (RCM, 2018).

Band 1 will also be removed altogether by April 2021, increasing the minimum full-time salary in the NHS from £15 000 to £18 005 per year (Bodkin, 2018). It is understandable that the RCM (2018) did not mention this agreement in its press release, as it will not affect the majority of its members, but it is arguably one of the most significant parts of the deal. Without the porters who move people and equipment from A to B, the cleaners who keep hospitals free of infection, or the caterers who cheer up exhausted mothers with a simple cup of tea—and in the context of staff shortages (RCM, 2018)—there would be no effective maternity

service, and a victory for them is a victory for midwives. This also applies to maternity support workers, who may too be eligible for some of the greater increases in pay. With this new deal, the Government has finally agreed to not only pay these essential members of NHS staff more of what they deserve, but also to pay all staff a wage they can actually live on (Sedhu, 2018).

While a pay rise should increase morale after so many years of pay freezes, shrinking budgets and an exodus of staff, the buzz of a larger sum on a bank balance may soon fade. The bigger boost to morale (and to any later negotiations) should come not from the money, but from the Government's acknowledgement that the NHS is valuable, and its staff worth listening to. **BJM**

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