Workforce Business and Investment Case

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Midwifery Workforce Review

Assessment and Investment Proposal

Complete the Trust details and every input field. Replace all example findings, figures and reporting dates with local evidence before circulation.

To complete the template: click the logo box at the top of this page, enter the local details below and replace every example with your service's evidence.

Before Board circulation, delete these completion instructions and remove any unused examples.

Organisation:	**[Insert Trust/Health Board name]**
Executive lead:	**Director of Midwifery and/or Director of Nursing**
Author:	**Name / Role**
Date:	**Insert Date**
Purpose:	☐ For Approval ☐ For Discussion ☐ For Assurance

1. Headline Workforce Position

XXXX	XX%	XXXX	XXXX	XXXX
Annual Births: (↑/↓ vs last review)	**Casemix:** Increase in Categories IV-V (higher dependency)	**Birthrate Plus® recommended workforce:**	**Current funded Workforce:**	**Net variance:**

Key decision required:

> **Approval for investment in additional midwifery workforce aligned to Birthrate Plus® recommendations.**

2. Executive Summary (1–2-page max)

Overview

This paper presents the findings of a Birthrate Plus® workforce assessment which has been completed for maternity services at **[Trust/Health Board Name]**, benchmarking current staffing aligned to national policy and standards for safe, sustainable workforce planning.

Key Findings (example)	Key Drivers / What Has Changed Since Last Review (example)
• Annual births: **XXXX** (↑/↓ vs last review) • Casemix: **XX**% increase in Categories IV-V (higher dependency) • Birthrate Plus® recommended workforce: **XXXX** WTE • Current funded workforce: **XXXX** WTE • Total deficit: **XXXX** WTE • Clinical deficit: **XXXX** WTE • Specialist/management deficit: **XXXX** WTE	• Births ↑/↓ • Increased acuity (**XX**% rise in Categories IV–V) • Increased complexity (maternal comorbidities, safeguarding, neonatal dependency) • Service model changes (triage, clinics, Maternal Medicine Centre, community care model)

Impact / Risks of Current Position (example)

- Inability to consistently deliver 1:1 intrapartum care
- Increased escalation, delays in triage, induction of labour and flow challenges
- Increased risk to maternal and neonatal outcomes
- Workforce welfare and burnout, retention challenges
- Higher reliance on professional judgement and short-term mitigation
- Regulatory risk (country specific regulation)

Recommendation

Board approval is sought to invest in XXXX WTE additional workforce to ensure safe, sustainable maternity services.

3. Strategic Context

Alignment with National Guidance (example)

- Country specific (below are examples from both England and UK wide)
- MIS Year 8 safety standards
- NQB Safer Staffing
- Birthrate Plus® as the nationally endorsed methodology for midwifery workforce planning
- Royal College of Midwives (RCM)
- Royal College of Obstetricians and Gynaecologists (RCOG)

Trust Strategic Alignment (example)

- Patient Safety Strategy
- Quality Improvement Priorities
- Workforce & Retention Strategy

4. Activity and Demand Analysis *(example)*

Key Activity Changes

- Births: **XXXX** (↓ from **XXXX**)
- Increased complexity despite reduced volume
- Higher intervention rates (induction, operative deliveries)
- Rising safeguarding workload

Acuity Shift

- **XX**% increase in Categories IV–V
- Maternal co-morbidities (diabetes, BMI, mental health)
- Increased dependency in postnatal care (maternal and neonatal)

4. Activity and demand analysis continued

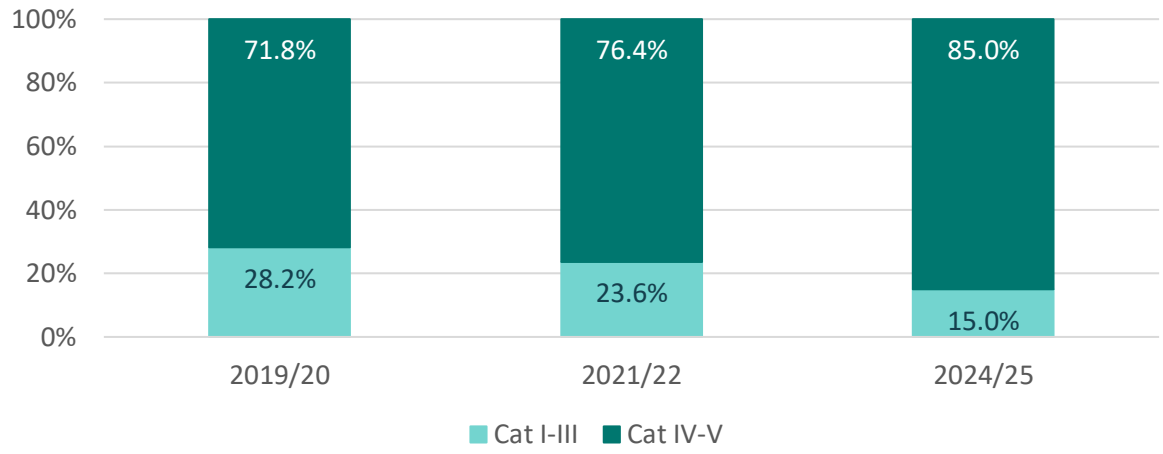
Visual Overview of Casemix Shift

To edit the casemix chart: right-click the chart, choose Edit Data and replace the reporting periods and values in the worksheet. Close the worksheet and check the chart.

To use a local image instead: delete the example chart, place the cursor in that position and choose Insert → Pictures. Keep the image in line with text and retain its proportions.

[Insert casemix chart here]

Example casemix chart from the source template. Right-click the chart and select Edit Data to replace the periods and both category series. Retain or remove the example only after checking it against local evidence.



Service Pressures (example)

- Maternal Medicine Centre designation
- Increase in:
  - Antenatal admissions
- Postnatal complexity (extra care babies +**XXX**)
- Outpatient activity
- Community imports/exports

5. Workforce Findings *(example)*

Birthrate Plus® Requirement vs Current

Workforce	Required WTE	Current WTE	Gap
Clinical	**XXXX**	**XXXX**	**- XXXX**
Specialist & Management	**XXXX**	**XXXX**	**- XXXX**
Total	**XXXX**	**XXXX**	**- XXXX**

Workforce Model (example)

Current skill mix: **XX**% Registered / **XX**% MSW

- Increasing demand may require skill mix review

Workforce Distribution (example areas/ change as required)

- Delivery Suite: **XXXX** WTE
- Postnatal wards: **XXXX** WTE
- Community: **XXXX** WTE
- Outpatients & Day Unit: **XXXX** WTE

6. Quality and Safety Impact *(example)*

Current Risks

- Reduced compliance with 1:1 care in labour
- Delays in triage and assessment
- Increased clinical incidents linked to workload
- Reduced capacity for:
  - Safeguarding
  - Bereavement care
  - Infant feeding support
- Staff burnout and retention challenges

Regulatory Risk (example)

- Use country specific regulation (CQC and MIS scheme for England for example)
- MBRRACE recommendations

Professional Judgement Statement

> The Director of Midwifery, Chief Nurse and Medical Director confirm (or do not confirm) that current midwifery staffing is safe, effective and sustainable. (delete as appropriate ie safe but not sustainable)

7. Current Mitigation *(example)*

Actions Currently in Place

- Recruitment pipeline
- Roster optimisation
- Enhanced supervision
- Skill mix adjustment

Temporary Mitigation

- Escalation staffing
- Redeployment where possible
- Prioritisation of clinical activity

Limitations

Mitigations are time-limited and cannot replace establishment-level solutions.

Governance

- Oversight via maternity governance process
- Regular review of Midwifery NICE guidance red flags
- Escalation to Board as required

8. Financial Impact *(example)*

Illustrative source costs only. Replace these examples with current local costs agreed with Finance, including the reporting year and the basis of calculation.

Investment Required

Total WTE requested: **XXXX**

Indicative cost (example – adjust locally):

- Band 5–7 midwives: £45–60k per WTE
- Estimated total investment: £1.8m – £2.3m annually

Cost of Not Investing

- Litigation risk (maternity claims are highest NHS cost area)
- Agency spend escalation
- Recruitment/retention costs
- Maternity incentive scheme financial penalties (England only)

9. Options Appraisal

Option	Description	Risk	Recommendation
Option 1	Do nothing	High safety & regulatory risk	Not recommended
Option 2	Partial investment	Moderate risk remains	Limited benefit
Option 3	Full Birthrate Plus® alignment	Safe, sustainable service	Recommended

10. Implementation Plan *(example)*

Phased Recruitment

Phase 1	Phase 2	Phase 3
Recruit **XX** WTE (bands 5 and 6)	Recruit **XX** WTE (bands 5 to 7 and specialist roles)	Recruit **XX** WTE (bands 5–7)

Timeline (example)

0–6 months: Phase 1	6–12 months: Phase 2	12+ months: Phase 3

11. Benefits Realisation *(example)*

Expected Outcomes

- Improved safety outcomes
- Compliance with national standards
- Reduced incidents and harm
- Improved staff wellbeing and retention
- Better patient experience

12. Risks & Mitigation *(example)*

Risk	Mitigation
Recruitment challenges	International recruitment, retention initiatives
Financial constraints	Phased approach
Change resistance	Staff engagement & communication

13. Recommendation

The Board is asked to:

- Note the current workforce position and direction of travel
- Approve investment in midwifery workforce aligned with Birthrate Plus® recommendations
- Support prioritisation and phasing within the Trust/Health Board workforce plan
- Endorse ongoing monitoring via Maternity Governance

14. Appendices (optional examples for board pack)

- Birthrate Plus® methodology summary
- Detailed workforce tables
- Casemix data
- Benchmarking vs peer Trusts