

Strategic Perinatal Workforce Plan 2025 - 2028

Annual Report: Year 1, 2025 - 26

GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

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Foreword

As Year 1 of the **Strategic Perinatal Workforce Plan 2025 - 2028** concludes, this Annual Report reflects on progress in strengthening the workforce supporting perinatal services across Wales. These services provide care for women, birthing people, babies and families throughout the maternity and neonatal pathway, including neonatal outreach, and depend on a skilled, sustainable and compassionate multi-professional workforce.

This year has focused on building strong foundations: improving workforce intelligence and planning, supporting recruitment and retention, and strengthening education and development. Progress reflects the commitment of colleagues across NHS Wales, higher education and professional bodies, alongside the insight of service users and stakeholders. We thank everyone involved and look ahead to Year 2 with a continued focus on safe, high-quality and equitable perinatal care for the people of Wales.





Sam Donohue
Executive Director of Nursing,
Health Professions and Quality

Health Education & Improvement Wales (HEIW)

Introduction

The Strategic Perinatal Workforce Plan 2025 - 2028 sets out a shared approach to developing a sustainable, skilled and compassionate workforce across maternity and neonatal services in Wales. This report provides assurance on Year 1 delivery, highlighting key achievements, early outcomes and the foundations established for longer-term workforce transformation.



Governance and Accountability

Delivery of the Plan is overseen through national governance arrangements, including a dedicated steering group comprising representatives from NHS Wales, Welsh Government and key partner organisations. Progress is monitored through regular reporting and supported by evolving workforce intelligence, with risks and issues escalated through established HEIW governance routes. This report provides formal assurance on Year 1 delivery and supports transparency and accountability to the HEIW Board, stakeholders and the public.

Measuring Impact

Measuring the impact of workforce development interventions across a complex health and care system is challenging. Workforce, service and outcomes for women, babies and families are influenced by multiple interacting factors, meaning it is rarely possible to demonstrate a direct cause-and-effect relationship between a single intervention and an observed outcome. This report therefore focuses on evidencing the contribution of the **Strategic Perinatal Workforce Plan** to system-wide improvement.

The Plan is underpinned by an evidence-informed approach, with interventions selected and developed on the basis of available evidence, best practice and professional consensus. A logic model and contribution-based approach have been used to assess how these interventions are expected to contribute to intended outcomes, recognising that direct attribution is rarely possible in complex systems.

Year 1 reporting focuses primarily on reach, implementation and early outcomes, including uptake of education programmes, adoption of national frameworks, engagement with learning resources and improvements in workforce intelligence. Over the lifetime of the Plan, these indicators will be complemented by broader workforce, service and quality measures to strengthen understanding of the Plan's contribution to workforce sustainability, workforce experience and perinatal care outcomes across Wales.

Progress Against Strategic Themes

Year 1 has moved the **Strategic Perinatal Workforce Plan** from publication into implementation. While many actions lay the foundations for longer-term workforce transformation and service improvement, early progress is evident through strengthened workforce intelligence, increased national consistency in education and competency assurance, improved access to supervision and development resources, and expanded opportunities to develop leadership and improvement capability across Wales.

Progress is presented according to the maturity of the available evidence. **Early impact** identifies evidence of initial change; **reach and early impact** reports participation, usage and emerging benefits; **anticipated impact** describes benefits expected from activity that has not yet been fully implemented; and **contribution to longer-term outcomes** identifies foundational work expected to support future workforce, service and care outcomes.

1. Growing the Multi-professional Workforce

In line with the Strategic Plan's priority to stabilise and retain the existing workforce while strengthening future supply, Year 1 activity has focused on retention, workforce intelligence and pipeline understanding.

Key progress

Workforce stability and retention

- **Workforce stability indicators improved during Year 1,** alongside national retention initiatives and targeted perinatal workforce activity.

  Early impact: Overall NHS Wales staff turnover reduced from 8.1% to 7.5% between April and November 2025, while voluntary resignations reduced from 4.1% to 3.8%. Within midwifery, 12-month rolling turnover reduced from 7.0% in 2023 to 5.4% in 2024 and 3.8% in 2025. Although these wider workforce trends cannot be attributed solely to the Plan, they indicate improving workforce stability during a period in which national retention initiatives and targeted perinatal workforce activity were being delivered. See appendix one for additional workforce data.

Workforce intelligence and planning

- **Strengthened workforce intelligence** across Obstetrics and Gynaecology, Paediatrics and Anaesthetics through the development of a Certificate of Completion of Training (CCT) Dashboard, improving visibility of recruitment, retention and training outputs.

  Contribution to longer-term outcomes: The dashboard strengthens the evidence base for workforce planning by improving understanding of workforce supply pipelines and informing future consultant workforce requirements.

- **Completion of an options appraisal** to support the development of a more consistent and evidence-informed approach to acuity measurement and workforce planning across Wales.

Contribution to longer-term outcomes: This work provides a foundation for implementing a consistent, evidence-informed approach to measuring acuity and dependency across Wales. As maternity and neonatal care become increasingly complex, standardised measurement will strengthen workforce intelligence and benchmarking, support more accurate assessment of workforce demand, and enable planning and investment decisions to be more closely aligned with the needs of women, babies and families.

- **Developed a perinatal dashboard,** strengthening visibility of workforce supply and data gaps across maternity, neonatal, obstetric anaesthetic and wider multi-professional services.

  Contribution to longer-term outcomes: Improved visibility of workforce supply and data gaps will support more proactive workforce planning, risk identification and investment decisions, while providing a stronger evidence base to inform commissioning across Wales.

Key enabling achievements

- **Completed midwifery supply modelling** in preparation for the demand data overlay to support data-informed workforce commissioning.

  Contribution to longer-term outcomes: The modelling provides a critical building block for future workforce planning and commissioning activity, improving understanding of current and projected workforce supply and supporting the development of more sustainable workforce solutions.

Year 1 has strengthened the intelligence, retention focus and planning infrastructure needed to support a more sustainable workforce, targeted investment and data-informed decision-making in future years.

2. Education and Training

Key progress

National multi-professional learning resources

- **Developed a national Motivational Interviewing e-learning resource on Y Tŷ Dysgu** to support person-centred care and behaviour-change conversations.

  Reach and early impact: The resource has been viewed more than 11,000 times, demonstrating significant reach and widening access to consistent national learning on person-centred communication and behaviour change. Motivational Interviewing is supported by evidence of positive effects across a range of health-related behaviours, including treatment adherence and readiness to change (Bischof et al., 2021). Engagement with the resource therefore provides a foundation for strengthening workforce capability in evidence-informed behaviour-change conversations.

- **Developed a single national Perinatal Learning Hub aligned with the Perinatal Core Competency Framework.**

  Early impact: The Hub provides a single national point of access to complementary perinatal learning and supporting resources, helping to improve consistency and equity of access across Wales.

  Further information: Perinatal Hub – HEIW Y Tŷ Dysgu Portal

Standards and competency frameworks

National standards and competency frameworks developed during Year 1 provide a consistent basis for curriculum development, competency assessment, professional development and workforce planning. Clearly defined competencies set out the knowledge, skills and behaviours required for practice (Batt et al., 2020), although their contribution to consistency and workforce capability will need to be assessed as implementation progresses.

- **Published the All-Wales Qualified in Specialty (QiS) Educational Standards,** establishing, for the first time, a nationally consistent framework for specialist neonatal nursing education.

  Early impact: The standards are being implemented by health boards and higher education institutions, supporting greater consistency in programme delivery, competency development and assessment across Wales.

  Further information: All-Wales QiS Educational Standards

- **Developed the multi-professional Perinatal Core Competency Framework** for maternity and neonatal services.

  Anticipated impact: The framework establishes nationally agreed minimum standards and stretch targets. Its implementation will support greater consistency in education, competency development and assessment across Wales.

- **Developed and published the All-Wales Birmingham Symptom-Specific Obstetric Triage System (BSOTS) Competency Framework**, with implementation support provided to health boards through NHS Performance and Improvement.

  Anticipated impact: The BSOTS model has been introduced across Wales; however, access to standardised training and competency assessment has been variable. The Royal College of Obstetricians and Gynaecologists (2023) recommends that maternity triage is delivered by appropriately trained midwifery staff whose primary responsibility is the assessment of women and birthing people, both by telephone and in person. All health boards have indicated plans to implement the framework during 2026/27, including competency-based education and assessment for relevant staff. Year 1 activity has established the national framework and implementation support required to enable a more consistent approach to obstetric triage assessment and clinical decision-making across Wales. This will be further strengthened by the commissioned Remote Clinical Decision-Making module, due to launch in early 2027.

  Further information: All-Wales BSOTS Competency Framework

- **Developed the Perinatal Support Worker Competency Framework**

  Anticipated impact: For the first time, the framework will provide a nationally consistent approach to competency development and assessment for perinatal support workers across Wales. It will clarify role expectations and support safe, high-quality, evidence-based practice through standardised education and professional development.

Commissioned education and simulation

- **Piloting virtual headset simulation training for the Newborn and Infant Physical Examination Cymru (NIPEC)** in two health boards.

  Anticipated impact: The pilot will evaluate whether immersive simulation can strengthen confidence, competence and consistency in the delivery of NIPEC. It provides opportunities for repeated practice within realistic, standardised and psychologically safe scenarios, supporting examination skills, clinical decision-making and the recognition of normal and abnormal findings. The approach is informed by international evidence indicating that immersive technologies can support learner engagement, confidence, knowledge and skills development, although benefits vary by context and mode of implementation (Ryan et al., 2022; Sung et al., 2024; Fugate et al., 2025). The pilot will assess whether these benefits can be realised and applied effectively to NIPEC education.

  Further information: NIPEC – HEIW

- **Commissioned Level 7 Enhanced Maternity Care education** through a fully online programme to support the workforce to respond to increasing complexity within maternity services.

  Anticipated impact: The programme is expected to strengthen the knowledge, skills and clinical decision-making of the maternity workforce, including the timely recognition, escalation and management of maternal deterioration. This aligns with UK guidance emphasising the competencies required to recognise acute illness, initiate appropriate care and escalate promptly within multi-professional teams, supporting practitioners to respond safely and effectively to increasingly complex maternity care needs (Royal College of Anaesthetists et al., 2018).

  Further information: HCT402: Enhanced Maternity Care - School of Healthcare Sciences - Cardiff University

- **Developed an Agored Cymru-accredited Level 3 Diploma in Perinatal Support** for maternity support workers as part of the apprenticeship framework.

  Anticipated impact: Six of the seven health boards have nominated maternity support workers for the first cohort, demonstrating broad national engagement ahead of delivery. For the first time in Wales, the qualification will provide a nationally consistent and accredited approach to maternity support worker education, supporting greater clarity and consistency in role capability and practice.

Career development and workforce transformation

- **Developed the Nursing Career Framework.**

  Contribution to longer-term outcomes: The framework provides clear and consistent routes for career progression across clinical, leadership, education, research and digital domains. This provides a foundation for workforce development and succession planning across different levels of practice.

  Further information: Nursing Career Framework

- **Continued to support the Portfolio Pathway for the medical workforce.**

  Contribution to longer-term outcomes: The Portfolio Pathway enables eligible Specialty, Specialist and Associate Specialist doctors to demonstrate equivalence to the relevant specialist curriculum and apply for entry to the Specialist Register. Access to advice and professional support can help doctors navigate the pathway, enable recognition of existing capability, and contribute to career progression with the potential to contribute to workforce retention.

  Further information: Portfolio pathway



3. Leadership and Culture

Recognising the critical relationship between effective leadership, workforce wellbeing and the delivery of safe, high-quality care, Year 1 has focused on strengthening clinical supervision, compassionate leadership and multi-professional team development across perinatal services.

Clinical supervision and workforce support

- **Completed an All-Wales evaluation of the Clinical Supervision for Midwives model,** strengthening the evidence base for future guidance, governance, monitoring and long-term sustainability.

  Early impact: The evaluation confirmed the value of clinical supervision in supporting wellbeing, professional confidence alongside its potential contribution to retention. Its recommendations will inform action to improve consistency, access, governance and the future sustainability of the model across Wales.

  Further information: All-Wales evaluation of Clinical Supervision for Midwives

- **Secured funding for Clinical Supervisors for Midwives to undertake the Level 7 Professional Advocate module,** supporting the development of supervision capacity and capability.

  Reach and early impact: Six of the seven health boards took up the offer, demonstrating broad national engagement. This investment will increase the number of appropriately prepared supervisors and support the longer-term sustainability of clinical supervision for midwives across Wales. Clinical supervision is recognised as an important form of professional support, with evidence indicating potential benefits for reflective practice, professional confidence and workforce wellbeing, while also highlighting the need for consistent implementation and further evaluation (Gill-Meeley et al., 2025).

Compassionate and inclusive leadership

- **Expanded compassionate leadership development**, with more than 600 nursing and midwifery professionals completing train-the-trainer programmes.

  Reach and early impact: Participants have developed the capability to facilitate compassionate leadership learning locally, increasing delivery capacity across NHS Wales. Future evaluation will assess the reach of locally delivered learning and its contribution to leadership practice, staff experience and team culture.

- **Piloted a five-session multi-professional Perinatal Teamwork Intervention in collaboration with Professor Michael West**, focused on developing high-performing teams, strengthening multi-professional collaboration, and applying evidence-based teamworking principles within perinatal services. The initial evaluation utilised Kirkpatrick's evaluation framework, with a six-month follow-up using the Most Significant Change methodology to inform future development and delivery.

  Early impact: The pilot has established a strong foundation for strengthening multi-professional collaboration and fostering positive team cultures across perinatal services. Early evaluation findings indicate meaningful changes in leadership behaviours and team dynamics, with participants reporting increased confidence, improved collaboration and more effective ways of working across professional boundaries. Evidence suggests that structured teamworking interventions can strengthen communication, leadership, coordination and shared understanding, all of which are important characteristics of effective healthcare teams (Buljac-Samardzic, Doekhie and van Wijngaarden, 2020). Ongoing evaluation will assess the sustainability of reported changes, their practical application within workplace settings, and the intervention's contribution to workforce experience, team functioning and service improvement, informing decisions regarding future delivery and wider implementation.

Collaboration, practice development and improvement

- **Completed preparations to establish a national Practice Development Midwife Forum,** bringing together practice development leads from across Wales to support collaboration, shared learning and a coordinated approach to education, quality improvement and workforce development.

  Anticipated impact: Once established, the forum will strengthen professional networks and provide a national mechanism for sharing good practice, reducing duplication and improving alignment in education, practice development and improvement activity across health boards.

4. Workforce Transformation

Year 1 has focused on the key enablers of workforce transformation, recognising that sustainable change depends on high-quality workforce intelligence, digital capability, innovation, research capacity and coordinated national approaches to workforce development.

These national resources are available to the perinatal workforce as part of HEIW's wider workforce transformation infrastructure.

Key progress

- **Provided practical workforce tools and data resources,** including the Ward Managers' Toolkit, Retention Action Toolkit and supporting dashboard, to help local leaders identify workforce pressures, target retention activity and inform workforce planning decisions.

  Contribution to longer-term outcomes: The tools provide local leaders with practical resources to identify workforce pressures, target retention activity and inform workforce planning decisions. Early implementation has been supported through national perinatal and nursing webinars, which have demonstrated good engagement and positive user feedback. While these findings indicate early reach and perceived value, future evaluation will assess the extent to which the tools are adopted in practice and contribute to local workforce outcomes over time.

- **Published a perinatal multi-professional role glossary** to improve role clarity, support career development and inform local workforce planning.

  Contribution to longer-term outcomes: The glossary provides a shared understanding of roles across the perinatal workforce, supporting clearer career pathways, multi-professional working and more effective workforce planning across services.

- **Supported greater flexibility in resident doctor training** through less than full-time working, acceleration of training and recognition of previously acquired competencies.

  Contribution to longer-term outcomes: Greater flexibility in training pathways enables doctors to progress in ways that better reflect individual circumstances and service needs, providing a foundation for improved trainee experience, potentially contributing to retention and workforce supply.

- **Continued to support Welsh language capability across the workforce** through national learning resources, including Agor y Drws, and wider workforce development initiatives.

  Contribution to longer-term outcomes: These resources provide opportunities for the workforce to develop and apply Welsh language capability, contributing to more person-centred services and supporting the provision of care through the medium of Welsh.

Challenges and Learning

Perinatal workforce challenges remain complex and interconnected, shaped by increasing care complexity, evolving workforce expectations and misalignment between education output, employment opportunities and workforce demand. Many year 1 actions have focused on establishing the foundations for longer-term transformation and were not expected to produce measurable workforce or service outcomes within the first year. Sustained attention will be required in Years 2 and 3 to strengthen alignment between education, workforce planning and service need, support cross-boundary working, and enable consistent local implementation of national approaches.

Learning from Year 1 has reinforced the importance of:

- High-quality, consistent and timely workforce data
- Closer alignment between education pipelines, employment opportunities and workforce demand
- National coordination supported by clear local ownership and implementation
- Effective partnership working across organisational and professional boundaries
- Sustained investment in leadership, supervision, wellbeing and workforce development
- Proportionate evaluation of reach, implementation, early outcomes and contribution to longer-term change.



Looking Ahead: Priorities for Years 2 and 3

In Years 2 and 3, delivery will continue to focus on the actions set out within the Plan, strengthening workforce resilience, improving planning capability and supporting sustainable service improvement across perinatal care. Greater emphasis will be placed on aligning education pipelines, workforce demand and employment opportunities to ensure that workforce investment responds effectively to current and future service needs.

The publication of the **Amos Report (2026)** the **Ockenden Review (2026)** and **Wales's Path to Safer Beginnings Report (2026)** has reinforced the importance of workforce as a key enabler of safe, high-quality maternity and neonatal care. Collectively, these reviews highlight the need for sufficient workforce capacity and capability, strong leadership and culture, effective multidisciplinary teamworking, robust governance and learning systems, and improved use of workforce and service intelligence. These priorities closely align with the ambitions of the Strategic Perinatal Workforce Plan and provide a renewed impetus to strengthen workforce planning and evidence-informed decision-making across Wales.

The reports also reinforce the importance of measuring workforce capacity, capability and deployment in a more consistent manner to support service planning, quality improvement and patient safety.

HEIW has been allocated a specific action within the Path to Safer Beginnings Report to develop a workforce planning tool to support evidence-informed workforce decision-making. Scoping work is underway, with early benchmarking discussions having taken place across the UK and internationally to understand the tools, methodologies and approaches currently being used and their potential applicability within Wales. This work will inform recommendations for the next phase of development during 2026/27.

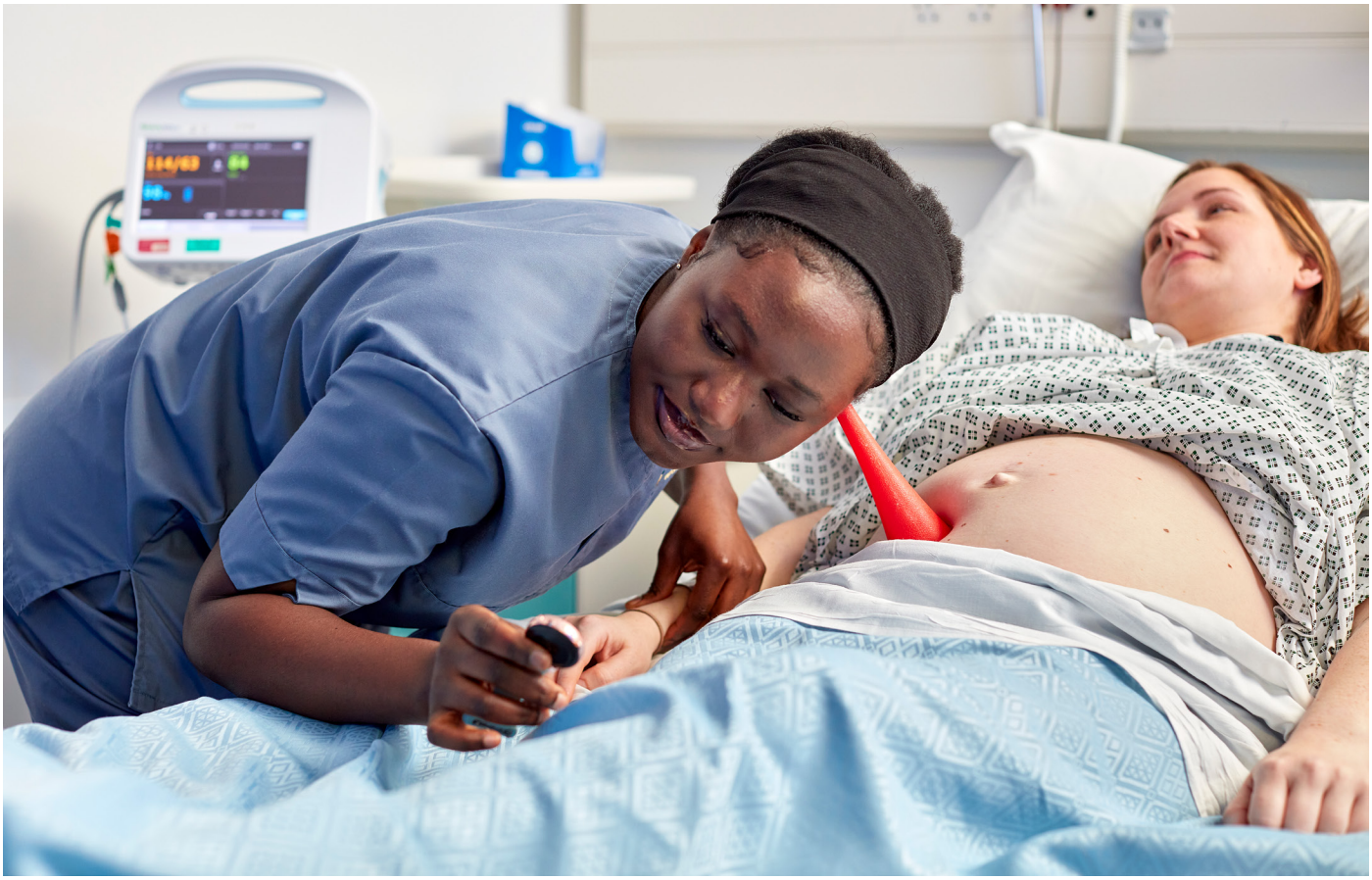
Progress and the developing evidence base will continue to be monitored through established programme governance, regular reporting and evolving workforce intelligence. Priorities will be to:

- Strengthen workforce planning and resilience through improved intelligence, modelling, data quality and a multi-professional approach to workforce planning
- Improve alignment between education commissioning, workforce demand, employment opportunities and future service requirements
- Advance national education and workforce development priorities, including career pathways, specialist education and multi-professional learning
- Embed compassionate and inclusive leadership and strengthen organisational culture, with a continued focus on equity, psychological safety and workforce wellbeing
- Build digital, research and improvement capability to support sustainable transformation across perinatal services.

Conclusion

Year 1 of the **Strategic Perinatal Workforce Plan** has established the governance, national standards, workforce intelligence and development infrastructure required to support the next phase of delivery. Early progress and foundational achievements are evident through strengthened workforce intelligence, increased consistency in education and competency development, expanded leadership and supervision support, and greater access to national learning resources.

In Years 2 and 3, the focus will increasingly shift from development to implementation, with closer alignment between education, employment and workforce requirements. Continued evaluation and workforce intelligence development will strengthen understanding of the Plan's contribution to workforce sustainability, workforce experience, service improvement and perinatal care outcomes across Wales.



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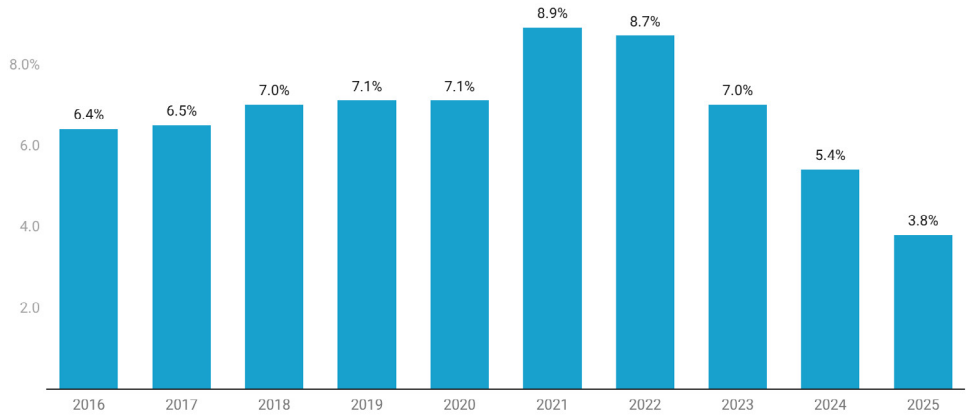
Appendix One – Workforce Data

Midwifery

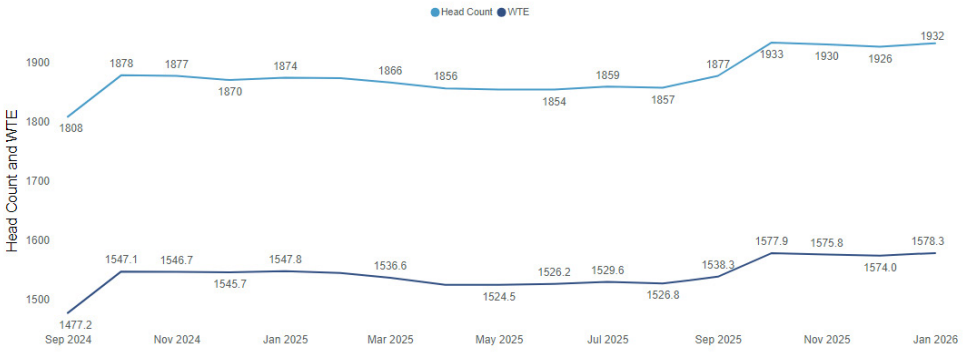
In January 2026, there were 1,932 registered midwives working within Welsh health boards (1,578.3 full time equivalent (FTE)), representing headcount growth of 6.9% over the last decade.

Midwife 12 month rolling turnover rates for October each year



Additionally, 12-month rolling data show a clear and sustained improvement in midwifery workforce stability over recent years. Following a gradual increase in turnover between 2016 and 2019, rates peaked during the COVID-19 period in 2021–22, reflecting well-recognised pressures on the workforce. Since 2023, however, turnover has fallen consistently year on year, reducing from 7.0% in 2023 to 5.4% in 2024 and reaching 3.8% in 2025. This represents the lowest level observed across the time series and is notably below pre-pandemic levels. The sustained downward trend suggests a genuine improvement in retention rather than short-term fluctuation and indicates increased workforce stability within midwifery services.

Headcount and total contracted WTE by month



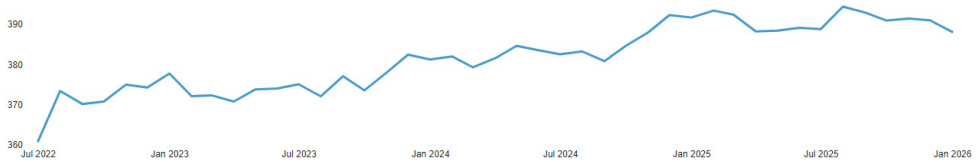
NHS Wales (2026) Perinatal Workforce – Power BI dashboard: HEIW Change over time, filter: Consultant Midwife/Registered Midwife. Internal dashboard. (Accessed: 1 October 2026).

Obstetrics and Gynaecology Medical staff

The number of FTE obstetrics and gynaecology medical staff has steadily grown since July 2022 – January 2026. Targeted engagement, including foundation doctor taster opportunities, has supported improved recruitment to Obstetrics and Gynaecology training in Wales, with current posts achieving a 100% fill rate.

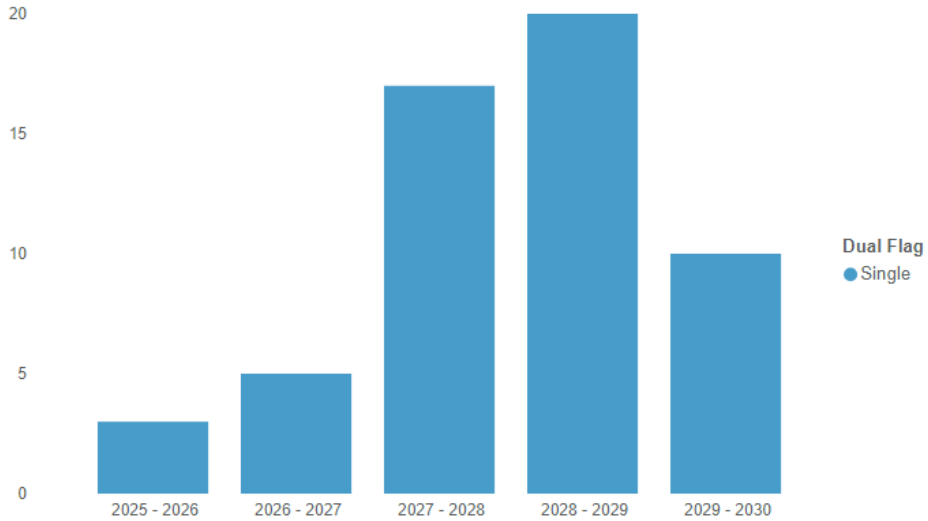
Improved recruitment into Obstetrics and Gynaecology training will continue to be monitored to understand whether this translates into sustained consultant workforce supply.

FTE from Jul to Jan 2026



NHS Wales (2026) ESR Workforce – Power BI dashboard: Filter: Medical/ Dental, Obstetrics and Gynaecology. Internal dashboard. (Accessed: 27 April 2026).

Pipeline chart showing resident CCT output by training year



Health Education and Improvement Wales (2026) CCT Trainees Dashboard (Power BI internal dashboard). Filter applied: Obstetrics and Gynaecology. (Accessed: 27 April 2026).

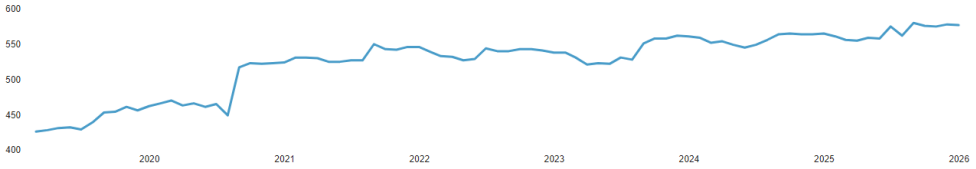
Paediatric Medical Workforce

There are challenges in obtaining data for neonatologists due to the training pathway with paediatrics. Therefore, as a proxy measure, the paediatric headcount and certificate of completion of training (CCT) data is shown.

Paediatrician staffing has increased from 580 (March 2019) to 726 (January 2026).

This proxy measure for neonatal medical workforce planning is useful; however, it highlights the need for more specific neonatal workforce data in future reporting.

Headcount from Mar 2019 to Jan 2026



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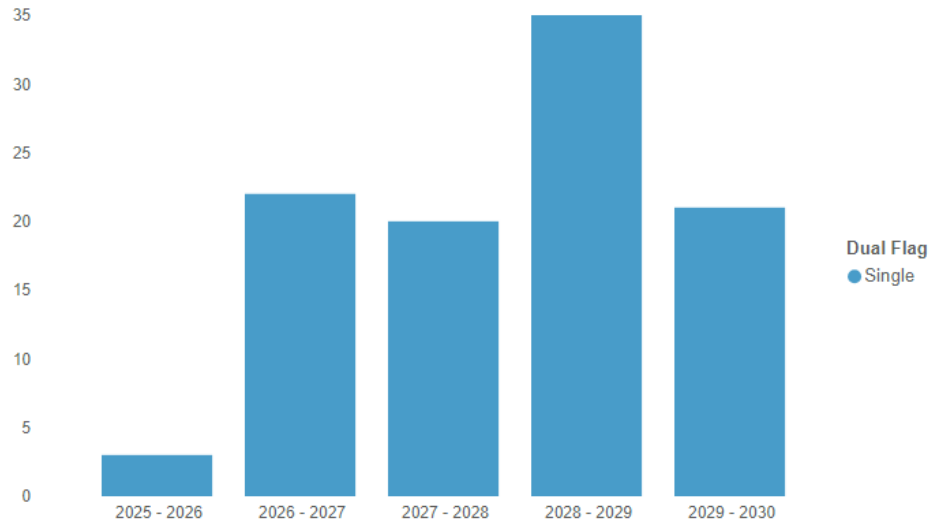


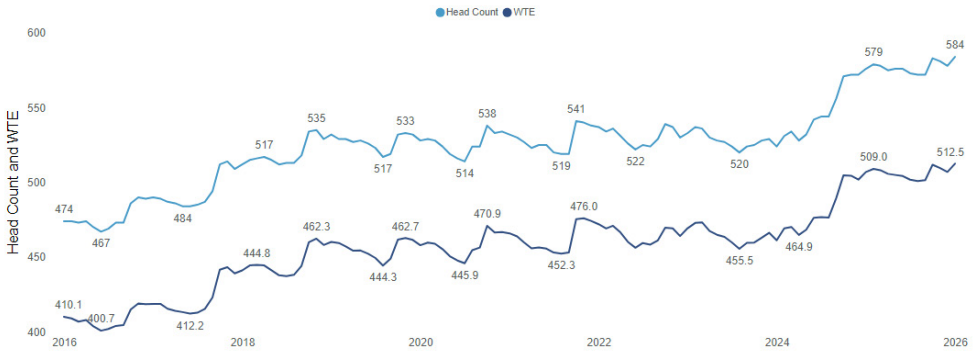
Health Education and Improvement Wales (2026) CCT Trainees Dashboard (Power BI internal dashboard). Filter applied: Paediatrics and Paediatric Surgery (Accessed: 27 April 2026).

Neonatal Nursing

In January 2026, there were 584 Neonatal Nurses working in NHS Wales (512.5 FTE). Over the last 10 years, the neonatal nursing workforce increased by 110 staff in headcount terms (+23.2%) and by 102.4 full-time equivalent posts (+24.9%), indicating substantial growth in workforce capacity.

This growth indicates increased neonatal nursing workforce capacity, but should be considered alongside acuity, cot capacity, service demand and Qualified in Specialty educational requirements.

Headcount and total contracted WTE by month



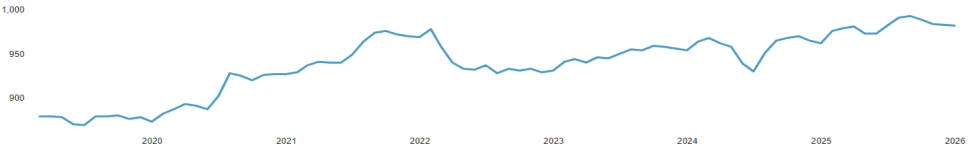
NHS Wales (2026) Perinatal Workforce – Power BI dashboard: HEIW Change over time, filter: Neonatal Nurses. Internal dashboard (Accessed: 1 October 2026).

Obstetric Anaesthesia

Due to challenges in obtaining obstetric anaesthetic staff data, anaesthetics workforce data is used as a proxy measure. In January 2026, there were 982 anaesthetists working within NHS Wales. The general anaesthetics data continues to demonstrate strong retention compared with the other specialties, with the 2024/25 cohort showing 91% retained in Welsh Health Boards.

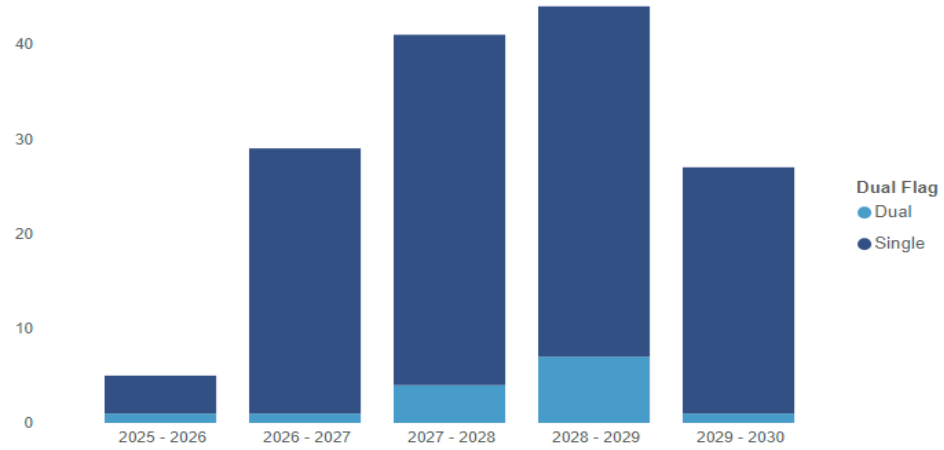
The retention position appears positive, but the use of broader anaesthetics data means further work is needed to strengthen obstetric anaesthesia-specific workforce intelligence.

Headcount from Mar 2019 to Jan 2026



NHS Wales (2026) ESR Workforce – Power BI dashboard: Filter: Medical/ Dental, Anaesthetics. Internal dashboard. (Accessed 27 April 2026).

Pipeline chart showing resident CCT output by training year



Health Education and Improvement Wales (2026) CCT Trainees Dashboard (Power BI internal dashboard). Filter applied: Anaesthetics. (Accessed: 27 April 2026).

Allied Health Professional and Health Care Science Professionals Retention

There are challenges in identifying Allied Health Professional and Healthcare Science staff working within perinatal services because many contribute to perinatal care as part of a wider role. However, as professional groups across NHS Wales the following turnover improvements were seen between April and November 2025:

- Allied Health Professionals: 6.5% to 6.1% (0.4pp; 6.2% decrease).
- Healthcare Science: 6.5% to 5.2% (1.3pp; 20% decrease).

These improvements are encouraging, but the lack of perinatal-specific data limits the ability to understand workforce pressures within maternity and neonatal pathways.

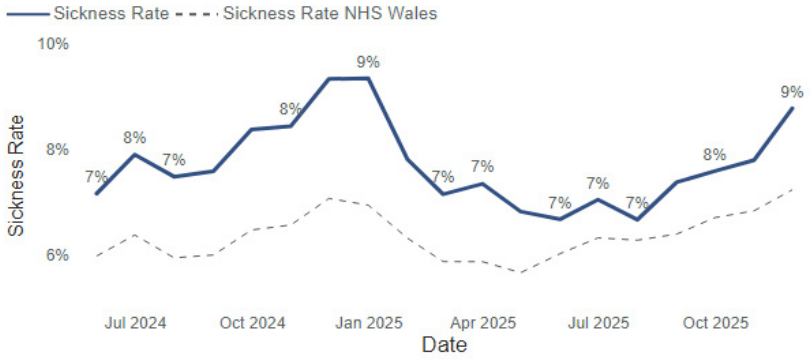
Sickness and Demographics for Midwifery, Neonatal Nursing and Support Workers

Due to the complexities in examining the information regarding sickness and demographics for the whole perinatal population, below is a snapshot of the robust data that we have for Midwives, Neonatal Nurses and Support Worker Staff.

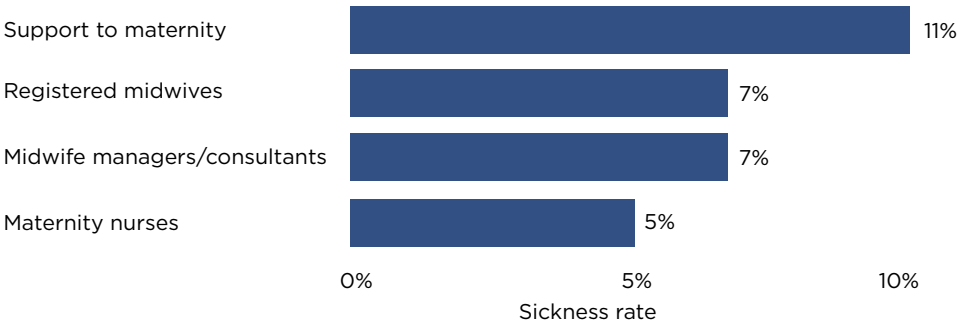
The sickness rate for midwives, neonatal nurses and support staff varies over time but remains consistently higher than the NHS Wales average, peaking at around 9% in early 2025 before dipping and then rising again towards the end of the period. Although there is some fluctuation month to month, the overall pattern suggests a sustained gap of around 1–2 percentage points above the national benchmark.

By staff group, sickness rates differ quite markedly, with Support to Maternity showing the highest level at 11%, noticeably above all other groups. Registered Midwives and Midwife Managers/Consultants are both at around 7%, while Maternity Nurses have the lowest rate at approximately 5%, indicating variation by role rather than a uniform trend.

Sickness rate over time



Sickness rate by staff group and band

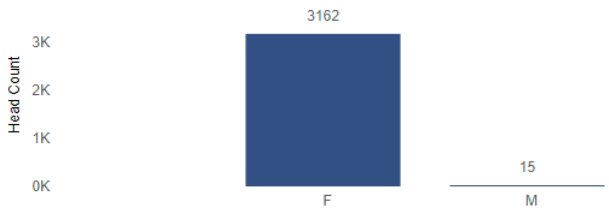


The workforce profile for midwives, neonatal nurses and support workers in January 2026 is overwhelmingly female, with a very small number of male staff, and is largely made up of individuals aged between 30 and 44, with relatively fewer staff under 25.

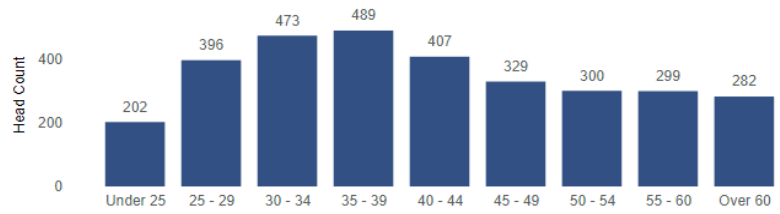
Across the workforce, most staff identify as White and UK nationals, with smaller representation from other ethnic groups and international staff; the majority report no disability, although a notable proportion of records are either undeclared or not stated, indicating some gaps in completeness of demographic data.

This profile highlights the importance of inclusive attraction, retention and career development strategies, alongside continued improvement in the completeness of workforce equality data.

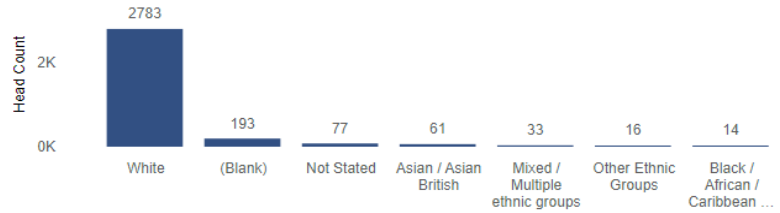
Gender



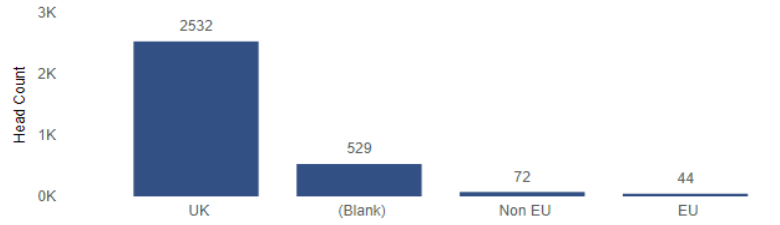
Age



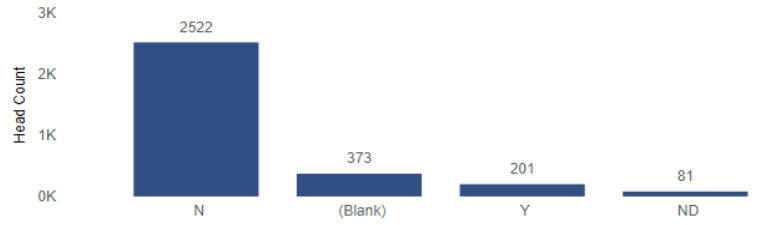
Ethnicity



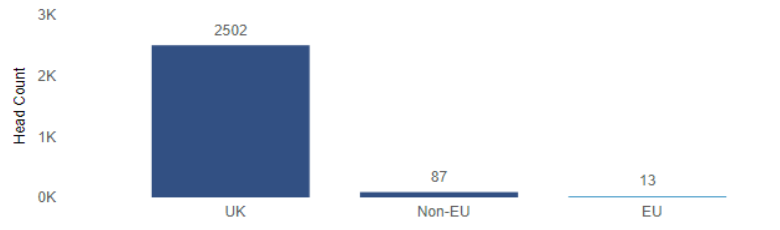
Nationality



Disability status



Place of registration (MMC and GMC)



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