Maternity Workforce & Capacity Board Paper



Board paper overview

Complete the fields below and replace every example before Board circulation.

Open the completion guide

Paper details	Local information
Organisation	[Insert Trust/Organisation name]
Committee	Board / Quality Committee
Date	[Insert date]
Author	[Insert name/title]
Executive lead	Director of Midwifery or Chief Nurse

Key points summary

Key Area	Current Position	Board Assurance Message
Birthrate Plus® establishment	Funded establishment [is / is not] aligned to the Birthrate Plus® recommended establishment.	Provides baseline assurance where aligned; any variance should remain visible as a workforce risk.
Vacancy and workforce availability	Vacancy, sickness, uplift, bank usage and recruitment pipeline should be considered together.	Shows whether the funded establishment is translating into available staff in practice.
Real-time acuity	Acuity data show periods where staffing met demand and periods of negative acuity.	Demonstrates how establishment performs operationally against demand.
Escalation and mitigation	Safety is maintained through escalation, redeployment, senior support, bank staffing and operational actions.	Provides assurance of active risk management, while repeated reliance may indicate reduced resilience.
Overall assurance	Overall position: [Green / Amber / Red]	The Board is asked to note the position, recognise residual risk and support continued action to strengthen resilience.

The statements above are template prompts. They must reflect the local evidence and agreed assurance position.

1. Executive summary

Set out the current maternity workforce position, the material risks and the action required from the Board. Complete the six entries below from the evidence in this paper.

Establishment and staffing gap

[Recommended WTE; funded WTE; staff in post; variance and implications.]

Temporary staffing and finance

[Bank and agency use and spend; planned support or mitigation.]

Acuity and service resilience

[Acuity compliance; red flags; escalation and impact on care or staff.]

Workforce availability

[Vacancy, sickness and absence position; effect on available staffing.]

Recruitment and recovery

[Recruitment pipeline; retention actions; milestones and expected impact.]

Board assurance and action

[Overall RAG; residual risks; the specific decision or support sought.]

Decision requested

[State whether the Board is asked to note, approve, support or seek further assurance, and identify the action.]

2. Background and context

Safe maternity staffing requires both an evidence-based funded establishment and real-time oversight of staffing against clinical demand.

Local context

[Reporting period, scope, service configuration and relevant workforce assessment date.]

3. Workforce establishment position

MIS Year 8 requires organisations to evidence a systematic workforce assessment, normally within the last three years, and to demonstrate how this informs funded establishment, escalation and Board oversight.

3.1 Workforce summary

Example data • replace with the local Birthrate Plus® assessment and funded establishment.

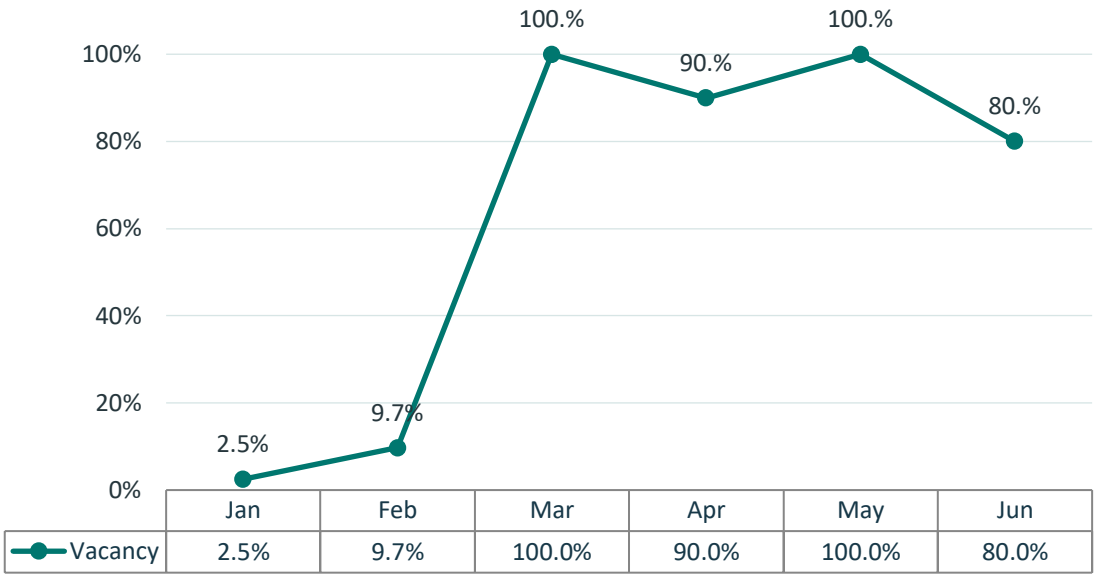
Area	Recommended WTE	Funded WTE
Delivery Suite	86.6	86.6
Wards	73.7	73.7
Community	66.4	66.4
Triage	10.4	10.4
Outpatients / Day Unit	30.2	30.2
TOTAL	**267.3**	**267.3**

Establishment assessment

[Explain whether the funded establishment is aligned with the recommendation and the effect of any variance.]

3.2 Vacancy position

To enter local data, right-click the graph and choose Edit Data. Replace the example values in the worksheet; the graph and its displayed table update together. Remove this sentence before submission



	Jan	Feb	Mar	Apr	May	Jun
Vacancy	2.5%	9.7%	100.0%	90.0%	100.0%	80.0%

Vacancy and roster impact

[Summarise the vacancy position, effect on roster fill, overtime or bank use, and any additional risk.]

Recruitment pipeline

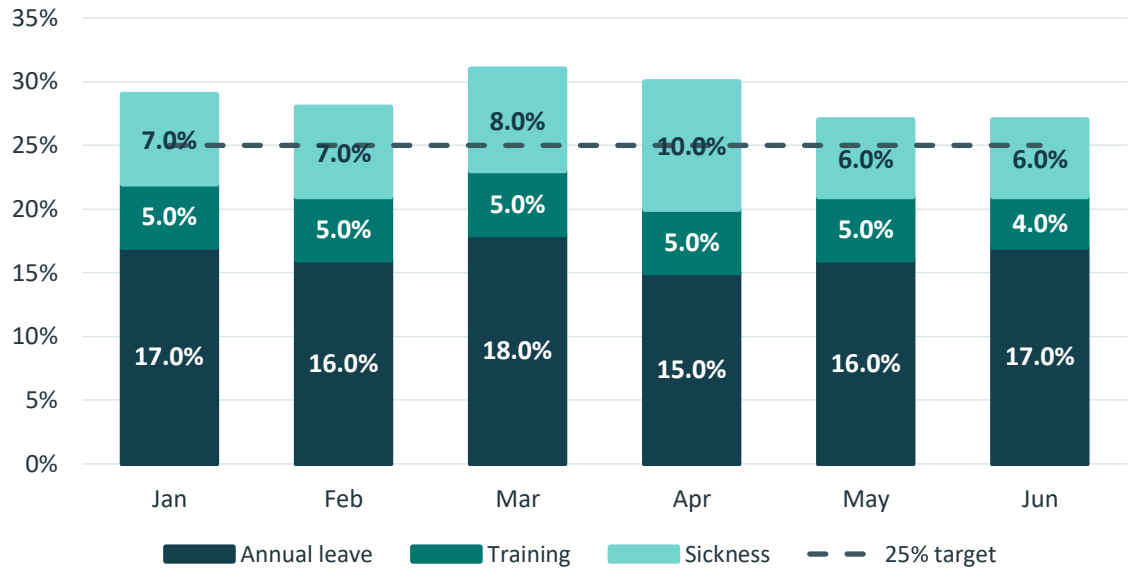
[Record expected starters, recruitment and retention actions, and the timescale for reducing the gap.]

3.3 Uplift

Uplift: Uplift is the planned allowance within the establishment for predictable absence such as annual leave, study leave and sickness.

To enter local data, right-click the graph and choose Edit Data. Replace the example values in the worksheet; the graph and its displayed table update together. Remove this sentence before submission.

Illustrative source values such as annual leave, training and sickness compared with a 25% target.



Uplift assessment

[Agreed uplift and whether actual absence is within it; explain any additional staffing pressure.]

3.4 Bank spend

[Insert local bank spend chart or table, reporting period and explanation of planned support or mitigation.]

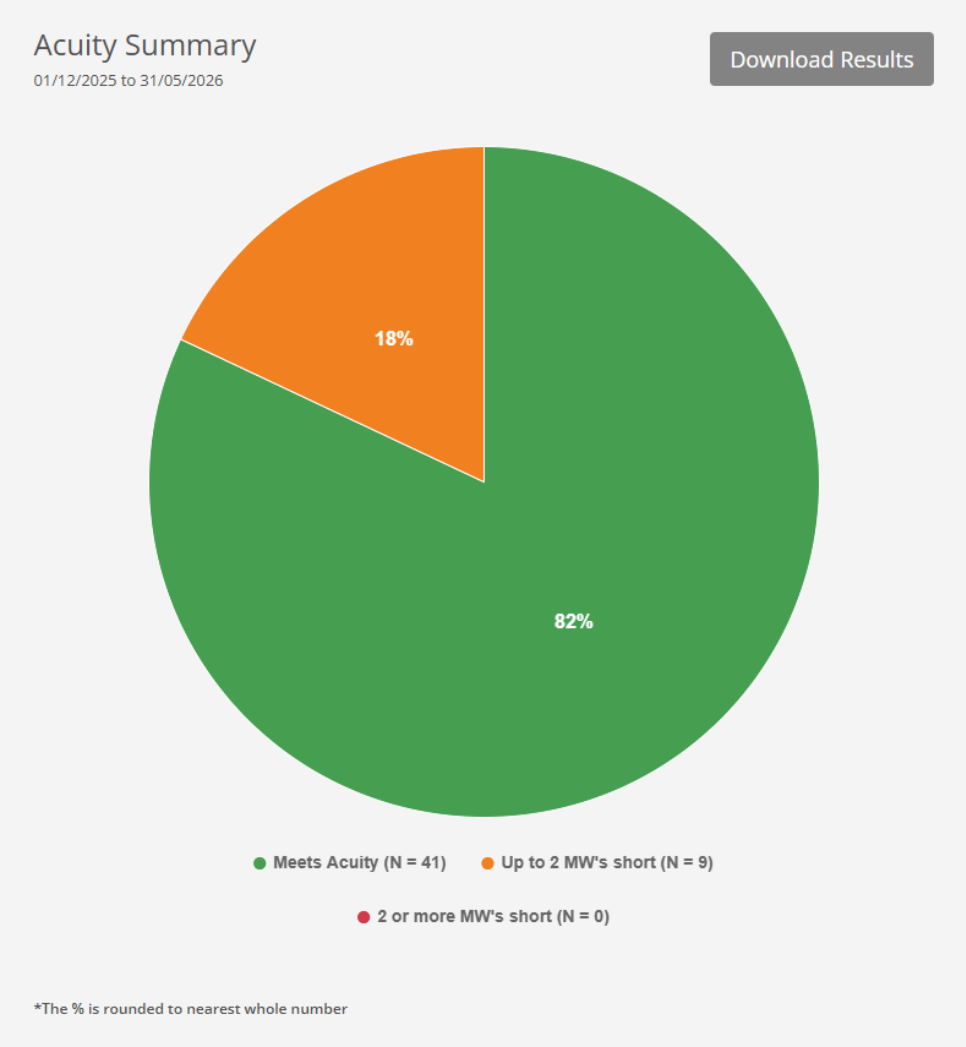
4. Real time staffing and acuity

The Birthrate Plus® Acuity App shows how staffing meets clinical demand in real time and supports timely escalation where pressure is identified.

4.1 Acuity dashboard

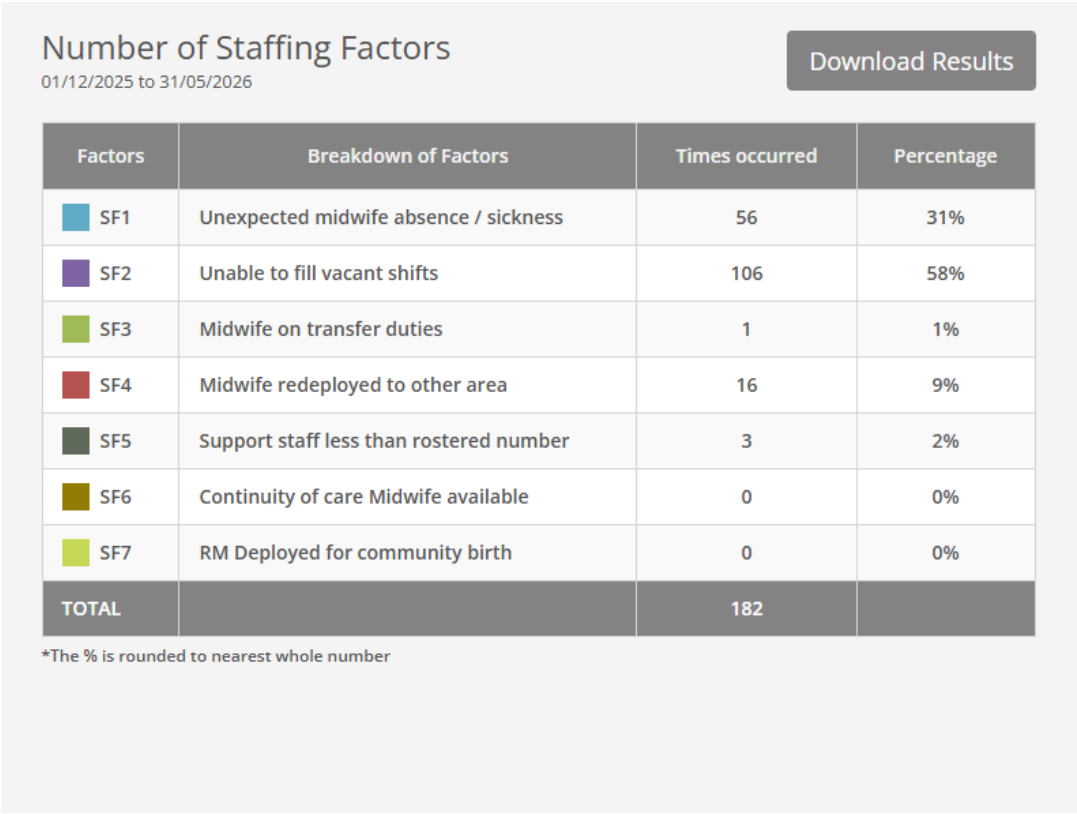
Insert your Trust's Acuity Status screenshot from the Acuity App (IP Summaries → Acuity Status). Select the example image and use Change Picture to replace it with your local screenshot; retain its proportions. (Delete this paragraph before submission to board)

Example data • 1 December 2025 to 31 May 2026.



4.2 Staffing factors

Insert your Trust's Staffing Factors screenshot from the Acuity App (IP Summaries → Staffing Factors). Select the example image and use Change Picture to replace it with your local screenshot; retain its proportions. (Delete this paragraph before submission to board)



Number of Staffing Factors

01/12/2025 to 31/05/2026

Download Results

Factors	Breakdown of Factors	Times occurred	Percentage
SF1	Unexpected midwife absence / sickness	56	31%
SF2	Unable to fill vacant shifts	106	58%
SF3	Midwife on transfer duties	1	1%
SF4	Midwife redeployed to other area	16	9%
SF5	Support staff less than rostered number	3	2%
SF6	Continuity of care Midwife available	0	0%
SF7	RM Deployed for community birth	0	0%
TOTAL		182	

*The % is rounded to nearest whole number

Counts and rounded percentages are retained from the source example; percentages may not total 100%.

[Explain the acuity shortfall and staffing factors, and triangulate with vacancy, absence and bank use.]

4.3 Clinical actions

Use this section to summarise the main clinical actions taken during periods of negative acuity and any impact on patient flow or timeliness of care.

Insert your Trust's Clinical Actions screenshot from the Acuity App (How to Guide → Factors and Actions). Select the example image and use Change Picture to replace it with your local screenshot; retain its proportions. (Delete this paragraph before submission to board)

Example data • 1 December 2025 to 31 May 2026.

Number of Clinical Actions

01/12/2025 to 31/05/2026

Download Results

Actions	Breakdown of Actions	Times occurred	Percentage
CA1	Decline in-utero transfer	2	0%
CA2	Delay in accepting transfers	7	1%
CA3	Delay in commencing IOL	31	5%
CA4	Delay/cancel planned procedures	17	3%
CA5	Delay in transfer of cases to theatre	22	4%
CA6	Delay EI LSCS	7	1%
CA7	Delay in transfer of women from ward for IOL i.e.- ARM/Synt	446	75%
CA8	Delay in continuing IOL	60	10%
TOTAL		592	

*The % is rounded to nearest whole number

Source percentages are rounded to the nearest whole number.

Interpretation and service impact

[Most frequent clinical actions, impact on patient flow and timeliness, and improvement or governance actions.]

4.4 Management actions

Summarise the management actions recorded during periods of pressure, including escalation, redeployment, senior support, bank staffing, service restrictions or diversion.

Insert your Trust's Management Actions screenshot from the Acuity App (How to Guide → Factors and Actions). Select the example image and use Change Picture to replace it with your local screenshot; retain its proportions. (Delete this paragraph before submission to board)

Example data • 1 December 2025 to 31 May 2026.

Number of Management Actions

01/12/2025 to 31/05/2026

Download Results

Actions	Breakdown of Actions	Times occurred	Percentage
MA1	Redeploy staff internally	328	40%
MA2	Redeploy staff from community	4	0%
MA3	Redeploy staff from training	14	2%
MA4	Staff unable to take allocated breaks	33	4%
MA5	Staff stayed beyond rostered hours	31	4%
MA6	Specialist MW working clinically	33	4%
MA7	Manager/Matron working clinically	38	5%
MA8	Staff sourced from bank/agency	13	2%
MA9	Utilise on-call MW	36	4%
MA10	Escalate to Manager on-call	74	9%
MA11	Birth Centre closed	65	8%
MA12	Case by case admission criteria	91	11%
MA13	Maternity Unit on Divert	50	6%
TOTAL		810	

*The % is rounded to nearest whole number

Source percentages are rounded to the nearest whole number.

Impact and follow up

[Explain the effect of management actions on staff wellbeing, access, choice, service resilience and other responsibilities.]

4.5 Maternity red flags

Maternity red flags: Red flags indicate potential staffing-related risk to safe care, such as delayed care, inability to provide one-to-one care in established labour, or loss of supernumerary co-ordinator status.

Insert your Trust's Red Flags screenshot from the Acuity App (How to Guide → Factors and Actions). Select the example image and use Change Picture to replace it with your local screenshot; retain its proportions. (Delete this paragraph before submission to board)

Example data • 1 December 2025 to 31 May 2026.

Number of Red Flags recorded

01/12/2025 to 31/05/2026

Download Results

Red Flags	Breakdown of Red Flags	Times occurred	Percentage
RF1	Delayed or cancelled time critical activity	10	11%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	1	1%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	1	1%
RF5	Delay between presentation and triage	0	0%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	50	53%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	1	1%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	3	3%
RF10	Coordinator not able to maintain supernumerary/supervisory status	1	1%
RF11	Unable to facilitate women's choice of birth place	28	29%
TOTAL		95	

*The % is rounded to nearest whole number

Source percentages are rounded to the nearest whole number.

[Triangulate red flags with incidents, outcomes, delays and escalation. State harm using local governance definitions.]

5. Key interpretation

[State whether the triangulated evidence indicates stable staffing, intermittent pressure or sustained operational risk; identify recurrent indicators.]

6. Escalation and response

6.1 Escalation dashboard

Example escalation scenarios • amend or replace with the organisation's reporting-period evidence.

Pressure Identified	Action Taken	Escalation Level	Outcome
Negative acuity identified, with staffing below required level and emerging delay within the induction of labour pathway.	Shift co-ordinator implemented internal redeployment, reviewed clinical priorities and escalated for additional senior support.	Shift co-ordinator to manager on call	Safety maintained through mitigation, but with delay to flow and reduced operational resilience.
Sustained staffing pressure requiring closure, diversion or case-by-case acceptance to maintain safe care.	Escalation policy activated, service restrictions implemented, and senior clinical oversight maintained until pressure reduced.	Manager on call to senior clinical leadership	Immediate safety preserved, with impact on women's access, choice and service experience during the escalation period.

6.2 Key narrative

[Explain how pressures are identified, escalated and reviewed, and the governance oversight of the response.]

7. Impact on quality and safety

[Summarise impact on timeliness, wellbeing, incidents, complaints, service restrictions and experience. Explain whether safety relied on active mitigation.]

8. Mitigation and limitations

8.1 Current mitigations

[Current recruitment, retention, sickness reduction, staffing support, escalation and service improvement actions.]

8.2 Limitations

[Remaining limitations, repeated reliance on mitigation, and further action needed to strengthen resilience.]

9. RAG rated Board assurance

Domain	Assessment	RAG	Commentary
Workforce Establishment	[Insert assessment of whether funded establishment is aligned to Birthrate Plus® recommended establishment.]	Select RAG	[Explain the assurance or risk arising from the establishment position.]
Real-time staffing	[Insert acuity compliance percentage and negative acuity position.]	Select RAG	[Explain what the acuity position indicates about operational resilience.]
Escalation processes	[Summarise whether escalation processes are embedded and timely.]	Select RAG	[Describe evidence of active risk recognition, mitigation and governance oversight.]
Overall Position	[Summarise overall assurance position.]	Select RAG	[State what the Board is asked to note, recognise or support.]

Select a RAG rating in each dropdown. Cell colours do not change automatically. Select the RAG cell, then Table Design → Shading and apply the matching colour below. Retain the written rating for accessibility.

Green	Amber	Red

Apply the organisation's agreed RAG definitions and review the rating alongside the written assessment.

10. Professional judgement statement

Following review of:

- Birthrate Plus® workforce assessment
- Acuity data and real-time staffing indicators
- Quality and safety metrics

The Director of Midwifery confirms that:

[Insert professional judgement statement from the Director of Midwifery or equivalent executive lead. This should confirm whether, based on triangulated Birthrate Plus® workforce assessment, Acuity App data, escalation activity and quality indicators, maternity staffing is sufficient to maintain safe care; whether any residual workforce risks remain; and what further actions or Board support are required.]

Supporting statement

Assurance should be based on triangulation of workforce, acuity, escalation and quality data. The statement should confirm whether staffing is sufficient, whether residual risks remain, and what action or Board support is required.

11. Recommendations and decisions required

- Note the funded workforce position and the extent to which staffing pressures require mitigation.
- Seek assurance on escalation, red flag monitoring, acuity oversight and governance arrangements.
- Support actions to improve workforce sustainability, staff wellbeing and service resilience.
- Confirm ongoing Board oversight of workforce, acuity, escalation, red flags and service impact.

Local Board decision

[Record the requested decision, the responsible lead and the timescale for action or further assurance.]

Completion guidance

For the author, remove this section before circulation. Keep the completed evidence, assessment, professional judgement and recommendations in the Board paper.

Complete the template in five steps

1 Complete the paper details

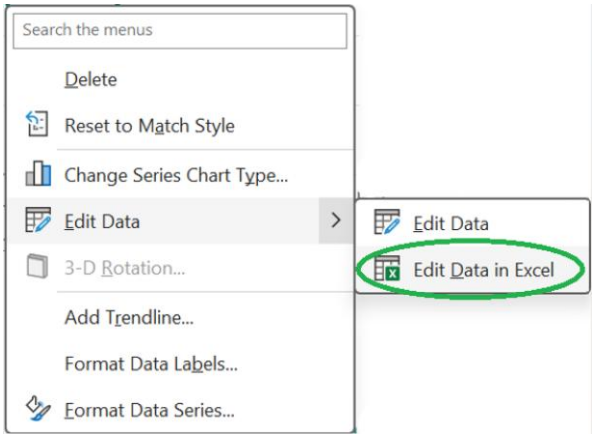
At the top of the first page, click the Trust logo box and choose your organisation's logo. Keep the full logo visible and retain its proportions.

Enter the organisation, committee, date, author and executive lead in the paper details table. Apply your organisation's usual Board-paper branding if required.

2 Add local evidence

For vacancy and uplift:

- Right-click the graph and choose Edit Data; enter local values in its embedded worksheet.



- The vacancy graph and displayed table update together; the uplift graph and percentage labels update together. For sections 4.1 – 4.5, replace each example with the relevant Acuity App screenshot for the reporting period.

3 Complete the narrative

Replace all bracketed prompts and summary fields with local assessment. Use the evidence to explain risk, mitigation and the decision requested.

4 Confirm assurance

Complete the RAG dropdowns, apply matching cell shading and obtain the professional judgement statement. Retain text ratings as well as colour.

5 Check before circulation

Delete unused examples and this guidance. Check totals, reporting dates, legibility and pagination, then save, close and reopen the DOCX in the intended Word environment.

Purpose and evidence

Purpose: Use this template to prepare a Board or committee paper on maternity workforce and capacity using Birthrate Plus® workforce assessment, Acuity App data and quality/safety indicators.

How to complete: Replace all input prompts with local information, insert local charts/tables where prompted, and delete examples that do not reflect the organisation's position.

Key evidence: Birthrate Plus® assessment, funded establishment, vacancy/sickness, uplift, bank use, Acuity App summaries, staffing factors/actions, red flags, incidents, complaints, service restrictions and staff wellbeing indicators.

Section guidance

Executive summary

This paper provides the Board with a clear assessment of whether the maternity workforce establishment is sufficient, available and resilient to meet current clinical demand. The executive summary should draw out the key information the Board needs to understand the workforce position, the level of risk, the mitigations in place and any decisions or support required.

The Board should be able to see, at a glance, the Birthrate Plus® recommended establishment compared with the current funded establishment and actual staff in post, including any variance in WTE and the implications for safe staffing, service resilience and financial controls.

The summary should also highlight the current drivers of workforce pressure, including vacancy levels, sickness absence, maternity leave, planned and unplanned absence, bank and agency reliance, bank spend, and whether these pressures are within the agreed uplift or creating additional operational risk.

The Board should be specifically sighted on:

Recommended establishment versus current position: Birthrate Plus® recommended WTE, funded establishment, actual staff in post and any WTE or percentage gap.

Workforce availability: current vacancies, sickness absence, maternity leave, turnover, retention risks and whether absence is within the agreed uplift.

Temporary staffing and financial impact: bank usage, bank spend, agency use where relevant, and whether temporary staffing is being used as planned support or as mitigation for establishment gaps.

Recruitment and recovery plan: planned recruitment, expected starters, newly qualified midwives, international recruitment, return to practice, retention actions and timescales for reducing vacancies.

Acuity and operational resilience: percentage of time staffing met acuity requirements, periods of negative acuity, red flags, escalation actions and any impact on patient flow, access, choice or staff wellbeing.

Board assurance and action required: overall RAG position, residual risks, mitigations in place and the specific support, approval or further assurance required from the Board.

This page should cover all key information that the Board needs to know, more detail is covered throughout the paper.

Workforce evidence

Use this section to summarise whether the Birthrate Plus® assessment demonstrates that the funded workforce [is / is not] aligned with the recommended establishment. [Insert local data from the workforce assessment spreadsheet.]

[Insert local vacancy chart or table showing midwifery vacancy percentage of WTE.]

Summarise the current vacancy position.

Describe the impact of vacancies on roster fill.

Include any use of overtime or bank staffing.

Summarise the midwifery recruitment pipeline, including student midwives, newly qualified midwives, international recruitment, return to practice or retention actions where relevant.

State whether the vacancy position is typical for this time of year or indicates additional risk.

[Insert local uplift chart or table.]

State the agreed uplift for [insert organisation], whether actual absence is within that allowance, and whether sickness, vacancy or training requirements create additional pressure

Use this section to explain whether bank usage is a planned staffing support or a mitigation for vacancies, sickness, uplift pressures or increased demand.

[Insert local bank spend chart or table.]

Acuity and actions

Section 4.1: replace the example image with the relevant local Acuity App screenshot from IP Summaries → Acuity Status.

Suggestions

Interpret the local Acuity App dashboard for the reporting period.

State the percentage of time staffing met acuity requirements.

State the percentage of negative acuity and the level of shortfall where relevant.

Explain what mitigations were taken.

Describe whether the data indicate stable staffing, intermittent pressure or sustained operational risk.

Section 4.2: replace the example image with the relevant local Acuity App screenshot from IP Summaries → Staffing Factors.

Guidance:

Summarise the main staffing factors

Triangulate with vacancy, sickness, uplift and bank usage

Section 4.3: replace the example image with the relevant local Acuity App screenshot from How to Guide → Factors and Actions.

Guidance:

Summarise the most frequently recorded clinical actions.

Explain what the actions indicate about patient flow, timeliness of care and service pressure.

Where a pathway is repeatedly affected, describe any improvement work or governance oversight in place.

Section 4.4: replace the example image with the relevant local Acuity App screenshot from How to Guide → Factors and Actions.

Guidance:

Summarise the management actions recorded during the reporting period, including escalation to manager on call, redeployment, missed breaks, staff working beyond rostered hours, use of specialist or senior staff clinically, service closures, diversion or case-by-case acceptance.

Explain the impact on staff wellbeing, women's access, choice and service resilience.

Describe any wider operational impact, for example where matrons regularly support the service clinically, other responsibilities may fall below required standards, such as appraisal rates or guideline review.

Section 4.5: replace the example image with the relevant local Acuity App screenshot from How to Guide → Factors and Actions.

Guidance:

Insert the number and type of maternity red flags recorded during the reporting period.

Triangulate red flags with incidents, complaints, outcomes, delays, staffing factors and escalation actions.

State whether any red flags were associated with no harm, minimal harm, moderate harm, severe harm or death, using the organisation's governance definitions.

Interpretation and Board assurance

Summarise whether the triangulated data indicate a stable staffing position, intermittent pressure, or sustained operational risk. Highlight any recurrent indicators such as negative acuity, red flags, delays, redeployment, missed breaks, loss of supernumerary co-ordinator status or service restrictions.

Use the escalation dashboard in section 6.1 to summarise pressures identified, actions taken, escalation level and outcome.

Summarise how pressures are identified, escalated and reviewed, including the role of the Acuity App, red flag monitoring, manager-on-call arrangements and governance oversight.

Summarise any impact of staffing pressure on timeliness, staff wellbeing, service restrictions, incidents, complaints, red flags or patient experience. State whether safety was maintained through routine staffing or through active mitigation.

List current mitigations, such as recruitment, retention, sickness reduction, bank staffing, redeployment, senior support, escalation processes, acuity monitoring and targeted service improvement.

Describe any limitations, including repeated reliance on escalation, redeployment, bank staffing, senior clinical support or service restrictions. Explain whether these indicate reduced resilience or the need for further action.

Use this section to set out the specific recommendations or decisions required from the Board or relevant committee. Recommendations should be tailored to the local assurance position and should clearly identify whether the Board is being asked to note, approve, support, seek further assurance or agree further action.