



Royal College  
of Midwives

## Royal College of Midwives NHS Pay Review Body Evidence 2020

### Introduction

The Royal College of Midwives (RCM) welcomes the opportunity to submit evidence to the NHS Pay Review Body (NHSPRB).

The 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.

Our evidence this year includes recommendations around the Agenda for Change pay agreement including, appraisal, access to training and potential equality risks. Scotland and Wales also have three year pay agreements, however in Northern Ireland the RCM and other health and social care trade unions have been unable to reach a similar agreement. The RCM will be balloting members in Northern Ireland for industrial action up to and including strike action in January 2020. Pay disparity with the rest of the UK in Northern Ireland can only exacerbate existing recruitment and retention issues. We remain committed to negotiating an acceptable agreement to put to members throughout this period and industrial action is always a last resort.

We also include data on the current state of recruitment, retention, morale and motivation in midwifery services with the results of our annual Heads of Midwifery (HOMs) survey. The survey included questions around midwifery continuity of care (MCOC), a key part of the Maternity Transformation Programme which will be covered under service transformation. The RCM conducted a Freedom of Information (FOI) request in 2019 asking NHS trusts and health boards across the UK to supply job descriptions and the accompanying job matching information for MSWs. This was to establish whether each job description has been through the job matching process and to examine the roles and responsibilities featured on MSW job descriptions. The results of this FOI are included within the workforce skill mix





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section of our evidence. The FOI was sent to 156 NHS trusts/health boards and the response rate was 88%. The 2019 HOMs survey was sent to HOMs in 156 trusts/health boards in England, Northern Ireland, Scotland and Wales, the response rate was 60%

Our evidence is divided into 5 sections:

- Monitoring and implementation of the Agenda for Change pay agreement
- Maternity Transformation
- Workforce skill mix
- The shortage of midwives, recruitment and retention
- Midwives and maternity support workers morale and motivation

### Key messages

- The Agenda for Change pay agreement is a good step in the right direction, it does not however make up for lost earnings over the period of pay restraint since 2010.
- Protected time, support and training for managers to carry out appraisals, access to mandatory training for all staff and equality risks around formal disciplinarys must be addressed to ensure the success of the new pay progression system.
- The RCM supports 'Better Births' the maternity transformation plan for England however successful implementation relies on adequate investment and safe staffing levels.
- NHS job evaluation must be carried out in partnership with trade unions to ensure the Agenda for Change pay structure is not undermined and to ensure equal pay for work of equal value.
- The RCM is calling for a thorough review of financial support for student midwives,





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and a commitment to ensuring student midwives are properly supported throughout their studies.

- The retention of experienced midwives through better policies to support health and wellbeing such as flexible working and 'retire and return' is crucial for maternity services.

### **Monitoring and implementation of Agenda for Change pay agreement**

#### **The impact of the pay agreement**

The NHS Staff Survey 2018 in England provides a snapshot of midwives satisfaction with their salary part way through the first year of the pay agreement. The 2018 survey results showed a 4.2 percentage point increase in the number of midwives satisfied with their salary with 28.9% stating they were satisfied, compared to 24.7% in 2017. These results suggest that the pay uplifts for Agenda for Change staff are a good step in the right direction, they do not however make up for lost earnings over the period of pay restraint since 2010 and it should be noted that satisfaction with salary is still lower than previous years.

#### **Pay progression**

On 1 April 2019 the new pay progression arrangements were published in the Agenda for Change handbook and apply to new and promoted staff from that date. Though the first 'pay step' meetings will not be until 2021 there are a number of areas of concern that NHS trusts should address to ensure pay progression is not unfairly withheld. The RCM asked HOMs how prepared they feel for the new arrangements, 40% stated that they do not feel prepared, the most common comments were that HOMs do not feel adequately informed. The NHS Staff Council have published guidance on the new arrangements, however employers locally must ensure managers are giving protected time and support to carry out the appraisal process. The results of the HOMs survey showed that only 44% were able to carry out appraisals with 'all my staff', almost one fifth (18% ) do not feel confident in the process. HOMs told us that the barriers were, time off for managers working clinically and lack of training.





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Given that the completion of mandatory training is one of the requirements for pay progression, results from the HOMs survey are worrying. In 2019 nearly one quarter (22%) of HOMs told us that only some mandatory training is provided during working hours, a significant increase on 2018 when just 4% said that not all mandatory training is provided during working hours. The number of midwives and MSWs having to pay for their own mandatory training has also increased in 2019, 7% of HOMs said that NHS trusts only pay for some mandatory training, this figure was 4% in 2018. It is unacceptable that any member of staff should have to pay for their own mandatory training. Access to continuing professional development (CPD) is even more of a challenge with 85% of HOMs telling us that only some CPD is provided during working hours and 10% of employers not paying for any CPD. 31% of HOMs have had to reduce training in the last twelve months.

There is a potential equality impact risk with the new pay progression arrangements. Having a formal live disciplinary action on record is one of the reasons that pay progression can be withheld. Data from the Workforce Race Equality Standard shows that despite some improvement BME staff are still more likely than white staff to enter the formal disciplinary process. NHS trusts should work in partnership with trade unions locally to ensure policies and procedures are fair, monitored, reviewed and equality impact assessed. Monitoring the equality impact of the new pay progression arrangements should be done by employers locally to ensure they meet the Public Sector Equality Duty, the NHS Staff Council will also monitor the changes.

### **Comments on training**

"Training is on a service need only"

"Funding has reduced considerably from HEE. Using charitable funds to fund a number of training opportunities"

"External funding is reduced, so access to outside courses is limited."

"Limits to number of Midwives that we can send on courses"





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“We have moved from three days to two days”

“The mandatory training has remained the same. The funding from HEE has been cut again and the budget is very small for the numbers of staff that want to undertake CPD.”

### Maternity transformation

Midwifery continuity of care (MCOC) is the cornerstone of ‘Better Births’ the maternity transformation plan for England. The RCM supports this model of maternity care however successful implementation relies on adequate investment and safe staffing levels (the shortage of midwives is covered later). In the 2019 HOMs survey we asked how difficult implementation has been. Almost three quarters (73%) stated it was difficult or very difficult. HOMs were asked the major difficulties they were facing, the top answer was ‘staffing levels do not meet workforce analysis requirements’ (56%), the second answer was ‘staff unwilling to work in continuity models’ (48%) and the third highest (37%) was ‘lack of project management resources’. Implementation of midwifery continuity of care requires different ways of working which inevitably creates anxiety for staff. Engaging midwives and MSWs early in the process of change through co-production of services and placing emphasis on flexible working, work life balance and health, safety and wellbeing is key

There has been an increase in the number of HOMs telling the RCM that they have had to reduce services, 17% answered yes to this question in 2019 compared with 7% in 2018. The three most reduced services reported by HOMs were the midwife-led unit, parent education and home birth service. Though the number of HOMs reporting having to close units for a temporary period fell to 27% in 2019 compared to 40% in 2018, the number of times staff regularly had to be redeployed has risen sharply. Almost three quarters (74%) reported having to redeploy staff at least once a week to cover essential services this is compared to 62% in 2018. Labour ward/delivery suite was the most common area staff were redeployed to from all areas. the most common area labour ward staff were redeployed to was the postnatal ward. One third of HOMs said the redeployment of on-call community staff





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to cover labour and delivery suite restricted the home birth service or other continuity services.

The RCM is also aware that in developing services that deliver continuity of carer an inclusive pay arrangement, also known as salary 'uplift' is being considered in some areas. Agenda for Change sets out the contractual basis for remunerating midwives and MSWs for unsocial hours working and overtime, as well as principles for agreeing on-call arrangements locally. It is possible within Agenda for Change to pay staff a salary uplift to cover unsocial hours and on-call payments but this must be agreed by local staff-sides and not under any circumstances to the detriment of staff. This approach is sometimes used as a way to support the development of more flexible working arrangements and reduce bureaucracy for individual staff and managers, it must not be used to undermine the existing nationally negotiated pay system however

### **Comments on continuity of carer**

"High importance placed on midwifery work/life balance, child care, set shifts and historic working patterns"

"Without any additional resource to backfill the midwives joining the CofC teams the release of staff has been the biggest challenge, not just for getting the CofC teams started but also the impact on the remaining clinical areas."

"I am hugely concerned at the destabilisation of maternity systems if trusts start paying different amounts to teams, staff will go where the money is and will become unhappy and demoralised if they are aware of by going to trust a you earn a significant amount of more money than in the employing trust"

"they will be paid AfC except for the on-call payments."

"There has been a lot of work undertaken to fulfil the COC aspiration from Better Births, although small distinct pilots have been successful, large scale change will mean midwives working in a different way or substantial investment which may be





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problematic. High risk groups have benefited from the pilot projects but low risk women felt their COC had diminished in some cases”

“Maternity transformation program is frustrating as there is not enough national steer or support to implement the elements”

In the other UK countries service transformation programmes are at different stages. In Northern Ireland the Strategy for Maternity Services was 2012 -2018, there is currently no new roadmap for further development of maternity services. The lack of a health minister, cohesive workforce planning and Agenda for Change pay agreement have also impacted on the ability of the maternity workforce in Northern Ireland to implement service transformation.

### **Workforce skill mix**

The RCM’s evidence in 2019 covered concerns that band 2 MSWs were undertaking as standard a range of delegated clinical duties which do not match a band 2 job profile. The Agenda for Change pay agreement closed band 1, meaning that band 2 MSWs are now employed at the lowest level in the NHS. Job evaluation underpins the entire Agenda for Change pay structure and ensures equal pay for work of equal value. Every job description that is created for Agenda for Change staff must go through a job matching process. This process should be done in partnership by a panel including employers and staff side representatives employed in the NHS trust/health board. The job matching process assigns a pay band to a job, the evidence that this exercise has taken place is the job matching analysis. Both the job description and job matching analysis document should be kept by NHS trusts/health boards as an audit trail, this evidence is crucial to demonstrate equal pay. The results of the FOI carried out by the RCM earlier in 2019 cements the concerns raised in last year’s evidence. The worst practice was at band 2, 57% of respondents (England) were not able to provide the accompanying job matching analysis. There was also a lack of dates on job descriptions, only 41% (England) were dated. We saw five job descriptions that were over ten years old. At band 3 48% (England) did not provide the accompanying job matching analysis.





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We reviewed a random sample of the band 2 job descriptions that had been submitted. Of the seventeen job descriptions, eight had provided the job matching analysis but fourteen included tasks which should not be undertaken by a band 2 MSW. These included feeding new-borns through their nose, known as nasogastric feeding, observations on women such as temperature, blood pressure and pulse and observations on new-born babies. MSWs also report being asked to insert intravenous lines and remove urinary catheters. These tasks require a level three or above qualification (or equivalent) in order to be carried out safely by MSWs but this is often not a requirement in the job descriptions or person specifications. This review has shown that even where job matching has taken place, the job evaluation process has not been properly carried out.

Despite the increasingly complex care required by women a third of areas do not employ a maternal mental health specialist midwife and a quarter have never employed one. 58% do not employ a smoking cessation midwife (44% have never employed) and 58% do not employ a substance misuse specialist midwife. Consultant midwives are key clinical leadership roles for experienced, senior midwives working in frontline care yet 60% of HOMs told us they do not currently employ a consultant midwife.

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The table above shows an increase in the proportion of band 5 midwives and reduction in bands 2 and 3 MSWs. The reason for these changes is not immediately







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clear and requires further investigation. Simply taking a snapshot of the maternity workforce by pay band does not give a full picture of the current or required skill mix in maternity services. This is particularly for the support worker workforce as described below. It also does not show specialist midwife roles which are key to providing expert advice to the wider team and to women and their families. BirthRate plus (BR+) is the midwifery workforce planning tool recommended by the RCM, it takes into account not just numbers but the needs of women, local geography and patterns of care. Over half (54%) of HOMs told us that their funded establishment does not match BR+ an increase on 2018 when the figure was 48%. Although HOMs told us that they are completing business cases to increase the number of staff, and that they have escalated the issue to senior management/the Board 10% said that the Board of their organisation had not reviewed maternity staffing for 3 years or more

### **Recruitment and retention**

The RCM's latest figures based on the most recent birth figures published by the Office for National Statistics (ONS) show that the national midwife shortage continues, the NHS in England is currently short of the equivalent of almost 2,500 full-time midwives. The complexity of care required by women is playing an increasingly important role in creating demand in maternity services. The average age of a woman giving birth last year, for example, was 30.6 years, the highest since records began. In March 2019 the Maternity Workforce Strategy, Transforming the Maternity Workforce, led by HEE, was published, it laid out the ambitions for expansion of the maternity workforce of 1,850 whole time equivalent midwives per year from 2019 onwards. To realise these ambitions the fall in applicants to midwifery courses and financial pressures on students must be addressed and experienced midwives retained. Despite training more than 2,000 midwives every year, the NHS midwifery workforce is at a virtual standstill, growing by just 33 in the last year. Almost one third (32%) of midwives are aged 50 or over, unless flexible working and 'retire and return' is encouraged to retain these valuable midwives the shortage of midwives can not hope to be closed.

### **Student midwives**





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Though the number of student midwives continues to increase, the number of applicants and the financial pressures on student midwives in England is immense. The recent commitment by the Conservative government to provide £5000 per year (and up to £8000 in some circumstances) to midwifery, nursing, and Allied Health Professional students is welcomed. However, £5000 is considerably less than the average maintenance loan taken by midwifery students (between £7500-12,000), which students tell us is not enough to cover their living costs. This means most students will still need to take out maintenance loans to make ends meet. In addition, tuition fees will remain in place, which will mean midwifery, nursing, and Allied Health Professional students will continue to be required to accumulate up to £27,000 in debt by the time they graduate.

A survey of over 1,000 RCM student members in May and June 2019 has found almost 80% of student midwives feel financially precarious; this rises to 85% of student midwives in their 40s. Only 6% of student midwives feel any confidence in their current financial situation. Over a third (34%) of student midwives rate their mental health as 'poor' or 'very poor'. In addition, potential students are seeing the pitfalls of starting midwifery study and staying away. Applicants to midwifery courses in England have fallen by 41% since 2013, the fall in the year after the bursary was taken away was 20% alone. Decreases have been especially marked in those in their 20s and 30s, who traditionally make up the bulk of student midwives, but even fewer 18 year olds are applying now than five years ago.

It is positive however that the number of HOMs telling us that if universities increased the number of student midwives they would be able to increase the number of student placements in their unit. Almost three quarters (73%) of HOMs responded positively to this question an increase on 2018. When asked what would make it possible to accommodate more students on placement the most popular answer was more than one intake/output of students each year (67%), reviewing how placement blocks are allocated and shortened/part time programmes to ensure placements are staggered also received 59% and 49% respectively telling us this would be useful.

### **Vacancy rates**





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80% of HOMs have vacancies in their unit, a slight increase on 2018 when 79% had vacancies. Like in previous years the highest number of vacancies is at band 6 where almost half (46%) of all vacancies come from, in 2018 49% of vacancies were at band 6. The proportionate reduction in the number of band 6 vacancies comes primarily from the increase in band 5 vacancies. In 2018 14% of vacancies were for band 5 midwives rising to 23% in 2019. The total number of vacancies has almost doubled from 611 whole time equivalent in 2018 to 1056 whole time equivalent in 2019.

### **Recruitment**

In 2019 HOMs reported difficulty in recruiting to band 5 newly qualified posts. 92% said it was easy or average to recruit to these roles with 8% stating that it was very difficult. In 2018 100% stated that it was either easy to recruit or there were enough good quality applications to create a shortlist to appoint. Recruitment to band 6 posts has also become more difficult with 45% of HOMs telling us that recruitment was difficult or very difficult in 2019 compared to 42% in 2018. Although there has been a slight improvement in how easy HOMs find recruitment to band 7 posts, recruitment to band 8 and management posts in general has become more difficult. In 2019 60% of HOMs said recruitment to management roles was difficult compared to 50% in 2018.

### **Comments on recruitment**

“we have not recruited to band 8 midwifery roles for some time and therefore can only report from the last occasion. Large recruitment events for student midwives due to qualify, do attract wide interest beyond our own region and have led to ease of filling all band 5 vacancies in the past. Suitable candidates for bands 6 and above are harder to find, with also a high level of interview cancellations and DNA on interview day. Some posts e.g. specialist roles or labour ward coordinators have taken multiple re-advertisement or post changes before achieving an appointable candidate.”

“recruitment process is slow.”





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“Recruitment is challenging throughout the year. Most successful time is around May due to high number of midwifery students qualifying in the summer. Challenges retaining midwives after successful completion of the preceptorship programme due to high cost of leaving and no 'waiting' available. Commenced international recruitment to India for Obstetric Nurses which has been relatively successful.”

“geographically challenged as on a peninsular but affected by lack of HCAS which is paid to nearest trust ten miles away”

“We attend all the trust recruitment fairs to attract staff. New HOM planning a different approach to recruitment and retention. We are a rural, remote area which requires innovative and creative approaches to recruitment”

“no as above it come be the quality of applicant from band 7 and above the we struggle with. We need to develop our own but the pool is getting smaller. Concerned about the number of new roles being developed draining the experienced clinical pool. ie Better Births Midwife, PEF, Fetal Monitoring Midwife etc”

“Time it takes to recruit and start - often 6 months”

“recruitment is a challenge however retention is a bigger issue”

“Poor level of applications for Consultant Midwife position in regards to relevant skills, knowledge and understanding of the role. This would also be a similar position for other Band 8 positions such as Head of Midwifery and Governance roles”

“Difficulty in recruiting midwives due to the close proximity to London and London High Cost area supplement being given by other employers. Some universities only have one intake a year so all students qualify at the same time leaving a gap or having to hold vacancies until the autumn every year.”

“Has become increasingly more challenging particularly in more remote areas of the region.”

### **Retention**





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The number one reason for leaving cited by HOMs was retirement (92%). Second was moving to another NHS trust/health board (59%) and third relocation (53%). Work-life balance was the most common 'other' reason cited. 86% of HOMs routinely carry out exit interviews.

When asked if an additional sum of money available for organisations to pay staff a 'recruitment and retention premia' would be helpful almost three quarters (73%) said this would be very helpful or helpful for some posts.

### **Comments on retention**

“High amount of midwives over 50. Supporting a lot of flexible working for midwives with young families.”

“We have always had a very static workforce, it appears that retirement and maternity leave (returning on reduced hours) are the reasons for the need to recruit additional hours”

“Retention rate generally reasonable but high number of newly qualified graduates makes workforce challenging to provide right support”

“The Trust has a retention framework which the Division of Women's and Children's services promotes and actively follows. As part of 2018 National staff survey we have actively listened to staff around retention concerns putting together an action plan to address key points, including promotion and review of flexible working options, job swap/transfer opportunity, career clinics. In addition the Division is implementing the Trust action plan around working for longer to support our aging workforce.”

“We have seen a slight increase in the number of staff leaving and believe this trend will continue due to the increasing number of staff approaching retirement age”





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“Plenty of support ( Clinical Skills Midwife), succession planning programme all in place but retention remains a problem. Staff want certain hours or found the job too stressful”

“we have a 12% turnover rate”

“The primary reason stated using the on-line facility identified Pay and cost of living as the primary reason for leaving. The face to face exit interviews stated that better support was needed ranging from induction, to team support, training and management support.”

“Newly qualified midwives are often unprepared for the reality of being a registrant.”

“Midwives want to move out of London for housing costs, or into inner London for a greater wage. Some back to EU for opportunities at home”

“Aging workforce mainly part time to accommodate retire and return”

“Head of midwifery and lead midwives provide on call to support midwifery staff. Skill mix is an issue as midwives retiring with 40 years experience are being replaced with newly qualified midwives. The extended role of the midwife has ensure midwives are autonomous practitioners without additional funding.”

### **Bank and agency staff**

The number of HOMs frequently having to call in bank or agency staff has also risen since 2018 with 73% doing so nearly every day or a few times a week. In 2018 this figure was 65%. The most common time when bank/agency staff had to be called in was Monday-Friday nights.

More HOMs also reported finding it difficult or very difficult to ensure staff take their breaks and leave on time compared to 2018, 52% in 2019 and 49% in 2018.

### **Comment son workload/missing breaks etc**





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“We are looking to address this concern by allocating break times when coming onto shifts and ensuring that staff are covered to enable them to take their breaks. Although staff do stay on shift to complete their care with a woman/family - we encourage staff to go on time.”

“Staff are constantly being relocated within the maternity units, missing breaks, working additional hours and not leaving on time.”

“the peaks and troughs of the services require flexibility from the team. We rely on the Labour ward coordinator and ward sisters to allocate breaks. we do ask all staff to record on the electronic roster when breaks are not taken or leaving work late”

“Increasing workload due to complex nature of women and babies.”

“More and more expected of staff resulting in ever competing demands.”

“Missed breaks and not being able to leave are consistent problems. This was also identified as Staffs primary concern on our SCORE survey”

Staff do long shifts with 1 hour break spread through the shift. (plus 2 x 15 minutes tea break) Staff always get they first break but rarely get the second break. Often they do not get their break at all at night.”

“we encourage all staff to take regular breaks and leave on time but at times of high acuity and capacity this may not happen”

“We are trying to change the culture within our unit of staff taking breaks - it had appeared to have become the accepted norm not to take them, however as a management team we are trying to ensure that the accepted norm is to take breaks.”

### **Midwives and maternity support workers morale and motivation**

#### **Morale and motivation**





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Morale has not improved since 2018 and in many areas is worse, almost three quarters (72%) of HOMs said morale was just ok or poor compared to half in 2018. More HOMs are also relying on goodwill from midwives to provide high quality, safe care with 86% relying on a significant or moderate level of goodwill compared to 74% in 2018. Midwives however continue to be motivated to provide great care and work together in a team. 100% of HOMs in 2019 agreed their team are motivated to provide high quality, safe care to women and 93% agreed midwives are motivated to work together as a successful team.

Although almost three quarters (74%) of HOMs felt midwives are committed to the success of the organisation, half weren't sure or felt midwives were not positive about organisational change.

HOMs themselves are also feeling less supported and under pressure compared with the previous year, although 77% agreed that maternity is a priority in their organisation this is a steep fall from the 87% that agreed with this statement in 2018. Fewer HOMs also felt they have support and are able to influence the board of their organisation in 2019 compared to 2018. In 2019 72% felt able to influence the board of their organisation and 76% felt supported. This is compared with 76% and 83% respectively in 2018. Over one third of HOMs (35%) do not feel they are able to meet all the conflicting demands on their time at work

### **Comments on morale and motivation**

“current leadership development initiatives underway to enable experienced band 6 and band 7 midwives to feel valued and enable them to lead their teams effectively and to address negative cultures. There is an organisational commitment to the RCM 'Caring for you' charter and an action plan in place.”

“Active caring for you campaign in the acute unit but difficult to replicate in the isolated community setting”

“There are concerns regarding the culture of the units. However a lot of work has been done to address. This is a continuing journey. The impact of staff shortages is a key factor to morale”







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“as a new HOM, I have been impressed by the high level of motivation from the staff in working together to ensure the women and their families are cared for. Like most organisations midwifery is a challenging profession and this causes some reduced levels of morale and motivation at times. Plans are in place to improve on the multi-professional culture which exists to ensure that all disciplines work efficiently and effectively together to increase high levels of morale and motivation”

“The team work effectively in the clinical areas. Where we have an area of concern we will engage the corporate team for support. We have a guardian service for staff to raise concerns. we have an effective wellbeing at work team. we have an active RCM branch”

“Staff are supportive of change and improvements within the maternity services but not Trust level depending on how it will impact on them as above. We are imbedding Human Factors to support cultural change and have worked the senior midwives to support the staff. The midwives however a very cautious about working in the new model and the impact that will have on work life balance”

“staff burnout evident”

“huge transformation for maternity services in a small DGH and without project management and HR support has caused a perfect storm of discontent”

“the C4U campaign and clinical supervision for midwives has been really beneficial to improving staff morale and motivation. there are workplace behaviour champions in place as part of the multi professional team and multi professional leadership days are held which are centred around values and behaviours of the organisation, human factors and team working”

“The midwives in my unit have undergone an intense period of change implementing digital maternity records and continuity of care. This has taken its toll and they are fatigued. My intention in the next year is to focus efforts in staff health and well being through implementing a coaching approach with the teams to empower teams to implement changes they feel required.”

