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Health Education and
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Strategic Perinatal Workforce Plan

2025-2028



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Foreword

We are pleased to introduce the [Strategic Perinatal Workforce Plan](#), a multiprofessional Plan guided by Health Education and Improvement Wales's [A Healthier Wales: Our Workforce Strategy for Health and Social Care](#). This Plan prioritises workforce, training, and education recommendations from multiple UK reports into maternity and neonatal services. Many reports highlight similar themes that continue to persist.

By focusing on foundational recommendations, informed by evidence, expert reviews, and lived experiences, the Plan will address critical areas for improvement. This targeted approach ensures resources are used effectively, laying the groundwork for sustainable innovation and long-term improvements in safety, quality, and equity of care.

Within this Plan, perinatal care encompasses clinical services from conception through discharge from maternity care and neonatal care and outreach services. Our scope includes all clinical professionals working within secondary and tertiary maternity and neonatal services, midwifery teams working in community settings including birth centres and neonatal outreach teams.

The healthcare landscape faces significant challenges. While birth rates in Wales are declining, care complexity continues to increase, accompanied by growing health outcome inequalities and workforce pressures¹ with a widening gap between workforce supply and demand across the UK, affecting staffing levels, skill requirements, and service delivery models².

A recent [NHS Wales Workforce Challenges](#) Report by Audit Wales (2025) acknowledged that despite improvements in some areas, NHS Wales faces significant workforce challenges, including high vacancy rates and reliance on agency staff. In addition, the way services are configured impact on the workforce and outcomes for patients. Whilst this sits outside of the remit for HEIW service redesign is essential to fully realise the impact and benefits of the perinatal workforce actions, ensuring sustainable improvements in care delivery, workforce capacity, and patient outcomes.

As the strategic workforce organisation for NHS Wales, HEIW is committed to building a sustainable, engaged, and motivated perinatal workforce. This Plan represents a collaborative effort, developed in partnership with NHS Wales organisations, professional bodies, unions, educators, regulators, and Welsh Government. It incorporates both professional expertise and the lived experiences of our workforce and the families they serve.

Our strategic vision focuses on strengthening recruitment and retention, enhancing training and development, promoting workforce wellbeing, and enhancing integrated multi-professional perinatal teams. We embrace technological advances and emerging roles as opportunities to transform care delivery, building a resilient workforce model that ensures safe and holistic care.

We are grateful for the dedication of our perinatal teams who work to ensure the best outcomes for families. This plan is a testament to their commitment and aims to provide the support they need to thrive in their roles.

Executive summary

Aligned with Welsh Government's [A Healthier Wales](#), the long-term plan for health and care, this workforce plan outlines a transformative approach for the next 3 years to ensure that perinatal care meets the needs of families in Wales. An extensive review of the literature, workforce data and information, alongside engagement and consultation with the workforce and key stakeholders has informed this [Plan](#). The [Plan](#) and actions provide the foundation for **growing the workforce, education and training, leadership and culture** and **transforming the workforce**.

It identifies the key drivers for change, including:

- 🔗 **Workforce Shortages and Retention:** Attracting and retaining staff within perinatal teams, to reduce the staffing gaps which have an impact on service delivery.
- 🔗 **Increasing Complexity of Care:** Rising levels of complexity in perinatal care, linked to factors such as increasing maternal age, surgical births, prematurity, and a greater prevalence of complex medical conditions among pregnant women.
- 🔗 **Growing Demand for Services:** An overall increase in the demand for perinatal care and services, necessitating a workforce that can meet these needs effectively.
- 🔗 **Technological and Scientific Advances:** The need for the workforce to adapt to technological advancements, including digital transformation and the use of data to support, monitor and develop services.
- 🔗 **Workforce Well-being and Flexible Working:** The importance of promoting flexible working options and supportive environments to enhance work-life balance, reduce burnout, and improve job satisfaction among perinatal staff.
- 🔗 **Leadership and Teamworking:** To strengthen leadership, culture, and team working within perinatal services to improve the quality and safety of care.

For the first time in NHS Wales this [Plan](#) brings together the many separate initiatives and work programmes currently in place and focuses on the national and essential actions required to develop a sustainable, skilled, and motivated perinatal workforce.

Maternity and Neonatal services function as part of the broader healthcare system, sharing many components with other areas of the NHS. Consequently, this plan will interface with Government priorities and strategic workforce plans ([Appendix 1](#)) developed in other priority areas.

These interfaces will be managed during the implementation process to avoid duplication and maximise the use of resources and impact. The [Plan](#) will be reviewed regularly and adapt to ongoing developments in policy, regulation, and service design. Work on developing this [Plan](#) commenced in 2023, and we are grateful to everyone who contributed their time and expertise. The [Plan](#) reflects the necessary adjustments to align with the current workforce position and emerging priorities.

Strategic Perinatal Workforce Actions



Growing the multi-professional workforce

- Increasing workforce supply to meet demand.
- Attracting and retaining the perinatal workforce.
- Data driven workforce planning.



Leadership and culture

- Promote a culture of safety, learning and support.
- Developing compassionate leadership across all levels.
- Review supervision for all perinatal professionals.



Education and training

- Structured training opportunities and career development.
- Resources to reduce health inequalities.



Workforce transformation

- Collaboration across boundaries.
- Development of new and emerging roles.
- Development of a digitally ready workforce.
- Promote research roles within perinatal services.

Section 1: Purpose and Overview

This Plan has been developed through a collaborative partnership between Health Education and Improvement Wales (HEIW) and key stakeholders. Health Education and Improvement Wales (HEIW) is the strategic workforce and education body for NHS Wales. HEIW’s unique contribution or “added value” is to:

- 🔗 Address strategic workforce issues that require all Wales solutions, both demand and supply.
- 🔗 Make Wales a great place for our health and care staff to be educated, trained, and employed.
- 🔗 Maximise the contribution of all professions and occupations.

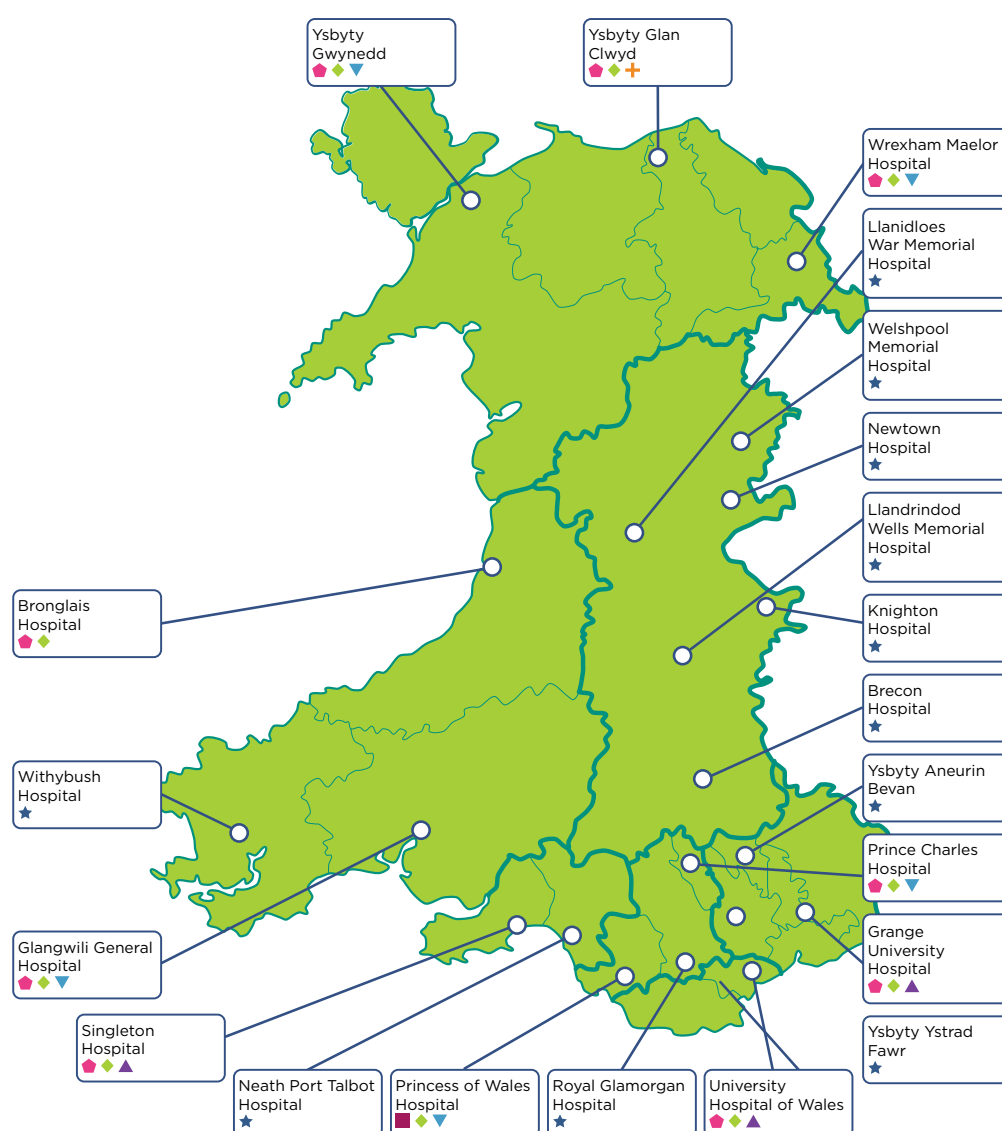
The purpose of the **Strategic Perinatal Workforce Plan** is to address the requirements for a sustainable, compassionate, and skilled perinatal workforce on behalf of NHS Wales. Engagement with the NHS perinatal workforce, health boards, service users and wider stakeholder groups has been an integral part of creating and informing the plan. The term perinatal has been used instead of maternity and neonatal based on feedback to emphasise the importance of a multidisciplinary approach to care provided during pregnancy, birth, and the immediate postnatal period. Success will be guided by the **STEEEP** principles.

Safe	Ensuring that every woman, baby, and family receives care in a safe, supportive environment, with a multi-professional team, minimising harm through evidence-based practices, continuous workforce development and feedback from women and families.
Timely	Delivering responsive maternity and neonatal care that meets the needs of families without unnecessary delays, ensuring the right professional is available at the right time.
Effective	Empowering our workforce with the skills, knowledge, and resources needed to provide the best possible outcomes, guided by the latest research and innovation. High levels of staff engagement, motivation and wellbeing achieved through a supportive, learning, and inclusive culture which prioritises psychological safety and workforce wellbeing. Flexible and accessible education opportunities with structured career development pathways that support all members of the multi-professional team.
Efficient	Optimising workforce planning based on AI, data, and modelling, with deployment to maximise resources, reduce duplication, and support staff well-being while maintaining high standards of care. High levels of retention underpinned by attractive, flexible working arrangements and clear, rewarding career pathways.
Equitable	Addressing disparities in maternity and neonatal care by fostering an inclusive workforce that understands and meets the diverse needs of all communities.
Person-centred	Supporting a workforce that listens, respects, and responds to the unique needs of women, babies, and families, placing them at the heart of care. Compassionate leadership embedded in teams to foster a supportive, inclusive, and psychologically safe environment, where staff feel valued and empowered to provide high-quality, person-centred care that enhances outcomes for mothers, babies, and families.

It is everyone's responsibility to provide or support the provision of high-quality care. That includes a responsibility at each level of the NHS to understand the quality of care and identify, address, and escalate concerns and sustain improvements. In NHS Wales there are several organisations that have responsibilities related to perinatal care ([Appendix 2](#)).

The Provision of Care in Wales

In 2023, Wales recorded 27,374³ livebirths occurring in various settings including home births, freestanding midwifery units, alongside midwifery units, obstetric units (including obstetric theatres) and births that occur enroute to these destinations. Postnatal care can continue at home or within postnatal wards, transitional care units, neonatal intensive care units, local neonatal units, or special care baby units. This map illustrates the locations of perinatal services across Wales ([Appendix 3](#)).



Key for map

- University Health Board (UHB) 1 April 2019
- Local Authority Boundary
- Freestanding midwifery units
- Alongside midwifery units
- Midwifery led birthing rooms
- Obstetric unit
- Neonatal Intensive care unit
- Special care baby unit
- Sub regional neonatal intensive care unit

Development of the Plan

The methodology adopted for the development of this plan aligns with the HEIW three pillar approach to workforce planning:



Plan Scope

The decision to deliver a multi-professional Plan designed to meet the needs of maternity and neonatal (perinatal) services is based on the strong multi-professional working across midwifery, nursing, medical, healthcare science professionals and allied health professionals and the inter-dependencies between professionals and maternity and neonatal teams.

The scope of this work relates to referral to maternity care to discharge from the care of the midwife, or whilst a baby is in a neonatal unit or under the care of neonatal outreach teams.

The Strategic Perinatal Workforce Plan has a professional focus on:

- 🔧 Nursing and Midwifery Council (NMC) - registered neonatal nurses, midwives, perioperative nurses (including those working at enhanced, advanced and consultant level practice)
- 🔧 Neonatal nursing and maternity support workforce (Bands 2, 3 and 4)
- 🔧 Maternity theatre workforce
- 🔧 Consultants, training resident doctors, Staff and Associate Specialist (SAS) grades and locally employed doctors within Obstetrics, Paediatrics/Neonatology and Obstetric Anaesthetics
- 🔧 Specialist Physicians working in maternity services
- 🔧 Physician Associates
- 🔧 Workforce with competencies in sonography and obstetric radiology
- 🔧 Allied Health Professionals, including psychologists, occupational therapists, physiotherapists, speech and language therapists and dieticians working to support staff and patients
- 🔧 Healthcare Science professionals
- 🔧 Pharmacists

Scope Exclusion

Whilst it is acknowledged that there is a wider team who provide clinical care for women, newborn babies, and their families, for the purpose of this work, primary care and community colleagues including General Practitioners, Practice Nurses, and Health Visitors have been excluded.

Whilst these professions are involved in the delivery of perinatal care, their roles extend across a wider remit which are addressed within HEIWs [Strategic nursing workforce plan](#) and the [Strategic-workforce-plan-for-primary-care](#).

Care provided by administrative staff is an important component of perinatal care however, the Plan will focus on staff providing clinical care. Perinatal mental health is excluded, the NHS Executive Perinatal Mental Health Network are implementing a programme of work to further improve the quality, safety, and equity of perinatal mental health service delivery through targeted training and workforce development.

In addition, HEIW have published a [Strategic mental health workforce plan - HEIW](#) which aims to develop skills and capacity across health and social care to increase support for those in need.

Strategic and Policy Context

There has been a clear vision and policy position for maternity services in Wales since 2011, as outlined in [A Strategic Maternity Vision for Wales⁴](#) which highlighted the need for a highly trained workforce able to deliver high quality, safe and effective services. Building on this Welsh Government published [Maternity Care in Wales: a five year vision for the future \(2019-2024\)](#) which acknowledged the need for skilled multi-professional teams to provide safe and effective, family centred care.

More recently in 2023 Improvement Cymru published the findings from the discovery phase of the [Maternity and Neonatal Safety Support Programme](#) (MNSSP), which highlighted the importance of working together as one perinatal team and acknowledged that high quality care and improved outcomes are dependent on the perinatal workforce.

Moreover, that a highly reliable workforce requires adequate numbers of well educated, motivated staff, trained to high skill levels, with good team-working and communication.

In 2018, Welsh Government published its final report following the [Parliamentary Review of Health and Social Care](#). The review was established to explore how Wales should respond to changing needs, expectations and new forms of treatment and care. The review articulated that this vision should be underpinned by a quadruple aim to deliver clear outcomes, improved health, and wellbeing, a cared for workforce, and better value for money.

In response to the Parliamentary review in 2018, Welsh Government produced [A Healthier Wales](#) a long-term plan for the improvement of health and social care in Wales. The actions for [A Healthier Wales were refreshed in 2024](#) were updated following the publication of [NHS in 10+ years: An examination of the projected impact of Long-Term Conditions and Risk Factors in Wales⁵](#) describing the challenges the NHS in Wales is likely to face over the next 10 to 25 years.

The report made it clear that the current demographic, economic and societal challenges facing our health and care system in Wales will continue to place unsustainable demands on our services.

To drive workforce transformation, the Welsh Government commissioned HEIW in partnership with Social Care Wales to develop [A Healthier Wales: Our Workforce Strategy for Health and Social Care Workforce](#) which was published in 2020, setting a 10-year strategic direction and vision for workforce transformation.

In 2023 Welsh Government published their [National Workforce Implementation Plan](#) (NWIP), the plan was developed in response to the significant additional demands on the NHS Wales workforce. Included within the NWIP is the requirement for HEIW to develop “[Maternity and Neonatal Workforce Solutions](#).”

In April 2023, Welsh Government introduced the [Health and Social Care \(Quality and Engagement\) Wales Bill](#). The Bill strengthens the existing [Duty of Quality on NHS Bodies](#)⁶, extending it to Welsh ministers for their health service functions, also introducing a [Duty of Candour](#)⁷.

There are new health and care standards that will underpin the delivery of functions for all organisations in Wales. These new duties are important in the context of workforce development as continuous quality improvement becomes embedded at the heart of the NHS.

In 2025 Welsh Government published the [Quality statement for maternity and neonatal services](#) outlining the standards for high-quality care in Wales. It emphasises the importance of supporting women and families during pregnancy and childbirth, promoting healthy lifestyles, and addressing disparities in health outcomes, especially for ethnic minorities.

The document builds on previous policies and aims to ensure safe, effective, and person-centred care through a collaborative, multi-professional approach. In addition, Welsh Government has published a [Perinatal engagement framework: report](#) outlining ten key commitments designed to enhance service user engagement across perinatal services in Wales.

These commitments establish minimum standards to ensure that women, parents, and families are actively involved at every stage of their perinatal journey, fostering improvements in service provision and informing policy decisions. The framework emphasises the importance of leadership, a culture of active listening, and a workforce that values and promotes feedback as essential components of service improvement.

Welsh Government’s [Anti-racist Wales Action Plan](#) also highlights the need to deliver local and national actions to support improvements in the experiences and outcomes of women, babies and their families from Black, Asian and Minority Ethnic communities.

Section 2: Case for Change

Introduction

This plan sets out how, over the next 3 years, NHS Wales will continue to develop and grow the perinatal workforce to provide safe, timely, equitable, effective, efficient, person-centred care to women, babies, and families.

In developing this plan, we have listened to the voice of the perinatal workforce in Wales. We have heard that gaps in staffing mean that those providing care feel pressured, do not always have time to learn and improve and at times, struggle to provide the level of care they would like to. We have also heard that staff wanted focus on a positive and compassionate culture that empowers individuals and teams, ultimately enhancing the care experience for all.

There have been many published reviews into maternity and neonatal services in the UK over recent years. The Improvement Cymru 2023 [Discovery Phase Report of the Maternity and Neonatal Safety Support Programme](#) (MNSSP) considered these reports as well as the work of, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, and the NHS England Getting It Right First Time (GIRFT) work on [neonatology](#) and [maternity](#). The themes identified by MNSSP were reinforced in the 2024 review of all published reports in the UK conducted by [Sands and Tommy's Joint Policy Unit](#) which highlighted recurring workforce and education-related issues.

The recurring key workforce themes identified have been acknowledged as essential foundations for ensuring the long-term sustainability of perinatal services. This [Plan](#) will set out tangible national, and local actions in the short and medium term to address current workforce challenges and recommendations and themes highlighted above.

These actions aim to build a sustainable workforce by **growing the workforce, education and training, leadership and culture** and **transforming the workforce** to meet growing healthcare demands. A key priority is retaining existing NHS staff by providing strong career development opportunities, promoting flexible working options, and fostering a supportive, inclusive workplace. By prioritising compassionate and collective leadership, alongside a positive organisational culture, we can create an environment where staff feel valued, motivated, and empowered to deliver high-quality care.

Training places for medical students, nursing, midwifery, operating department practitioners, allied health professionals, and healthcare scientists have increased significantly over the past five years in Wales. However, the workforce continues to face challenges in meeting the growing demands of healthcare services.

As well as meeting the future needs of the population, the workforce must develop new ways of working to manage an expected shortfall in future NHS staff levels. Transformation will include upskilling, exploring alternative pathways to professions, developing multi-professional workforce models with new roles, and ensuring staff have the right skills to embrace new technologies.

To realise the benefits of the [Plan](#) the continued dedication is required of all of those working in perinatal services, who work hard to support families and improve care.

Changes in Demand for Perinatal Care

Workforce planning is a complex process of ensuring the right people with the right skills are in place to meet population needs. The perinatal workforce must be appropriately sized and equipped to address the evolving needs of women, babies, and families. Despite a decline in birth rates over the last decade, demographic changes in Wales have significantly influenced the demands within the maternity and neonatal services.

Birth Trends and Demographics

- Birth rates in Wales have fallen 15.4% over the last decade⁸, with projections showing continued decline before a gradual increase in the 2030s .
- Births to parents where one or both were born outside of the UK have risen from 14.8% in 2016 to 17.5% in 2023⁹
- The age profile of mothers is shifting upward, with 54% of birthing mothers now aged 30 or above¹⁰
- Home births have decreased to less than 2% of all births by 2023, despite a brief increase during COVID-19.¹¹

Birth Intervention

- Caesarean sections now account for 37.2% of all births in 2023, showing a continuing upward trend¹²
- Only 45% of births start spontaneously, due to increasing rates of induced labour (35%) and planned surgical births.^{13, 14}

Maternal Health

- Mental health conditions affect 32% of pregnant women at initial assessment, with younger women showing higher rates - a trend that has increased since 2016¹⁵
- Maternal obesity is increasing, with 32% of women classified as overweight or obese at initial assessment in 2023¹⁶
- Increasing rates of childhood obesity are likely to lead to increases in obesity among women giving birth^{17, 18}
- Long-term conditions like diabetes are expected to affect 22% of the population by 2035.¹⁹

Neonatal Care

- 8% of live births occur at 36 weeks or earlier²⁰, with 9.4% of all babies needing neonatal care²¹
- Care patterns are shifting from Intensive and Special Care to increased High Dependency care, with shorter hospital stays despite consistent admission rates²²
- Babies born at 32 weeks or later represent the highest case volume across most units²³
- Modern neonatal care now includes new treatments, resuscitation at lower gestations, and expanded transitional care and outreach services.

The growing complexity of perinatal care in Wales necessitates closer surveillance and increased interventions to mitigate risks, while evolving neonatal needs continue to drive higher acuity within perinatal services. To manage these complexities, enhanced collaboration and expertise from the multidisciplinary team are essential to meet the evolving demands of perinatal care.

Digital, data and technological change

The vision outlined in Welsh Government's [A Healthier Wales](#) highlights the transformative potential of scientific and technological advancements as critical enablers for improved service delivery and better outcomes for individuals and families. For technology to be of maximum value to the NHS, the entire healthcare workforce will need to be supported to work in this technology-enhanced environment.²⁴

The perinatal workforce is poised to benefit significantly from these innovations, which are reshaping the way care is delivered across the NHS. The acceleration of digital innovation during the COVID-19 pandemic has already demonstrated the ability of technology to facilitate new care models, utilising tools such as automation to enhance efficiency, accuracy, and productivity. The perinatal workforce is well-positioned to integrate these advances into practice.

While neonatal services in Wales have standardised their data collection and reporting, there remains variability in digital maturity across national maternity services. Bridging these gaps will require investment in digital infrastructure to ensure equitable access to advanced tools and systems.

Maternity care in Wales will see significant improvements through Electronic Patient Record systems and the introduction of electronic prescribing which will significantly enhance patient safety in neonatal and maternity units by reducing medication errors. Staff will need to be confident not only in navigating these systems but using the data produced with knowledge of data quality and standardisation to evaluate and drive service improvements.

Workforce Drivers

There are significant key challenges impacting the perinatal workforce:

- Workforce shortages and retention challenges:** Perinatal services are experiencing workforce gaps across multiple roles, including midwives, neonatal nurses, obstetricians, anaesthetists, allied health professionals, and support workers. Although the number of staff in Wales has grown over the years, it has not kept up with the demand for services. Difficulties in attracting and retaining staff, compounded by the pressures of high workloads and increasing service demand, are impacting staff morale and wellbeing. Additionally, the adoption of Less Than Fulltime (LTFT) working patterns has introduced new variables that complicate workforce planning and projections.
- Ageing workforce and potential attrition:** A significant proportion of the perinatal workforce is approaching retirement age, with additional pressures from pension changes and burnout contributing to the risk of early departures. Without robust succession planning and proactive strategies to retain experienced staff, these gaps could widen further. The departure of experienced staff from the workforce is leading to their replacement by less experienced clinicians, impacting the skill mix within perinatal teams and reducing their capacity to manage complex patient needs. Addressing this requires a focus on retention, upskilling less experienced clinicians and ensuring robust, effective supervision.

- ❏ **Competition for skills:** Wider labour market trends, including competition from other sectors and the increased appeal of flexible and remote work options, are influencing recruitment. Although training pipelines have been expanded, retention rates during and after training remain a concern.
- ❏ **Economic pressures and education pathways:** The cost-of-living crisis may deter potential students from pursuing healthcare training due to financial constraints. Additionally, unfilled places in healthcare training programmes and attrition rates reduce the pipeline of qualified professionals entering the workforce.
- ❏ **Changing workforce expectations and a multi-generational workforce:** The future workforce prioritises work-life balance, flexibility, and opportunities for portfolio careers. Trends such as studying and working on a LTFT basis highlight the importance of accommodating flexible working patterns, alternative pathways to professions and creating innovative career pathways.
- ❏ **Global and national policy impacts:** Immigration policies and the effects of Brexit have disrupted traditional recruitment channels, particularly for internationally trained professionals. This has created a pressing need to strengthen domestic training and retention efforts to ensure a sustainable workforce supply.

To address these challenges, the perinatal workforce must embrace transformation through enhanced workforce planning, training opportunities, and support for career development. Priorities include fostering equitable access to training, promoting new and emerging roles, building flexible career pathways, and investing in leadership and staff wellbeing.



Section 3: Key Findings from the three-pillar approach

3.1 Horizon Scanning

As part of the development of this Plan published reviews, articles, reports, and other material produced by a wide range of professional bodies were examined.

Perinatal services have undergone significant adaptation and must continue to evolve to meet the changing health needs of the population. However, the NHS must go beyond merely responding to these needs and align with Welsh Government's [A Healthier Wales](#) which advocates for a wellness system.

There is an increasing recognition of the importance of addressing health inequalities, preventing illness, and taking proactive steps through early intervention and public health initiatives. Allied health professionals, including pelvic health physiotherapists and dietitians, are well-positioned to work in perinatal teams to strengthen preventative and early intervention approaches to care.

The complexity and profound impact of adverse outcomes within perinatal services, has led to increased scrutiny and governance requirements aimed at improving safety and minimising harm. Incident reporting, reviews, audits, training, and guideline compliance are undertaken by clinicians and are important components of understanding and reducing risk²⁵. While essential for improving safety, these measures add to the workload of clinical staff, often intensifying pressures in an already stretched system.

It is acknowledged that multi-professional team-based models of care where professionals with complementary skills and experience work together can improve the delivery of high-quality person/family-centred care²⁶. The importance of compassionate leadership is highlighted²⁷ alongside the need to think beyond traditional professional boundaries and hierarchies to more inclusive ways of working where team members feel listened to and valued²⁸.

Reducing variation in perinatal care across Wales and aligning with the rest of the UK is essential to ensure equitable, high-quality, and safe care for all families, regardless of location. Currently, disparities exist in staffing levels, access to specialist services, clinical outcomes, and models of care, which can lead to inconsistent experiences and inequalities in maternal and newborn health.

Standardising care provision helps to address these variations, ensuring that evidence-based, high-quality services are available across all regions. Alignment with the rest of the UK allows Wales to benefit from national policies, workforce strategies, and shared learning from safety initiatives and recommendations from published reviews. By driving consistency in workforce planning, clinical pathways, and service delivery, Wales can enhance patient safety, improve perinatal outcomes, and build a more resilient maternity and neonatal workforce.

A unified approach also supports collaborative training, cross-border workforce development, and the adoption of best practices, ensuring Wales remains at the forefront of safe, high-quality maternity and neonatal care.

Maternity services in the UK are inherently high-risk, requiring specialist expertise, multiprofessional collaboration, and robust safety measures to ensure the wellbeing of both mothers and newborns.

The complexity of care arises from unpredictable obstetric emergencies, including postpartum haemorrhage, pre-eclampsia, sepsis, and fetal distress, which can escalate rapidly and require immediate intervention. The increasing prevalence of co-morbidities, maternal age, and social complexities further contributes to risk, demanding enhanced workforce capacity, training, and system resilience²⁹.

The litigation costs associated with maternity care reflect its high-risk nature. National initiatives, such as the Maternity and Neonatal Safety Support Programme³⁰, have highlighted the need for safer staffing levels, improved training, and robust governance structures to mitigate risks. Implementing evidence-based workforce planning, multi-professional training, and digital innovations is crucial to ensuring safe, high-quality maternity care across Wales.

Workforce challenges are not unique to Wales or the UK. Excessive workload, early burnout, and the shortage of the perinatal workforce are interconnected factors representing the significant challenge illustrated by a recent workforce report published by the [World Health Organisation European Region](#).

There is a need to focus on humanistic workforce planning which means focusing on a range of factors that contribute to workforce wellbeing, including building supportive and learning cultures, compassionate and collective leadership, and flexible working and career options. These all contribute to placing the workforce front and centre and ensuring the environment is an enabler for the workforce.

In high-pressure environments like maternity and neonatal care, staff wellbeing is essential for maintaining high-quality, safe, and compassionate care. Combined staff rooms—shared spaces for midwives, neonatal nurses, obstetricians, anaesthetists, and other healthcare professionals—play a crucial role in fostering collaboration, peer support, and emotional resilience. These shared spaces provide an opportunity for staff to decompress, reflect, and connect away from the clinical environment, reducing stress and burnout.

It is essential that the workforce at all levels is appropriately supported, each generation may have different expectations of the workplace, environment, and career pathways. Identifying areas of high turnover, understanding reasons why staff leave and the development opportunities that might have encouraged them to stay, are key elements to developing strong recruitment and retention programmes. It is important that equality, diversity and inclusion initiatives are established and embedded in the workforce, with no room for discrimination including the consideration of language preference for the workforce and how to enable the [Active offer](#)³¹ for service users.

Finally, technological change and the ability to do things differently are a key theme within the literature and it is evident that there are opportunities to embrace technological advances. This requires strong leadership, change management skills and a desire to improve services, alongside a focus on career long learning and skills development to ensure that our workforce remain well placed to realise the benefits of new technology as it emerges.

3.2 Workforce data and intelligence

As part of the development of this plan available sources of workforce intelligence across perinatal teams in Wales were reviewed, including the Electronic Staff Record (ESR), professional body workforce reports and some manual data collection.

There are limited sources of data and intelligence for some elements of the workforce when trying to understand current numbers within perinatal teams e.g. allied health professionals, healthcare scientists including sonographers and for staff who perform dual roles. Data on acuity (demand data), particularly in the context of declining birth rates alongside increasing case complexity, is being developed to provide insights into future workforce needs across the service.

Midwifery workforce

As of October 2024, Wales has a midwifery workforce of 1862 midwives (equivalent to 1530 whole time equivalent)³², although this figure may include those in specialist or management roles. The current staffing ratio stands at 1:20 births; however, factors such as sickness, leave and secondments can place additional pressure on workforce capacity.

There are currently 597 midwifery students in Wales, with an attrition rate of 10-11% during training³³. In 2023 the Royal College of Midwives published [RCM-state-of-midwifery-education](#) highlighting the need, amongst other things, to focus on recruitment and retention of students. Encouragingly, in 2023, 99% of graduates secured employment within Wales through the streamlining process.

There is a well-established [All-Wales Preceptorship Programme](#)³⁴ for midwives in Wales supporting newly qualified midwives to become competent and confident Band 6 midwives. Despite a 67% increase in midwifery training places over the past five years, the overall growth in WTE midwives has been modest, with only a 10% increase between 2018 and 2023³⁵. The size of the pipeline requires ongoing review to balance supply and demand. This is challenging in an environment of reducing birth numbers.

The midwifery workforce in Wales is becoming younger, a trend expected to continue until 2033³⁶. While this shift is likely to reduce retirement rates, it may also lead to increased maternity leave requirements. NHS midwifery leaver rates have shown improvement, rising from 4.11% in 2015 to 6.19% in 2021 but now declining to 4.42% in 2023.

however, analysis by length of service reveals that between 2015 and 2023, 22.1% of midwives left NHS Wales within their first four years of service, highlighting the need for strengthened retention strategies³⁷.

In 2023 Birthrate+ were commissioned by Welsh Government to work with Health Boards to model workforce implications of implementing Welsh Government's [Maternity Care in Wales: a five year vision for the future \(2019-2024\)](#) and to understand the additional care provision requirements and current service demands.

Additional factors affecting the workforce were considered and include:

- ❏ Increased numbers of women requesting out of guideline care
- ❏ Increasing complexity of antenatal care
- ❏ Increasing time required to complete the assessment paperwork for student midwives.

The Report highlighted the need for an additional 40 WTE midwives to meet current service demands. Cohort-based forecasting suggests gradual workforce growth to meet future demand, this will require strengthened retention strategies.

Neonatal nursing workforce

Education commissions - Pre-registration nurse training programmes have increased over the last 9 years and are currently at record levels, which is supporting a growth in the supply of registered nurses. Whilst this is positive, the size of the pipeline requires continual review to ensure it is reflecting service and population need.

Despite this increase in education commissioning numbers, further work and innovative solutions are needed to increase the uptake of places (fill rates) available on pre-registration nursing programmes. HEIW is committed to addressing this challenge by exploring flexible pathways into nursing.

Additionally, HEIW has introduced international applicants as part of the commissioned pre-registration nursing numbers with a pilot from Autumn 2023 until 2026. One hundred and fifty international students will be recruited annually, with an initial evaluation of the project in December 2024. The initiative will be reviewed each year to ensure that it does not impinge upon opportunities for UK domiciled students.

HEIW has established several routes into pre-registration (RN) nursing to support widening access, rural healthcare and career progression opportunities including:

- 📄 Full time education (3 years)
- 📄 Full time distance learning (3 years)
- 📄 Full time post-graduate pre-registration programme (2 years)
- 📄 Full time accelerated degree programme for HCSWs (2 years)
- 📄 Full time dispersed learning (3 years)
- 📄 Online distance learning for [Return todd practice](#)
- 📄 Employed route – part time or flexible for current HCSWs employed in NHS Wales
- 📄 Part time education/term time (4 years).

After qualifying as an adult or child nurse or midwife, registrants can become neonatal nurses and train to become 'Qualified in Specialty' (QIS). As of December 2024, there are 4,645 nursing students in Wales, including 3,048 students in adult nursing courses and 471 in child nursing. Neonatal nurse numbers have risen by 15% since 2014, with small future increases expected based on cohort analysis. In 2023, 96% of nursing graduates secured jobs in Wales through the student streamlining process³⁸.

Despite this growth, staffing challenges remain. The National Neonatal Audit Programme (NNAP) Report³⁹ found that 26.1% of neonatal nurse shifts did not meet recommended levels, up from 21.4% in 2020, with Neonatal Intensive Care Units (NICUs) particularly affected.⁴⁰

The Improvement Cymru (2023) [Maternity and Neonatal Safety Support programme](#) calls for systemic workforce reforms and sustained investment to address these issues and ensure safe, high-quality neonatal care. Retaining nurses is an essential part of workforce supply and directly impacts on the sustainability of healthcare services.

High leaver rates have many implications including increased costs for recruiting and training new staff, loss of skills and experience, and reduced quality of care. The Electronic Staff Record data shows that approximately 20% of nurses leave in the first four years post qualification⁴¹ and a high percentage of those are aged under 29 years. This implies we need to do more to retain our early career and younger nursing workforce.

Band 4 nursing role - Welsh Government has set a policy position to introduce the Registered Nursing Associate (RNA) role in Wales, pending legislative amendments which will create an additional regulated role within the nursing workforce. The RNA is a clinical role that bridges the gap between healthcare support workers and registered nurses, established to deliver person-centred care as part of nursing teams.

The skill mix within nursing teams is critical to ensuring safe and effective care for patients. RNAs will complement the work of registered nurses releasing registered nurses to focus on more complex aspects of care and treatment. RNAs can work with people of all ages, in a variety of settings in health and social care, across all fields of nursing practice.

The introduction of this new role to Wales will support widening access into careers in nursing and provide career progression and development opportunities, both for those who work as RNAs but also for individuals who wish to continue with their education and training to become registered nurses.

Medical Workforce

The two sources of medical supply pipeline are UK medical graduates and international medical graduates (IMGs) both of which are and will remain essential to the UK medical workforce supply. Within Obstetrics and Gynaecology in Wales, new starters holding an overseas Primary Medical Qualification (PMQ) has risen from 60% in 2023 to 77% in 2024.

Although IMGs form an essential and highly valued component of the UK medical workforce, there are concerns about the ethics associated with recruiting large numbers. To ensure a sustainable workforce, the focus has been on increasing domestic medical school places with the opening of Bangor University medical school and expansion in Cardiff University medical school places from 450 graduates in 2026 to 590 graduates in 2031 and beyond in Wales.

Foundation Year 1 (F1) places have already increased by 28% and Foundation Year 2 (F2) by 32% between 2020 and 2024 to align with the overall increase in medical graduates to date. Future workforce planning within Wales foundation and specialist training programmes will need to continue to align, as this is fundamental to the medical workforce pipeline for all areas, reduce the risks of bottlenecks in training progression and support retention of postgraduate doctors in Wales.

Impact of Less than Full-time training - Requests from both male and female resident doctors to train on a less than full time basis in all three medical specialities continue to increase in Wales. July 2024 data demonstrate LTFT rates of 34% in anaesthesia, 54% in paediatrics and 45% in obstetrics and gynaecology.

Although more flexible work patterns meet the needs of resident doctors, there will be a subsequent delay to achieving CCT and starting work in their Consultant Practise and creates inevitable rota gaps despite slot-share mitigation.

Retention and Attrition - The Certificate of Completion of Training (CCT) destination data for 2023/24 is highly encouraging across all three medical specialities. Consultant post uptake from the respective training programmes in Wales stands at 79% for Anaesthesia, 89% for Paediatrics, and 100% for Obstetrics and Gynaecology. However, Obstetrics and Gynaecology continues to be an outlier in terms of inter-deanery transfer requests, with a notably high number of trainees seeking to relocate outside of Wales during their training.

The Obstetrics and Gynaecology (O&G) workforce in Wales faces several challenges that impact service delivery and training capacity. The size and geographical distribution of obstetric units, particularly in North Wales, create difficulties in meeting the Royal College of Obstetricians and Gynaecologists (RCOG) curriculum requirements.

Current service design and birthing numbers restrict early years specialist training to South Wales centres, necessitating rotational training programmes which are not always popular and impact on a successful recruitment strategy. The places we work, and the design of our services is a core component both to service outcomes and the wellbeing and productivity of staff. Low ST1 fill rates (33% - August 2024), increasing requests for inter-deanery transfers, and out-of-programme experiences also contribute to O&G resident rota gaps.

As of April 2024, there are 94 funded O&G training posts in Wales, with 77 trainees currently occupying these positions. The workforce is predominantly female, accounting for 83% of trainees, and the proportion of those working LTFT continues to rise, with 45% currently training LTFT. Although the training programme expanded by two posts in 2021, recruitment challenges persist, making further expansion unfeasible at present.

However, efforts to recruit at the ST3 level will continue to help address workforce gaps and sustain service provision. To maintain safe staffing levels, a high number of Specialty and Associate Specialist (SAS) doctors and locally employed doctors are required to support weekday services and provide resident cover during out-of-hours periods.

Obstetricians

The number of Obstetrics and Gynaecology (O&G) consultants in Wales has risen by 45% between 2014 and 2024, with cohort-based analysis predicting further year-on-year growth until 2033. This increase is driven by rising acuity and complexity among women, as well as higher caesarean section rates.

Additionally, there has been a growing demand for resident consultants on labour wards and a post-pandemic surge in the need for gynaecology services. CCT projections, based on the February 2024 Annual Review of Competency Progression (ARCP), estimate that seven trainees will complete their training in 2024-25, with the same number expected in 2025-26. In 2026-27, six trainees are projected to complete their training.

A significant increase is anticipated in 2027-28, with 18 trainees expected to finish, reflecting the higher intake at the ST3 level in recent years. In 2021, the GMC removed the minimum training duration, allowing all registered trainees to be recommended for a CCT upon approval.

Training now focuses on [competency-based progression](#)⁴² rather than time spent which may cause small variances in anticipated projections.

Additionally, the RCOG [Workforce and Service of the Future](#) report describes the recent overhaul of advanced training in obstetrics and gynaecology, highlighting the transition from Advanced Training Skills Modules (ATSMs) to Special Interest Training Modules (SITMs) as part of the new Curriculum in 2024. This curriculum emphasises flexibility and lifelong learning, allowing trainees to develop special interest skills alongside the core curriculum starting from ST5.

The current Certificate of Completion of Training (CCT) in O&G equips consultants to practise across the full spectrum of perinatal care, including early pregnancy assessment and postnatal care. However, an additional two to three years of specialist training is required to qualify for a consultant role in fetal medicine and maternal medicine. This training is not currently available in Wales, which poses significant challenges in filling these future consultant vacancies.

Obstetric anaesthetists

A rigorous programme of anaesthesia training post expansion started in 2020 to ensure an uplift in CCT output to mitigate for an expected increase in Consultant retirements based on the Royal College of Anaesthetist's [RCoA Medical-Workforce-Census-Report 2020](#) and [State-of-the-Nation-2024](#) Reports.

To date, Core Anaesthetics/ACCS Anaesthetics has expanded by 10 training posts and Higher Anaesthetics has expanded by an additional 15 posts from 2020-23. Recruitment into the anaesthesia postgraduate training programmes is competitive, with 100% fill rate of all posts for the last 5 years. Anaesthesia training concludes with a general CCT in Anaesthesia.

Only a small proportion, ~10-20% annually, will undertake the necessary specialist interest area (SIA) training in obstetric anaesthesia in ST6/7 years to be eligible for appointment to a consultant post with a regular sessional commitment to perinatal services. The need for established SIA training in obstetric anaesthesia in Wales, with access with high quality research, QI, and clinical experience, is fundamental to attract postgraduate anaesthesia trainees to undertake the training and stay in Wales for the long-term.

CCT projections, based on the February 2024 Annual Review of Competency Progression (ARCP), estimate that 26 trainees will complete their training in 2024-25, followed by 21 in 2025-26. A significant increase is expected in 2026-27, with 50 trainees projected to complete their training, largely due to curriculum changes and an increase in part-time trainees. The number is expected to stabilise to 26 completions in 2027-28

Demand for anaesthetists outstrips supply in every UK nation; in 2020 Wales had 150 vacancies at Consultant and SAS grade. This is projected to increase to 800 vacancies in Wales by 2040. Obstetric anaesthesia services are already stretched with current vacancies in all Health Board sites. The demand for additional elective CS lists, antenatal and postnatal anaesthesia clinics and delivery of high dependency maternity critical care by anaesthetists in the management of complex acutely unwell mothers is driving the need for more obstetric anaesthetist sessions within the current service.

Neonatologists

Paediatrics in Wales is a run-through training programme from ST1 to ST7, with 76% of trainees being female. A small number of trainees (up to three per year) choose to specialise in neonatology during their final two years (ST6-7). As of April 2024, there are 157 funded training posts, but 194 trainees currently occupy them. Due to the high number of trainees (54%) training less than full time (LTFT), slot-sharing arrangements are maximised to help reduce rota gaps.

Since 2020, the paediatric training programme has steadily expanded with an additional 4 posts in 2020, 6 in 2021, 4 in 2022, and a further 4 in 2024. Despite this, neonatal units need to supplement medical rotas with locally employed doctors and other innovative workforce solutions to ensure rota compliance with national recommendations.

Pharmacy workforce

Pharmacists in Wales, complete a four-year Master of Pharmacy (MPharm) degree from a GPhC-accredited university. After graduating a one-year foundation training placement in a supervised pharmacy setting is completed, followed by passing the GPhC registration assessment. There are currently 98 trainee pharmacists in Wales⁴³.

In 2024, there were 920 pharmacists employed within secondary and tertiary care settings in Wales. Manual data collection indicates that only 15 of these pharmacists provided clinical services to maternity and neonatal services (or both) across the whole of Wales. None of these pharmacists are exclusively working in perinatal services, usually splitting time with paediatrics.

The [Neonatal and Paediatric Pharmacists Group](#) (NPPG) recommend the pharmacists role and staffing standards within the neonatal service, and this is reflected within [Service and Quality Standards for Provision of Neonatal Care in the UK | British Association of Perinatal Medicine](#). None of the neonatal units in Wales have pharmacy staffing levels which are compliant with BAPM/NPPG standards.

The [Bliss Filling the Gaps](#) report a 55% pharmacy workforce shortage against the NPPG standards in neonatal units within Wales. [The UK Clinical Pharmacy Association](#) (UKCPA) provides workforce strategies across other clinical areas, where skills such as independent prescribing, advanced clinical assessment, specialised medicine management, mental health expertise and endocrine management.

However, there is currently no specific role guidance or workforce model for maternity, although benchmarking is currently being conducted by a UKCPA working group. The level of pharmacy service depends on the perinatal services offered and the number of neonatal and obstetric beds. In tertiary centres, pharmacy supports specialised fetal/maternal medicine and Level 3 NICU, while smaller units may share resources across perinatal specialities.

Pharmacists play a crucial role in ensuring the safe use of medicines for neonates and increasingly contribute to obstetric care as patient complexity rises. Their expertise supports prescribing, dispensing, administration, monitoring, education, research, and governance.

Pharmacy Technicians are professionals, registered with the General Pharmaceutical Council (GPhC). They are members of pharmacy teams with a broad role of preparing, dispensing, supplying, and issuing a wide range of medicines to patients, working under the supervision of a pharmacist.

Allied Health Professionals workforce

Allied Health Professionals (AHPs) enter the maternity and neonatal workforce through specialised education, training, and clinical placements. There are currently (Feb 2025) 1714 AHPs in the training pipeline in Wales, 477 for physiotherapy, 147 for Speech and Language Therapy, 511 for Occupational Therapy and 174 for Dietetics.⁴⁴

The AHP workforce within perinatal services primarily comprises physiotherapists, occupational therapists, speech and language therapists, psychologists, and dietitians. Some of the professional bodies including the Royal College of Speech and Language Therapists [Neonatal staffing levels 2023](#), the Royal College of Occupational Therapists [Occupational therapy staffing on neonatal units - RCOT](#) and the Psychology Operational Delivery Network Leads in England [Psychology Staffing on the Neonatal Unit](#) have developed guidance on staffing.

In addition the British Association of Perinatal Medicine [Service and Quality Standards for Provision of Neonatal Care in the UK | British Association of Perinatal Medicine](#) provides some guidance on staffing models for AHPs there is no specific guidance in existence for maternity services. Furthermore, there is currently no standardisation across Wales regarding the roles or deployment of AHPs within perinatal services, leading to significant variation in practice and resource utilisation.

The [Bliss Filling the Gaps](#) report highlights a 62% allied health professional shortage across neonatal units in Wales with significant shortfalls within psychology (90%) and physiotherapy (69%). Retention was found to be linked to lack of career progression, teamworking, supervision, resources, training opportunities and networks management and wellbeing support.

Accurately assessing the workforce in perinatal services remains challenging, as the current digital staffing system (ESR) does not provide detailed information on the allocation of staff resources across different specialties including Allied Health Professionals.

Perinatal Staffing Standards

This Plan will support and align with the development of the Perinatal Service Specification by the Strategic Clinical Maternity and Neonatal Network [Maternity and Neonatal Services - NHS Wales Executive](#) which is currently being undertaken to provide detailed staffing guidance within perinatal services in Wales.

Midwifery

In Wales, staffing workforce establishment calculations for midwives and maternity support workers are performed using the workforce planning tool Birthrate plus. This tool assesses the workload generated by the maternity care pathway, including clinical risk, case mix and models of care to provide recommendations on staffing numbers and skill mix.

Health boards use these insights alongside local data and service needs to ensure safe and appropriate staffing levels for maternity services. This is reviewed every 3 years, or sooner if required. Alongside workforce establishment calculations, Birthrate plus also has an acuity application that clinical staff can use to calculate day to day demands within the inpatient service. There is currently some disparity on how the acuity tool is used across all units in Wales and access to the acuity data centrally to determine national demands is currently not available.

Theatres

The [Association of Perioperative Practice \(AfPP\)](#) and [The Royal College of Anaesthetists 2024](#) sets guidance for the staffing of obstetric theatres encompassing the skills and competencies across the multidisciplinary team. Historically, the staffing of theatre departments has not evolved to ensure that there is provision of dedicated obstetric theatre staff to meet both elective and emergency demand.

This includes availability of appropriately trained medical staff, theatre practitioners and support staff who are required in all phases of the perioperative journey (anaesthetics, scrub, and post operative care). With the increased demand for surgical births, it is essential to have dedicated theatre staffing for elective caesarean section theatre and emergency theatre streams in accordance with AfPP standards.

The preference for nurses or operating department practitioners (ODPs) rather than midwives scrubbing in maternity theatres is based on role differentiation, workforce efficiency, and maintaining midwifery-led care. Midwives are specialists in providing holistic maternity care, and scrubbing for surgery falls outside their core remit, whereas scrub nurses or ODPs are specifically trained in intraoperative care, sterile techniques, and surgical assistance.

Allocating scrub roles to nurses or ODP's ensures midwives can focus on maternal and newborn care, which optimises workforce efficiency and supports a collaborative approach that enhances patient outcomes in maternity theatres. Trained maternity support workers are integral members of the theatre multi-disciplinary team, who play a pivotal role in supporting the scrub nurse and ensuring safety in obstetric theatres i.e. swab and instrument counts, measuring blood loss, leading the WHO checklist.

HEIW has worked with Agored Cymru to develop perioperative learning at education levels 3 and 4 including a [Certificate in Support for Perioperative Care](#), a [Diploma in Perioperative Support](#) and a [Diploma in Perioperative Practice \(Scrub Pathway\)](#).

Maternity Triage

Maternity triage departments have evolved without standardised processes or pathways and are struggling to meet rising demand due to a lack of structured organisational and clinical systems.⁴⁵ As a result, triaging is often informal and based on obvious need, which compromises both safety and efficiency.⁴⁶

The Birmingham Symptom Specific Obstetric Triage System (BSOTS) was co-developed by obstetricians, midwives, and researchers at Birmingham Women's and Children's NHS Foundation Trust and the University of Birmingham. Inspired by established emergency medicine triage models, BSOTS provides a standardised approach to assessment and clinical prioritisation, ensuring consistent and timely care for women presenting to maternity triage.

The [RCOG Maternity Triage report](#) provides detailed recommendations on midwifery, support, medical and administrative staffing configurations that are based on the foundations of core emergency care. Its aim is to enhance safety, efficiency, and patient experience by recommending the [Birmingham Symptom specific Obstetric Triage System \(BSOTS\) - ARC West Midlands](#) as a standardised approach for prioritising and managing urgent maternity cases.

The BSOTS is being rolled out across Wales, data captured must be used to inform local workforce planning as a clearer picture of demand is developed, including numbers accessing the service and levels of acuity.

According to the Care Quality Commission there is a need for national data collection and analysis about the number of women attending maternity units for triage to monitor themes and trends⁴⁷. The Welsh Ambulance Service University NHS Trust is currently working with Welsh Government and wider NHS partners to explore the development of a national maternity line.

Obstetric Medical Staffing

The [RCOG Labour Ward Solutions document](#) provides guidance for implementing expanded consultant presence in labour wards, detailing standards for consultant hours based on unit birth numbers. Despite increasing obstetric complexity and intervention since its release in 2010, no updated guidance has been issued.

In 2022, the [RCOG Workforce Report](#) provided insights and guidance to support workforce planning in obstetrics and gynaecology. However, it does not provide specific information on how acuity should be measured to determine appropriate medical staffing levels and skill mix within maternity units.

Anaesthetic workforce

The Royal College of Anaesthetists (RCoA) and the Obstetric Anaesthetists' Association (OAA) provide detailed guidance on staffing levels for obstetric anaesthetists to ensure safe and timely care. The RCoA's [Guidelines for the Provision of Anaesthesia Services for an Obstetric Population](#) recommend that a duty anaesthetist be immediately available 24/7, with no elective duties during their shift, and that busier units consider having two duty anaesthetists available alongside a supervising consultant.

The OAA, in collaboration with the Association of Anaesthetists of Great Britain and Ireland (AAGBI), highlights a minimum requirement of 12 consultant sessions per week to cover emergency care on delivery suites, with additional sessions for elective activities. Both organisations stress the importance of consultant-led care and dedicated anaesthetic staffing to maintain high standards of safety and care in obstetric units⁴⁸.

Neonatal Staffing Standards

The British Association of Perinatal Medicine (BAPM) emphasises the importance of appropriate staffing in neonatal care to ensure high-quality outcomes for infants and their families. In their [Service and Quality Standards for Provision of Neonatal Care in the UK](#), BAPM outlines that staffing levels should be determined based on the specific needs and activity levels of each neonatal unit.

This includes ensuring enough trained neonatal nurses and medical staff to provide continuous, safe, and effective care. Additionally, BAPM's framework on [Optimal Arrangements for Neonatal Intensive Care Units in the UK](#) provides detailed guidance on the optimal size, activity levels, and medical staffing required for Neonatal Intensive Care Units (NICUs). These documents collectively serve as comprehensive resources for planning and maintaining appropriate staffing levels in neonatal care settings.

The Welsh Health Specialised Services Committee (WHSSC) approved a phased review of neonatal cots based on activity and BAPM standards. The NWJCC and Health Boards will conduct the review in 2025/2026.

3.3 Engagement and Consultation

The [engagement phase](#) of the development of this [Plan](#) including discussions with people across Wales who work in perinatal teams to increase the understanding of the challenges that the workforce face and potential solutions. The key insights gained from the engagement align closely with the 9 themes identified by [Sands and Tommy's Joint Policy Unit](#) in their analysis of all the UK published reports into maternity and neonatal services.

The analysis of engagement distilled ten key insights vital for shaping the [Plan](#):

1. **Staffing Levels:** Urgent calls for increased staffing to address workload, stress, burnout, and enhance care.
2. **Digital Transformation:** Acknowledgment of the need to embrace digital and technological advances for efficiency, including artificial intelligence (AI), data analytics, and electronic systems.
3. **Training and Support:** Critical importance is placed on continuous professional development, leadership training, non-clinical learning, and fostering a culture prioritising ongoing education.
4. **Workforce Wellbeing:** Strategies sought to address high-pressure environments, improve working conditions, and cultivate positive workplace cultures.
5. **Collaboration and Communication:** A push for enhanced collaboration on an All-Wales basis, with networking and regional working embedded across services and sectors.
6. **Retention and Attraction Strategies:** Emphasis on improved working conditions, better pay, clear career pathways, and work-life balance for better retention and attraction.
7. **Transformational Leadership:** Desire for compassionate leadership principles, transparency, support, fairness, diversity, and collaboration across the NHS.
8. **Person-Centred Care:** Commitment to person-centred care, advocating for specialised roles, acknowledging service impact on patient outcomes, and a plea for a holistic healthcare approach.
9. **Standardisation and Innovation:** A vision for a balanced approach between standardised practices and innovative solutions in addressing perinatal healthcare challenges.
10. **Career Development and Diversity:** Recognition of the importance of career development, inclusion, and diversity. With calls for equitable investment in training programs and opportunities for diverse roles.

These key insights have informed development of the actions within the [Plan](#).

Section 4: Key actions

This section sets out the rationale and strategic actions. The actions have been developed through triangulating the information from the review of the literature, analysis of workforce data, alongside engagement and consultation with the perinatal workforce and key stakeholders.

The actions are focused on five key areas:

- 🔗 Growing the Multi-professional Workforce
- 🔗 Education and Training
- 🔗 Leadership and Culture
- 🔗 Workforce Transformation.

The actions will be implemented through a multi-faceted approach and require varying levels of attention and investment. Some actions are new and will require more effort and resources to implement successfully. Others are existing initiatives that will need to be accelerated to drive progress.

4.1 Growing the Multi-professional Workforce

Through our engagement, perinatal staff highlighted key workforce challenges. We heard that flexible working, structured career development and access to wellbeing support are essential for retaining and empowering the perinatal workforce. To provide support for staff wellbeing HEIW has published [Staff Health and Wellbeing - A Best Practice Guide for NHS Wales](#), alongside a range of supportive resources.

The [Sands and Tommy's Joint Policy Unit](#) states that staffing levels need to be sufficient to ensure safe care. Local workforce plans must be owned by the Board with clear mitigation/escalation policies in place when staffing is unsafe. Staff must be suitably qualified with senior staff present on labour wards. Managing workforce challenges in perinatal services is complex due to the wide range of clinical specialities involved in delivering care.

Each speciality has unique workforce needs, requiring tailored approaches to recruitment, retention, and professional development. Where there is existing or developing strategies and projects that provide a solid foundation to address these issues HEIW will collaborate closely with these initiatives, ensuring alignment and integration.

The [Parliamentary Review Welsh Government](#) and [A Healthier Wales](#) emphasise creating an inclusive, engaged, sustainable, flexible and responsive workforce in health and social care. Retaining the current workforce is as crucial as recruiting new staff⁴⁹, with retention being a key strategy to address workforce challenges⁵⁰. High workloads, stress-related absences, and burnout are evident among UK doctors⁵¹, nurses⁵² and midwives.⁵³ These issues, along with a shortage of the perinatal workforce are significant challenges.⁵⁴

Attraction

The [Census - Office for National Statistics](#) data revealed that from 2011 to 2021, the younger population in Wales decreased by 1.5%, while the older population grew by 17.7%. This shift indicates that fewer young people may choose a career in the NHS just as the demand increases.

To address this, attracting individuals to the profession is essential, requiring effective recruitment strategies and a deeper understanding of what motivates people to pursue careers in the NHS and perinatal services.

Recent UCAS data reveals evolving trends in UK university applications. In 2024, a record 279,550 UK 18-year-olds were accepted into higher education, marking a 2.9% increase from 2023⁵⁵. However, the overall application rate for this age group slightly declined to 41.3% from 41.5% in 2023, though it remains higher than the 38.2% rate in 2019⁵⁶. There is work to be done to attract students to a career in midwifery, as data from UCAS shows midwifery applications for June 2024 were at their lowest for more than 6 years⁵⁷.

By the end of the decade, there will be five generations in the workforce: Baby Boomers (1946-1964), Gen X (1965-1980), Millennials (1981-1996), Gen Z (1997-2012), and Gen Alpha (2013 onwards). Generational changes are shaped by factors such as geopolitical events, technological advancements, digital transformation, economic trends, and cultural shifts. These changes significantly affect the workplace, influencing communication styles, leadership approaches, and expectations surrounding work conditions, benefits, and career growth.

As we look ahead, the future workforce will prioritise job satisfaction, career development, work-life balance, and technology, with an emphasis on specialisation and advanced skills. To meet these evolving needs, the workforce must adapt by harnessing the strengths of a multi-generational team, boosting productivity and aligning with emerging workforce expectations. Attracting a diverse workforce in NHS Wales is essential to ensuring inclusive, culturally competent care that reflects the communities it serves.

There are shortages in many healthcare occupations and settings. While various roles suit diverse skills and interests, public focus has traditionally been on a few roles, such as medicine and midwifery. This has led to limited awareness of the broad career opportunities in perinatal services among current and prospective health professionals. We need to engage children and young people beyond traditional paths to shape their career choices and tap into underrepresented communities⁵⁸.

Retention

To improve workforce well-being and retention, it is essential to implement supportive cultures, compassionate leadership, and flexible working options. Flexible working, including Less Than Full Time (LTFT), compressed hours, buddy systems, job-sharing, job-splitting, and self-rostering, helps reduce burnout and attrition while promoting diversity⁵⁹. With longer careers and increased pension ages, supporting late-career staff is vital to retain their skills and experience.

The Improvement Cymru [Maternity and Neonatal Safety Support Programme Report](#) recommends standardising exit interviews and addressing themes at local and national levels.

Stay interviews provide an opportunity for a more proactive approach to retention. To support retaining and valuing the NHS Wales workforce, HEIW appointed a national Multi-professional Retention Lead and has funded local Multi-professional Retention Lead posts in each Health Board and Trust.

HEIW has published a [Retention Guide and Self-Assessment Tool](#) and developed a [National Retention Hub](#), acknowledging that focused efforts are required to retain staff, address local staffing challenges, and foster an inclusive and culturally competent healthcare system. It is crucial to develop a culture change to achieve this, we need to engage, collaborate, and empower clinicians to own retention challenges and subsequent improvements to ensure retention improvement is embedded.

Workforce data and supply and demand modelling

The development of data analytics, workforce intelligence, and modelling is transforming workforce planning at both local and national levels by enabling evidence-based decision-making. Advanced workforce modelling tools use real-time and predictive analytics to forecast staffing needs, ensuring a balance between supply and demand.

By integrating acuity data, workforce trends, and population demographics, workforce planners, managers and leaders can identify gaps, optimise skill mix, and improve resource allocation. Locally, this supports targeted recruitment, retention strategies, and flexible workforce deployment.

Nationally, cohesive workforce intelligence systems enable long-term workforce sustainability planning, ensuring a resilient and adaptable healthcare workforce that meets evolving service demands.

Accurate workforce data is fundamental to strategic planning in NHS Wales, particularly for education commissioning, workforce transformation, training, recruitment, and long-term capacity building. Effective workforce planning involves aligning the right skills with patient needs, which vary across Wales.

While some data is available through the Electronic Staff Record (ESR), limitations exist—particularly in perinatal care—due to dual roles, multidisciplinary team structures, and cross-service working. To address this, digital solutions and robust data systems together with national data standardisation and quality are essential for trusted insights for informed decision-making and workforce analysis.

A key priority of the [Plan](#) is achieving a comprehensive understanding of workforce supply and demand, particularly within maternity and neonatal care. This is a complex challenge, exacerbated by the absence of acuity data and tools to accurately assess service demand. HEIW is actively enhancing its modelling capabilities to improve understanding of these multi-dimensional workforce issues over time.

Modelling projections provide insights into potential future outcomes based on current data and assumptions to guide discussions on workforce policy and planning. Further improvements in workforce intelligence are necessary to support comprehensive workforce modelling for the entire perinatal team.

Progress has already been made in midwifery and nursing, with opportunities to expand and refine data collection across other perinatal professions, ensuring a fully informed and sustainable workforce strategy.

Acuity

Acuity data for maternity services is collated through the Birthrate+ system but its use is not standardised across Wales and the data is not utilised to guide national workforce requirements. An options appraisal is needed to evaluate potential strategies for standardising data collection, ensuring consistent application across all health boards and optimising its use in workforce planning to enhance service delivery and improve maternal and neonatal outcomes.

Alternative training pathways

In Wales, midwifery training consists of a three-year full-time degree programme. While it attracts a strong number of applicants, it may not be accessible to those who cannot afford to forego earnings during their studies. In apprenticeship midwifery training pathways have been positively evaluated, demonstrating benefits such as lower attrition rates, smoother transitions into the workforce, and greater commitment to host employers.⁶⁰ Currently, no alternative routes exist in Wales, this Plan will assess demand and develop the training options required.

International recruitment

Doctors joining UK practice who gained their primary medical qualification in the country of their nationality have been by far the largest contributors to the medical workforce since 2012.⁶¹ The [2023 GMC Workforce report](#) stated over half (52%) of doctors who joined the workforce in 2022 were international medical graduates (IMG) and the [2024 GMC Workforce report](#) found that over two thirds of new joiners were non-UK graduates. An All-Wales approach to international recruitment of doctors is essential to ensure a coordinated, equitable, and sustainable strategy that addresses workforce shortages, supports consistent training and integration, and enhances the resilience of healthcare services across Wales.

Sonography

There is a notable shortage of sonographers in the UK, which impacts the provision of obstetric ultrasound services. In maternity services ultrasound scans are completed by obstetricians, midwives with competencies in sonography and radiographers. The [Ultrasound Workforce UK Census 2019](#) reported a 12.6% vacancy rate for sonographer positions, with the primary cause being the inability to recruit suitable applicants. In Wales, the situation mirrors the broader UK trend.

[The British Medical Ultrasound Society Survey](#) noted that responses from Wales were limited, but the overall findings indicated an ageing sonographer workforce, with nearly half of respondents over 50 years old which suggests potential near future shortages due to retirements. The Strategic Maternity and Neonatal Network and NHS Executive are reviewing the guidance on ultrasound requirements for small for gestational age pregnancies.

This will help assess ultrasound demand, as rising antenatal complexities may increase the need for monitoring, placing further pressure on the sonography workforce. We aim to address this by collaborating with key partners such as the NHS Executive National Imaging Programme to develop and implement effective improvements to support the workforce to deliver this service. While the implementation of AI within sonography technology may extend beyond the timeline of this plan, it is essential to support and monitor its development to prepare staff on its use as a valuable tool within perinatal imaging.

Uplift

The [Ockenden Review](#) states that minimum staffing levels must include a locally calculated uplift, representative of the 3 previous years' data, for all absences including sickness, mandatory training, annual leave and maternity leave. This is echoed in the [Maternity and Neonatal Safety Support Programme Report](#).

Including a locally calculated uplift based on the previous three years' data ensures that minimum staffing levels accurately reflect real workforce demands, accounting for predictable absences such as sickness, mandatory training, annual leave, and maternity leave. This approach enhances workforce resilience, prevents unsafe staffing levels, reduces reliance on temporary staff, and ensures consistent, high-quality care for patients.

Multi-professional team working

Feedback from our engagement events highlighted the importance of prioritising essential multi-professional roles within perinatal care and ensuring their standardisation across health boards, recognising them as integral to delivering consistent, high-quality services.

Workforce colleagues also emphasised challenges around workload, job planning and career development. High workloads and insufficient planning for specialist and leadership roles were seen as contributing to staff wellbeing, while the lack of clear career progression pathways further limits workforce sustainability.

Multi-professional team working is vital in perinatal services. It brings together diverse expertise and perspectives, enabling holistic, coordinated care that addresses the complex needs of women, babies and families during pregnancy, birth, and the neonatal period. Multi-professional teams, strong leadership and continuous professional development are key factors to ensure sustainable, high-quality care⁶² and the need for a well-supported workforce to enhance service quality and outcomes.⁶³

Allied Health Professionals (AHPs) bring both core and specialised clinical skills to neonatal multidisciplinary teams (MDTs), positively impacting length of stay, neurodevelopmental outcomes, and family experiences²⁸.

AHPs in neonatal care develop expertise tailored to newborns, with key roles including dietitians, occupational therapists, physiotherapists, speech and language therapists and psychologists. Their specialised skills differ significantly from those required for older children and adults, highlighting the need for neonatal-specific training.⁶⁴ Pharmacy teams, comprising technicians, pharmacists, advanced and consultant pharmacists, play a vital but often underutilised role in perinatal care. As maternal health complexities increase due to factors such as obesity and long-term conditions, their contributions are crucial.

Pharmacy technicians support medication management under pharmacist supervision. Consultant pharmacists, as senior clinical experts, lead care delivery, service improvements, research, specialist input for complex cases and deliver pharmacy-led clinics for specific conditions. There are several specialised or quality roles included in staffing guidance for perinatal teams. However, there is no standardised approach to identifying the hours required for such roles. A standardised approach for perinatal care is required to ensure consistent service delivery.

This approach should outline the methodology to calculate hours for specific roles, covering both clinical care and supporting activities (SPA) across medical, nursing and midwifery positions. While multi-professional teams improve job satisfaction and skill development,⁶⁵ maintaining the right mix of skills is crucial.

Building an effective workforce means standardised approaches to integrating roles such as Physician Associates and Advanced Neonatal Nurse Practitioners (ANNPs), while considering training costs and protecting valuable nursing expertise. Success depends on finding the right balance of ANNPs, resident doctors, and other clinical staff to maintain service quality and retain skills.⁶⁶

Succession planning

To implement the [National Succession Planning Strategy for NHS Wales](#) in perinatal services, a structured approach should be adopted to identify and develop future leaders through appraisal and personal development plans, targeted leadership programmes, mentorship, and career development opportunities.

Workforce planning will align with national guidelines to address retention and skill gaps while promoting a culture of continuous learning to ensure a sustainable, high-quality workforce that meets future demands.⁶⁷



Key Actions



Theme: Growing the workforce

Action	Delivery
<p>1. Engage and collaborate with the national retention programme, local retention leads, organisations and the perinatal workforce, to promote retention best practice and equip and empower the perinatal workforce to positively impact retention at a local level through the delivery of targeted retention interventions.</p>	<p>HEIW (lead) and health boards</p>
<p>2. Actively promote careers in perinatal services to attract our future workforce.</p> <p>a. Promoting Careers:</p> <ul style="list-style-type: none"> • Develop a perinatal work experience model as part of the Strategic Framework for NHS Wales Careers to welcome and encourage potential applicants into NHS Wales. • Use HEIW’s Widening Access Programme to engage under-represented and disadvantaged groups. <p>b. Expanding Training Opportunities:</p> <ul style="list-style-type: none"> • Enhance and promote opportunities within existing training programmes to provide perinatal experience and placements for pre-registration nurses, medical students, physician associates, allied health professionals, and foundation doctors. • Create a unified approach for student midwife placements for those studying outside of Wales, whilst ensuring this does not impact on placements for those students studying in Wales. <p>c. Supporting Recruitment:</p> <ul style="list-style-type: none"> • Develop a consistent process for recruiting newly qualified midwives into Wales after the streamlining process. • Take targeted steps to improve recruitment into Obstetrics and Gynaecology training programmes. <p>d. Flexible Training Options:</p> <ul style="list-style-type: none"> • Pilot less than full time (LTFT) training places for paediatrics and anaesthetics to address rising demand. 	<p>HEIW (lead) and NWSSP</p>
<p>3. Enhance data-driven workforce planning and analytics for perinatal services to align workforce supply with future demand.</p> <p>a. Implement Workforce Modelling</p> <ul style="list-style-type: none"> • Develop scenario-based forecasting to anticipate future supply and demand trends, integrating pipeline data, population demographics, and workforce analytics to inform HEIW’s Education and Training Plan. <p>b. Strengthen Workforce Data Infrastructure</p> <ul style="list-style-type: none"> • Identify and address data quality issues and gaps in workforce data collection across maternity and neonatal services. • Establish a multi-professional perinatal workforce dashboard to monitor staffing trends and skill mix. 	<p>HEIW/Health Boards</p>

Theme: Growing the workforce Action	Delivery
<p>c. A structured method of assessing acuity and complexity</p> <ul style="list-style-type: none"> Review and scope acuity tools used to measure the intensity of intervention required to meet the needs of women and babies across all settings, conducting an options appraisal for an All-Wales approach. 	
<p>4. Address projected workforce gaps, optimise sub-specialist training opportunities, and develop a standardised approach to workforce uplift calculations.</p> <p>a. Consultant Workforce</p> <ul style="list-style-type: none"> Conduct a 10-year projection of consultant workforce gaps across Obstetrics and Gynaecology, Neonatology, and Obstetric Anaesthesia. Develop targeted strategies to recruit and retain specialist roles, ensuring service resilience. <p>b. Expand Training and Sub-Specialist Development</p> <ul style="list-style-type: none"> Increase access to sub-specialist training posts in areas such as fetal and maternal medicine, including cross-border training opportunities within Wales across organisational boundaries and NHS England where necessary. Update HEIW Specialty School strategies to optimise training in Obstetrics and Gynaecology, Neonatal GRID sub-specialties, and Obstetric Anaesthesia, aligning training placements with future workforce and population health needs. <p>c. Establish a Standardised Workforce Uplift Framework</p> <ul style="list-style-type: none"> Develop a clear methodology for workforce uplift calculations, accounting for factors such as sickness, training, and maternity leave. Use historical workforce data from the past three years to determine required staffing levels and resilience measures. 	HEIW
<p>5. Improve workforce supply and shape through an All-Wales approach to international recruitment. Collaborate with NHS Wales Shared Services Partnership (NWSSP) and health boards to identify medical workforce vacancies and consider options for an All-Wales approach to the ethical international recruitment of perinatal medical staff.</p>	HEIW
<p>6. In partnership review the sonography workforce in Wales and develop workforce solutions to meet the demand for obstetric ultrasound scans.</p> <p>a. Work with NWSSP to develop guidance for health boards on ESR data capture to develop accurate workforce intelligence.</p> <p>b. Develop a multidisciplinary skill mix workforce model for ultrasound that considers future technology developments</p> <p>c. Strengthen the midwifery sonography workforce by implementing a structured pathway for training, supervision, and career development.</p> <p>d. Collaborate with NHS Executive National Imaging Programme, Strategic Maternity and Neonatal Network to develop a better understanding of demand data for perinatal sonography services.</p>	HEIW and the NHS Executive (National Imaging Programme)

Theme: Growing the workforce Action	Delivery
<p>7. Review and strengthen local workforce planning and transformation considering projected birth rates, increasing complexity of pregnancies, and service user needs.</p> <ul style="list-style-type: none"> a. Develop and implement a multi-professional skill mix model for the perinatal team, including new and emerging roles based on the Strategic Clinical Maternity and Neonatal Network Service Specification. Utilise the visual guide (Appendix 4) to support workforce planning and development of a workforce model locally. b. Utilise HEIWs workforce observatory to support local workforce planning Workforce observatory - HEIW c. Develop a method of calculating the hours required for roles e.g. Specialist and Leadership roles for medical, nursing and midwifery within perinatal services with appropriate job planning support in direct clinical care and SPA time for the work to be completed. d. Identify critical positions within perinatal teams for the purpose of robust succession planning, assess and develop current staff members who might be able to fill these positions. <p>Strengthen national workforce planning in perinatal teams including consideration of new and emerging roles, alternative career routes, and sustainable workforce pipelines to meet population needs and demand.</p> <ul style="list-style-type: none"> e. Develop a career progression and educational pathway that enables maternity support workers to become registered midwives. f. Develop good practice guidance to support portfolio pathway routes into specialist registration. g. Develop a workforce planning toolkit to inform obstetric, obstetric anaesthetist and neonatology staffing levels in Wales h. Create guidance for deploying Physician Associates (PAs) in perinatal care, ensuring alignment with their scope of practice, regulatory requirements, and supervision needs. 	<p>Health Boards</p> <p>HEIW</p>

4.2 Education and training

Workforce and stakeholder engagement highlighted the need for structured career progression frameworks and equitable training opportunities within perinatal services. For support workers and allied health professionals, the lack of clear development pathways was felt to contribute to retention challenges and limited professional growth.

Establishing comprehensive progression frameworks, such as alternative models of training and competency-based systems, alongside structured mentorship and funding for training was welcomed to improve job satisfaction and workforce retention. We heard a multi-professional and inclusive approach to education and training is crucial for addressing workforce gaps.

Standardising competency frameworks and aligning them with national guidelines is needed to reduce variability across health boards, enhance collaboration, and better integrate AHPs and other specialised roles into multi-professional teams. Initiatives focusing on cultural awareness, reducing health inequalities, and addressing broader socio-economic determinants of health are also essential to supporting equitable, patient-centred care.

Multi-professional learning

Several sources advocate for multi-professional learning in maternity and neonatal care to enhance patient outcomes and foster effective teamwork.^{68,69,70} These reports highlight that multi-professional training should be a core component of continuous professional development for maternity staff, ensuring effective collaboration in both routine and emergency situations.

The [CORE Study King's College London](#) is exploring the implementation of multi-professional maternity and neonatal training across England. The [Sands and Tommy's Joint Policy Unit](#) states all staff must have access to the necessary training to perform their roles safely and effectively. To promote teamwork, training should be multi-professional, promoting collaboration with a shared purpose. It should also emphasise situational awareness and the impact of human factors.

A core focus of HEIW's pre-registration commissioned education is the integration of interprofessional placement learning across nursing, midwifery, allied health, and healthcare science programmes. Education providers must demonstrate that their commissioned programmes include a diverse range of interprofessional education (IPE) experiences at all levels of study.

IPE must comprise at least 20% of learning and align with the WHO definition, ensuring students learn with and from one another. Additionally, all students must complete 150 hours of IPE placement in accordance with the [All-Wales principles for interprofessional placement learning experiences](#).

Prompt Wales, Community PROMPT Wales, Intrapartum Fetal Surveillance and Multi-professional Neonatal Emergency Training Wales

There are existing opportunities for multi-professional learning that address recommendations from national reports including [PROMPT Wales - NHS Wales Shared Services Partnership](#) which equips all staff involved in the care of women and babies with the skills to recognise and manage obstetric emergencies.

Using a structured approach and evidence-based algorithms, the training follows the principle that [teams that work together should train together](#). It brings together all members of the multi-professional team, enhancing communication and minimising the impact of human factors.

Fetal monitoring has been identified as a critical contributory factor in cases where improvements in care may have prevented a poor outcome. In 2018 the [all-wales-intrapartum-fetal-surveillance-standards](#) were developed and updated in 2023.

During this update, a review of education across Wales was completed by the Welsh Risk Pool and identified variation and an appetite for a standardised approach to training and education for intrapartum fetal surveillance. Subsequently, [Intrapartum Fetal Surveillance Wales](#) has developed all-Wales multi professional training in fetal surveillance, centrally coordinated by a national team to support local faculties and maintain standardisation across NHS Wales.

This programme not only focuses on fetal physiology but also addresses the common themes identified in UK maternity reports by incorporating the impact of human factors (including situational awareness, teamworking, communication and escalation) in relation to cardiotocograph (CTG) interpretation and intermittent auscultation.

[MoNET Wales](#) is a multi-professional neonatal training programme currently being piloted across all Health Boards in Wales. Delivered in-situ over a full day, it includes clinical management, human factors, presentations, workshops, and scenario-based learning. Aiming to enhance teamwork and improve outcomes for babies and families, it is designed for annual participation by all neonatal team members.

Locally employed doctors

A report by the [General Medical Council](#) state that locally employed (LE) doctors represent the fastest-growing segment of the medical profession, with a 75% increase observed in the UK between 2019 and 2023. In Wales, LE doctors comprise half of the obstetric medical workforce.

However, there is a notable disparity in training and career progression opportunities for these doctors compared to their trainee counterparts. Addressing this imbalance including clear governance to ensure compliance is essential to ensure equality and support the development of all medical professionals.

Support workers in maternity and neonatal settings

In 2024, there were 530 support workers in maternity and 69 in neonatal services⁷¹. [The Maternity and Neonatal Safety Support programme](#) recommends clear career progression pathways for both qualified and non-qualified staff to support workforce development. The [Kings Fund](#) highlights that workplace culture and career prospects are key factors in staff retention.

In 2013 the [Cavendish Review](#) found that support workers were sometimes providing clinical care without adequate supervision, education, or training, with inconsistencies in training and deployment across services. These challenges have persisted, as highlighted in the [RCM's report on maternity support workers](#) in 2017, which continues to raise concerns about the lack of standardised training and role clarity within the workforce. Support workers play a vital role in providing care to families experiencing perinatal care and investing in their ongoing development by with standardised education pathways to enhance their knowledge, competence and skills is essential.

The [cavendish-review-10-years-on](#), highlighted the importance of CPD opportunities for healthcare support workers (HCSW), with more needed to provide career progression and educational opportunities for this important part of the perinatal team. A key finding from the Review identified that support workers feel the NHS is not getting the best from them and that they could contribute more if they had greater access to learning and development.

Enhanced, advanced and consultant practice

In 2023 HEIW developed a [Professional Framework for Enhanced, Advanced and Consultant Clinical Practice](#). This workforce resource defines and provides a clear understanding of enhanced, advanced and consultant practitioner roles. Providing enhanced, advanced and consultant career pathways enables all perinatal professionals to develop and progress, improving engagement and retention while benefiting organisations through their expertise.⁷²

Continuous Professional Development

Continuous learning supports career development, maintains skills, and ensures evidence-based practice⁷³. The plan aims to support this through education commissioning. Balancing education, service quality and operational management of the clinical service is crucial. Mandatory training must be relevant, evidence-based, and support practice. Continuous learning ensures career growth and up-to-date skills⁷⁴. As training requirements evolve, regular review and a unified All-Wales approach are essential.

Priorities for this work will include the standardisation of Quality in Speciality (QIS) training for neonatal nursing in Wales, the requirement for Enhanced maternity care (EMC) training⁷⁵ and educational support for the NHS Executive Service Specification for Transitional Care.

Practice Development Midwives (PDM) and Practice Education Facilitators (PEF) coordinate training in perinatal services, ensuring staff maintain clinical skills, confidence and receive new evidence-based knowledge. Training enhances teamwork, joint decision-making, and emergency response. Currently, there is no national platform for collaboration, standardisation or sharing best practices.



Transitional and Neonatal Outreach Care

Neonatal services are evolving, with a renewed focus on Transitional and [Neonatal Outreach](#) care. Keeping mothers and babies together should be at the heart of newborn care. Neonatal Transitional Care (NTC) enables mothers to remain the primary caregivers for their babies who require more than routine newborn care but do not need admission to a neonatal unit.⁷⁶

Implementing NTC has the potential to prevent unnecessary admissions to neonatal units across Wales each year while providing vital support for small and late preterm babies and their families. Transitional care has become a key component of perinatal services, requiring staff to develop skills in both maternal and neonatal care. Neonatal outreach care aligns with the vision in [A Healthier Wales](#) to provide care closer to home.

Genomics

Genomics is transforming healthcare by improving disease understanding and enabling targeted treatments. While perinatal professionals need genomic knowledge, specialist roles are expected to expand. Advances in women's healthcare include prenatal screening and preimplantation diagnosis.⁷⁷ Genomic testing in neonatal care will improve outcomes for neonatal patients⁷⁸ but requires skilled professionals to interpret results and guide clinical decisions. HEIW has developed a [Genomics-workforce-plan](#) and resources on [Y Ty Dysgu](#) including e-learning.

Public health

Public health plays a crucial role in maternity and neonatal services by focusing on prevention, early intervention, and health promotion to improve outcomes for mothers, newborns, and families. It addresses key issues such as maternal nutrition, smoking cessation, mental health support, and vaccination.

By tackling social determinants of health, such as poverty, housing, and access to care, public health initiatives help reduce inequalities and ensure that all families receive the support they need. Additionally, public health approaches contribute to long-term wellbeing by promoting breastfeeding and supporting early child development, reducing the burden on healthcare services and improving population health.

Public health is embedded in the perinatal team's approach to care by promoting early intervention, health education, and preventative care to improve maternal and infant outcomes. A person-centred approach to behaviour changes in health focuses on understanding an individual's values, motivations, and circumstances to support sustainable and meaningful change.

It involves collaborative conversations, where healthcare professionals empower individuals by recognising their autonomy, building trust, and using techniques such as motivational interviewing and shared decision-making. This approach moves away from directive advice and instead tailor's interventions to the person's unique needs, considering social, emotional, and environmental factors that influence behaviour. By fostering self-efficacy and providing personalised support, person-centred strategies enhance engagement, improve adherence to health interventions, and lead to better long-term health outcomes. HEIW has a multi-professional interactive learning module on [Shared decision making](#)⁷⁹ available on [Y Ty Dysgu](#).

Enhanced maternity care

Maternity care has become increasingly complex in recent years, with more women requiring higher levels of support, including enhanced maternity care. This is due to factors including increasing maternal age, increasing rates and levels of obesity and other comorbidities. The Intensive Care Society has developed [Guidance on Development and Implementation](#) of Enhanced Maternal Care.

In addition, the Royal College of Anaesthetists (RCOA) has developed [Enhanced Maternal Care-Guidelines](#). Education and training in the care of women who are acutely deteriorating/critically ill is essential for all teams involved in maternity care. Staff play a vital role in ensuring the safety of both mothers and babies, recognising early warning signs and deterioration, and keeping women informed about their care.

The RCOA state that adequate numbers of staff to provide safe care should always be available with the knowledge and skills to detect deterioration, escalate intensity of monitoring, and deliver appropriate care to a critically ill peri-partum woman in any setting, whether it be in a low-risk unit or a tertiary referral critical care unit⁸⁰.

Inequalities in health and outcome for Black, Asian and minority ethnic women and babies

The [Sands and Tommy's Joint Policy Unit](#) states that initiatives need to be focussed on improving care for those at increased risk of worse outcomes to reduce rates of miscarriage, stillbirth, neonatal death and preterm birth. This includes accurately recording ethnicity data and using it to respond to risk factors. It also involves working with women and birthing people from minoritised ethnic backgrounds, and other disadvantaged communities, to tailor care and improve outcomes. Significant health inequalities persist in UK maternity and neonatal care.

Maternal mortality rates are nearly four times higher for Black women and almost twice as high for Asian women compared to White women⁸¹. Stillbirth and neonatal mortality rates are lowest for White babies in the least deprived areas (2.78 stillbirths and 1.26 neonatal deaths per 1,000 births), while Black African and Black Caribbean babies in the most deprived areas face rates of 8.10 and 7.96 stillbirths per 1,000 births, respectively.⁸² The [Royal College of Paediatrics and Child Health](#) advocates for diversity training and unconscious bias awareness while the Welsh Government [National Workforce Implementation Plan](#) emphasises the need for cultural competence and inclusivity in the workforce. The Improvement Cymru [Maternity and Neonatal Safety Support programme](#) prioritises reducing ethnic minority disparities, aligning with NHS Executive and professional body initiatives.


The Royal College of Midwives has developed a [decolonising-midwifery-education-toolkit_digital_final.pdf](#) to empower midwifery educators to challenge the implicit and explicit legacies of colonial perspectives in all aspects of midwifery education. The newly published Welsh Government [Quality statement for maternity and neonatal services](#) states that women from ethnic minority backgrounds face substantial obstacles, and there are quantifiable negative disparities in health outcomes, particularly within perinatal services. Enhancing data collection and analysis to better understand the experiences of Black, Asian, and minority ethnic women and families, have been a priority since the release of Welsh Government's [Anti-racist Wales Action Plan](#) in June 2022. In support of this Welsh Government have published a [Perinatal engagement framework: report](#) which has been co-developed with communities, stakeholders, and healthcare professionals to ensure the voice of service users is heard and actioned.

Maternity theatres

The MBRRACE-UK reports emphasise the importance of timely access to obstetric theatres and the availability of appropriately trained staff to improve maternal outcomes. The 2023 report highlights that delays in accessing theatres and the lack of immediate availability of skilled personnel can adversely affect maternal care.⁸³

In line with these findings, the Ockenden Report recommends that maternity units ensure the availability of a dedicated obstetric theatre team 24/7 to enhance patient safety and care quality.⁸⁴ With increasing demand for surgical births, maternity theatre teams are playing a more prominent role. Working alongside HEIWs Theatre Transformation Programme, this Plan will integrate best practices and enhance training capabilities, ensuring we meet evolving service demands.

Key Actions

 Theme: Education and training	
Action	Delivery
8. Develop a career development framework, and an education and training plan to support the provision of Pharmacy and Allied Health Professional workforces in perinatal services to meet professional body recommendations/standards.	HEIW
9. Develop a programme of support for Locally Employed doctors in perinatal services to include tutors, induction, supervision, educational opportunities, and e-portfolios.	HEIW
10. Progress the career development and training of the support worker workforce, across maternity and neonatal services including theatres and community settings. <ul style="list-style-type: none"> a. Develop an All-Wales competency and career progression framework for perinatal support workers at levels 2, 3 and 4, including options for progression from non-registrant to registrant (nursing and maternity). b. Commission work-based learning for level 2, 3 and 4 staff working in perinatal teams to provide opportunities for learning and development specific through the Education and Training Plan process c. Provide training for health board colleagues to enable them to assess and sign off work-based learning competencies, ensuring effective supervision and supporting the development of expertise. 	HEIW
11. Develop training and resources to reduce inequalities in health and outcomes for Black and ethnic minority women, birthing people, and babies. <ul style="list-style-type: none"> a. Develop a compulsory training programme for perinatal teams in NHS Wales focussing on cultural awareness and unconscious bias. 	HEIW

Theme: Education and training Action	Delivery
<ul style="list-style-type: none"> b. Develop training and resources to support the assessment and diagnosis of conditions in Black and ethnic minority women and babies to improve equity and reduce inequalities. 	
<p>12. Improve the education and training opportunities of the perinatal workforce.</p> <ul style="list-style-type: none"> • Develop a multi-professional Core Competency Framework with minimum standards and stretch targets. • Develop career pathways for the perinatal workforce, aligning education with advanced, enhanced, and consultant practices to expand roles for midwives, nurses, allied health professionals, healthcare scientists, and pharmacists. <p>Early priorities include:</p> <ul style="list-style-type: none"> • Standardise the Qualified in Speciality (QIS) neonatal nursing training across Wales in collaboration with key partners. • Review and optimise paediatrics and neonatology teaching, including SPIN and GRID training. • Develop multi-professional work-based learning for transitional care, neonatal outreach, and perioperative care (maternity theatres). • Prioritise commissioning for enhanced maternity care and ultrasound education modules through the Education and Training Plan process. • Develop and implement a Genomics Workforce Development Toolkit to prepare the wider perinatal workforce to maximise the benefits of genomics. • Establish a Practice Development Midwife and Practice Education Facilitator All-Wales forum to standardise training and education across Wales. • Create a digital learning hub within ‘Y Ty Dysgu’ for perinatal resources. • Develop training in ‘Motivational Interviewing’ skills for health professionals, to support person/family-centred approaches to behaviour change. • Develop an interactive e-learning module on ‘Shared Decision Making’ facilitating a person/family-centred approach to care. • Commission training focused on remote and advanced clinical decision-making, developing care beyond the clinical setting. • Promote Welsh-language progression opportunities for the workforce to meet anticipated increased demand for service users. • Develop educational resources to support the implementation of the National Bereavement Care Pathway for Pregnancy and Baby Loss. 	<p>HEIW and NHS Executive</p>

4.3 Leadership and culture

Feedback from the workforce and stakeholders highlights the need for compassionate, visible, and inclusive leadership, structured preceptorship, clinical supervision, and effective succession planning in perinatal services. Visible leaders can help make staff feel supported in their role and enable them to escalate concerns promptly to improve outcomes for women and their babies.⁸⁵

Good leadership is vital in creating an inclusive team culture with effective communication, escalation, and clear routes of accountability. This is necessary for good clinical care for women and helps to drive a culture of safety and improvement.⁸⁶

Compassionate leadership is seen as an enabler for a supportive culture, enhancing staff well-being and strengthening teamwork, but must be meaningfully integrated into professional development. The engagement emphasised the importance of leadership programmes that promote psychological safety, supporting teams after traumatic events and facilitating difficult conversations. A key component of an open culture is creating an environment where staff feel supported to raise concerns.



Speaking up safely

The [Sands and Tommy's Joint Policy Unit](#) states that staff must be able to escalate concerns about clinical care whenever necessary, with clear protocols in place to support this. Staff must be able to report safety concerns without fear of reprisal or repercussions. Organisations must ensure an open learning culture from board to ward level.⁸⁷

The Welsh Government [Speaking up Safely: A Framework for the NHS in Wales](#) outlines principles and practices to support a culture where employees can raise concerns without fear. It emphasises the importance of creating a safe environment for speaking up, detailing the roles and responsibilities of employees, managers, and boards.

The framework includes toolkits for implementing this culture, managing concerns, and ensuring transparency and continuous improvement. It aims to protect patient safety, improve healthcare quality and foster a supportive workplace. HEIW has launched a [Raising Concerns Reflective Toolkit](#) to help learners, students and non-medical trainees feel comfortable, confident and supported in raising concerns.

The Welsh Government [Quality Statement for maternity and neonatal services](#) envisages a compassionate, inclusive, and learning-focused workforce culture, prioritising staff well-being, psychological safety, equitable career development, and strong leadership. Creating a culture of safety, learning, and support within perinatal services is essential for improving patient care and staff well-being.

A just culture that encourages learning from adverse events, rather than individual blame, supports thorough investigations to enhance safety for women and babies.^{88,89,90} The psychological impact of working in high-pressure environments is significant, with evidence showing that 40% of staff in paediatric settings experience burnout, moral injury, or post-traumatic stress symptoms⁹¹, which can impact retention.

The Improvement Cymru [Maternity and Neonatal Safety Support Programme Report](#) recommends NHS Wales implement standardised review processes for adverse events and ensure psychological support within maternity and neonatal units to embed psychological safety and the principles of a just culture as cultural norms.

Development of a learning culture and quality management system

The development of a learning culture is underpinned by organisational and professional responsibilities associated with duty of candour, which highlighted the need to review and update the [National Health Service \(Concerns, Complaints and Redress Arrangements\) \(Wales\) \(Amendment\) Regulations 2023](#) alongside the Welsh Government [Putting Things Right Guidance](#).

To build a learning healthcare system, a structured approach to learning must be implemented - one that fosters a just and supportive culture, demonstrates strong leadership, understands human behaviour, and upholds clear values that prioritise safety as a key component of quality care. The [Groundhog-Day-2-Report](#) by the Public Services Ombudsman for Wales highlights recurring failings in complaint handling within Welsh health boards.

It stresses the need for cultural change, improved transparency, and stronger leadership to ensure complaints drive meaningful service improvements rather than repeating past mistakes. Leaders should encourage reflection and collective problem-solving.⁹²

The implementation of a [Quality Management System](#) (QMS) as an operating framework will underpin a learning healthcare system to continuously, reliably, and sustainably meet the needs of the population we serve. Improvement Cymru, the Institute for Healthcare Improvement (IHI) and NHS Wales health boards and trusts have joined together to create the [Safe Care Partnership](#).

During 2025, the Framework for Safe Reliable and Effective Care will be launched and will support the delivery of an effective quality management system. In addition, the NHS Executive are developing a Quality Outcomes Framework (QOF) which will include national harm and safety indicators to enable organisations to learn and direct their quality and safety improvements at 'whole-system level' through a suite of high-level measures.

The focus is on improving quality, experience, and outcomes for patients – aligned to the definition of quality in the Duty of Quality: continuously, reliably, and sustainably meeting the needs of the population that we serve. The Care Quality Commission (CQC) has developed an Improvement Resource [Maternity improvement resource](#) sharing good practice and allowing services to learn from each other. HEIW has developed [Improving quality through simulation, HEIW ASPIH and SESAM 2023](#) to guide simulation-based responses following key events in healthcare which is based on Quality Improvement (QI) principles.

This framework includes [Safety-I to Safety-II](#) principles, detailing a shift in healthcare safety management, moving from a reactive approach that focuses on preventing errors (Safety-I) to a proactive approach that emphasises understanding and supporting the conditions that enable successful outcomes (Safety-II). This perspective recognises the adaptability and resilience of healthcare professionals, advocating for a system that learns from everyday clinical work to improve safety and patient care.

Compassionate Leadership

Compassionate leadership is essential in perinatal services to create inclusive, psychologically safe environments that enhance teamwork and staff well-being⁹³. The evidence linking compassionate leadership, wellbeing of the workforce and quality of care is well known and underpins all the leadership development programmes and resources in NHS Wales.

The Kings Fund developed [The courage of compassion: Supporting nurses and midwives to deliver high-quality care](#) which highlights eight key recommendations to support the wellbeing of nurses and midwives. There is a need to ensure that compassionate leadership development is available to the perinatal team at all levels. National reports have identified poor leadership and culture as key contributors to adverse maternal and neonatal outcomes.^{94,95,96}

When leaders promote civility in perinatal care, they strengthen team dynamics and enhance patient outcomes. However, developing a truly respectful and supportive environment is everyone's responsibility—each team member must practise civility and be willing to challenge uncivil behaviour.

Leadership training should focus on culture, civility and high-performing teams, alongside regular psychological safety surveys at local and national levels⁹⁷. HEIW supports the development of compassionate leadership within perinatal teams through various programmes, including the [Advanced Clinical Leadership Programme](#), the [Welsh Clinical Leadership Training Fellowship](#), the [NHS Wales General Management Graduate Programme](#) and the [Senior Leadership Experience](#) and the [Gwella leadership portal](#), to equip staff with the skills to develop inclusive and effective teams.

HEIW is also piloting an NHS Wales Black, Asian and Minority Ethnic Future Senior Leader Talent Pool to support and develop Black, Asian, and Minority Ethnic leaders, promoting diversity in senior management roles on a multi professional basis.

Clinical Supervision

Clinical supervision is an established component of workforce support in the NHS, offering peer and wellbeing support, professional accountability, and skill development⁹⁸. The Chief Nursing Officer (CNO) for Wales has published a national position statement on ⁹⁹ [Nursing Preceptorship and Restorative Clinical Supervision](#), with recognition of its potential value across other professional groups.

Restorative supervision provides psychological support by enhancing coping skills and reducing symptoms of burnout and secondary traumatic stress, while improving compassion satisfaction¹⁰⁰. Ensuring supervisors receive proper education and training is crucial for the successful implementation of restorative supervision across professional groups.

Research in midwifery suggests that clinical supervision for midwives should also focus on enhancing personal confidence, self-efficacy, and stress management techniques¹⁰¹. HEIW will conduct an evaluation of the [current midwifery supervision model](#), established in 2017, to assess its sustainability and alignment with future workforce needs. Whilst also considering how to support all professions to embed clinical supervision into practice.



Key Actions



Theme: Leadership, succession planning and culture

Action	Delivery
<p>13. Develop resources for NHS Wales to promote a culture of safety, learning, and support within perinatal teams.</p> <ul style="list-style-type: none"> a. Collaborate with the NHS Executive to establish an All-Wales response to incidents, focusing on just culture, psychological safety, staff wellbeing, shared learning, and co-production. Align work to national guidelines and regulation. b. Develop an evaluation tool to measure the effectiveness of actions implemented following an incident. c. Develop All-Wales training for all professionals involved in perinatal incident investigations. d. Develop an All-Wales compassionate approach to support staff emotionally and psychologically after challenging or traumatic incidents. 	<p>HEIW and the NHS Executive</p>
<p>14. Develop and implement targeted multi-professional programmes and resources to embed compassionate leadership and an open and positive culture in perinatal teams.</p> <ul style="list-style-type: none"> a. Pilot the Staff/Team/Team of Teams (STATT) leadership course in one health board to strengthen interdisciplinary collaboration across professions and services. If successful, expand and implement the programme across perinatal teams throughout Wales to enhance teamwork and leadership in maternity and neonatal care. b. Implement a train the trainer approach for compassionate leadership and compassionate people practices within perinatal teams to develop a compassionate culture. c. Target and market existing leadership programmes to aspiring leaders in the perinatal team. d. Development of resources to support leaders in creating and maintaining a culture of civility and respect within perinatal teams. 	<p>HEIW</p>
<p>15. Undertake an All-Wales review of the provision of educational/clinical supervision for all perinatal professionals, including training/education available for supervisors, with recommendations for practice. Develop a multi-professional Supervision Hub on Gwella.</p>	<p>HEIW</p>

4.4 Workforce transformation

Staff strongly support a nationally standardised approach to service delivery, particularly in areas such as maternal medicine. Key feedback priorities include:

- 🔗 Promoting regional collaboration to share best practices
- 🔗 Investing in digital and data literacy training across all roles
- 🔗 Developing flexible, accessible training opportunities
- 🔗 Strategically introducing new roles with clear governance and career pathways.

Workforce transformation is crucial for perinatal services to meet diverse care needs. By adopting innovative models, integrating new roles, and enhancing digital readiness, services can stay adaptable, and patient centred.

Digital transformation

The [Sands and Tommy's Joint Policy Unit](#) Report states that data collection must help identify variation in outcomes between maternity units, and among different patient groups (for example among women from Black and minority ethnic groups). Steps must be taken to understand the causes of variation and to inform improvements.

Better data collection needs to be supported by improving access to digital maternity records. The Strategic Clinical Maternity and Neonatal Network are currently developing a national maternity and neonatal quality dashboard which will include process, outcomes, and activity measures, providing opportunities for benchmarking and improvement.

Within 20 years, 90% of NHS jobs will require digital skills¹⁰². Staff will navigate a data-rich healthcare environment with strong digital literacy, enabling them to accurately monitor services, evaluate and refine decision-making, and drive data-driven service transformation.

The Welsh Government [Digital and data strategy for health and social care in Wales](#) emphasises the need to upskill the workforce to maximise digital services to support clinical care. Artificial intelligence is set to play a significant role in the future of healthcare, with its use guided by the recommendations of the [AI Commission for Health and Social Care](#) in Wales.

Digital tools such as automation, immersive technology, remote monitoring, and artificial intelligence have the potential to significantly reduce the workload of clinical staff while enhancing patient outcomes and experience.

Women and their families often represent a younger segment of the population who often are confident with using technology. Their interaction with perinatal services can be enhanced through the integration of user-friendly digital platforms such as virtual consultations and appointment scheduling.

This plan seeks to overcome potential staff barriers by enhancing digital capabilities for pre- and post-registrants, creating a culture of innovation through the practical benefits of utilising digital tools safely in streamlining workflows and improving patient care.

Regional working

Regional working including cross boundary working supports skill maintenance, shared learning, and access to sub-specialist services closer to local communities¹⁰³. By embracing regional collaboration, maternity and neonatal services in Wales can achieve greater consistency, efficiency, and quality, benefiting both healthcare professionals and the families they serve.

Quality Improvement, Innovation and Research

Quality improvement, innovation, and research are essential to enable perinatal teams to for example identify and address gaps in healthcare, enhance outcomes, and adapt to the changing needs of patients and communities. Improvement Cymru offer different levels of quality improvement courses for professionals working in health and social care via the [Improvement Cymru Academy](#).

In addition, [Health Care Research Wales](#) offer advice, guidance and training to support research projects. By engaging in research and fostering innovation, health professionals contribute to evidence-based practices that drive sustainable improvements in healthcare systems.

In Wales, this focus aligns with national priorities such as [A Healthier Wales](#),¹⁰⁴ supporting a culture of continuous learning and enabling perinatal teams to play a pivotal role in transforming services in the future.

Research is essential to the advancement of clinical care, with the entire perinatal multidisciplinary team playing a key role. The [Health and Care Research Wales Priority Project](#) seeks to drive meaningful improvements through evidence-based collaboration and its principles will be incorporated into perinatal services.

Maternal Medicine Network

Maternal mortality and morbidity in the UK remain unacceptably high, with significant disparities affecting women from ethnic minority backgrounds and those in socially deprived areas.

Recent [MBRRACE-UK](#)¹⁰⁵ reports highlight that progress in reducing maternal deaths has stalled since 2011-2013, with over two-thirds of deaths occurring in women with pre-existing medical or psychiatric conditions. Cardiac, neurological, and thromboembolic conditions remain the leading causes.

In Wales, additional challenges such as higher obesity rates, socioeconomic deprivation, and an ageing maternal population further complicate pregnancy care. The absence of a formal Maternal Medicine Network (MMN) in Wales results in fragmented and inequitable care pathways, limiting access to specialist support.

The Strategic Clinical Maternity and Neonatal Network are currently working with NHS Wales Joint Commissioning Committee to scope the requirements of such a Network in Wales.

Key actions



Theme: Workforce transformation

Action	Delivery
<p>16. Work in partnership to develop an All-Wales approach and set of principles to implement rotational posts and regional working. Develop principles to facilitate cross health board development opportunities and shared training.</p>	<p>NWSSP & WOD colleagues</p>
<p>17. Develop the multi-professional workforce model and learning opportunities for a potential Maternal Medicine Network in Wales, incorporating new and emerging roles.</p>	<p>HEIW</p>
<p>18. Develop a digitally ready workforce.</p> <ol style="list-style-type: none"> a. Roll out HEIWs Digital Capability Framework in perinatal teams. Utilise the data to identify training needs and commission training/education informed by the evidence gathered. b. Develop a digital competency passport, based on the Digital Capability Framework for healthcare in Wales. c. Develop a targeted digital leadership programme for multi-professional perinatal teams that will support digital transformation, service improvement, automation, and data literacy. d. Provide perinatal staff with knowledge and skills to safely and positively integrate artificial intelligence into practice 	<p>HEIW</p>
<p>19. Develop research opportunities for perinatal staff.</p> <ol style="list-style-type: none"> a. Develop a career framework to increase research opportunities including clinical academic roles for pharmacists, midwives, nurses, and allied health professionals within perinatal services. b. Support the identification of talented academics early in pre-registrant training to fast track on academic pathways following qualification (i.e. Health and Care Research Wales fellowship) c. Create accessible resources within 'Y Ty Dysgu' to support staff to navigate a career in clinical academia. 	<p>HEIW/HEI/ HB</p>

Section 5: Benefits

Implementation of the actions within the **Plan** will bring benefits across different stakeholder groups. A baseline measure will be determined to evaluate the benefits of the plan.

Aims	Measure
High Quality, Patient-Centred Care	<ul style="list-style-type: none"> 🔗 Patients Experience (PREMS) 🔗 Clinical Outcomes (Maternity and Neonatal Dashboard) 🔗 Equity Measures (Maternity and Neonatal Dashboard) 🔗 Multidisciplinary working (MDT records on EPR)
Engaged and Supported Workforce	<ul style="list-style-type: none"> 🔗 Sickness rates (ESR) 🔗 Staff turnover rates (ESR) 🔗 NHS Wales Staff Survey
Improved Recruitment and Retention	<ul style="list-style-type: none"> 🔗 Time to fill vacancies 🔗 Retention rates pre and post 1 year (ESR)
Intelligence Led Workforce Planning	<ul style="list-style-type: none"> 🔗 Implementation of workforce model 🔗 Standardisation of acuity collection
Comprehensive Education and Training	<ul style="list-style-type: none"> 🔗 Participation rates within Y Ty Dysgu training programmes (Y Ty Dysgu platform) 🔗 Number of educational support courses commissioned 🔗 Postgraduate training onboarding (LED data) 🔗 Career progression rates
Compassionate Leadership and Culture	<ul style="list-style-type: none"> 🔗 Compassionate Leadership training delivery and feedback 🔗 Incident reports relating to workplace culture 🔗 NHS Wales Staff Survey
Integrated Training and Education Infrastructure	<ul style="list-style-type: none"> 🔗 Participation in educational programmes (commissioning fill rates) 🔗 Retention rates pre 1 year (ESR) 🔗 Educational course attrition rates (LED data)

Section 6: Implementation

The actions identified in this plan will be delivered over a three-year period recognising the need for capacity and resources to support implementation. As outlined in Welsh Government's Quality Statement,¹⁰⁶ health boards and HEIW will work together to prioritise year 1 actions to ensure the perinatal strategic workforce plan is delivered, noting that this will be a phased approach. A prioritisation exercise will be undertaken, and all actions will need to be costed.

Prioritisation will need to take account of:

- ❏ Actions that contribute significantly to workforce sustainability in the short/medium, and where they contribute towards the delivery of policy goals and support the delivery of statutory requirements or address quality and safety issues
- ❏ HEIWs strategic objectives
- ❏ Actions that are likely to have a high impact across the multi-professional workforce
- ❏ Where actions can be taken forward within existing resources or with minimal investment, these will be progressed without delay. Other actions may require the development of business cases. Strong partnerships across NHS Wales and with key stakeholders will be needed to support implementation

Appendices

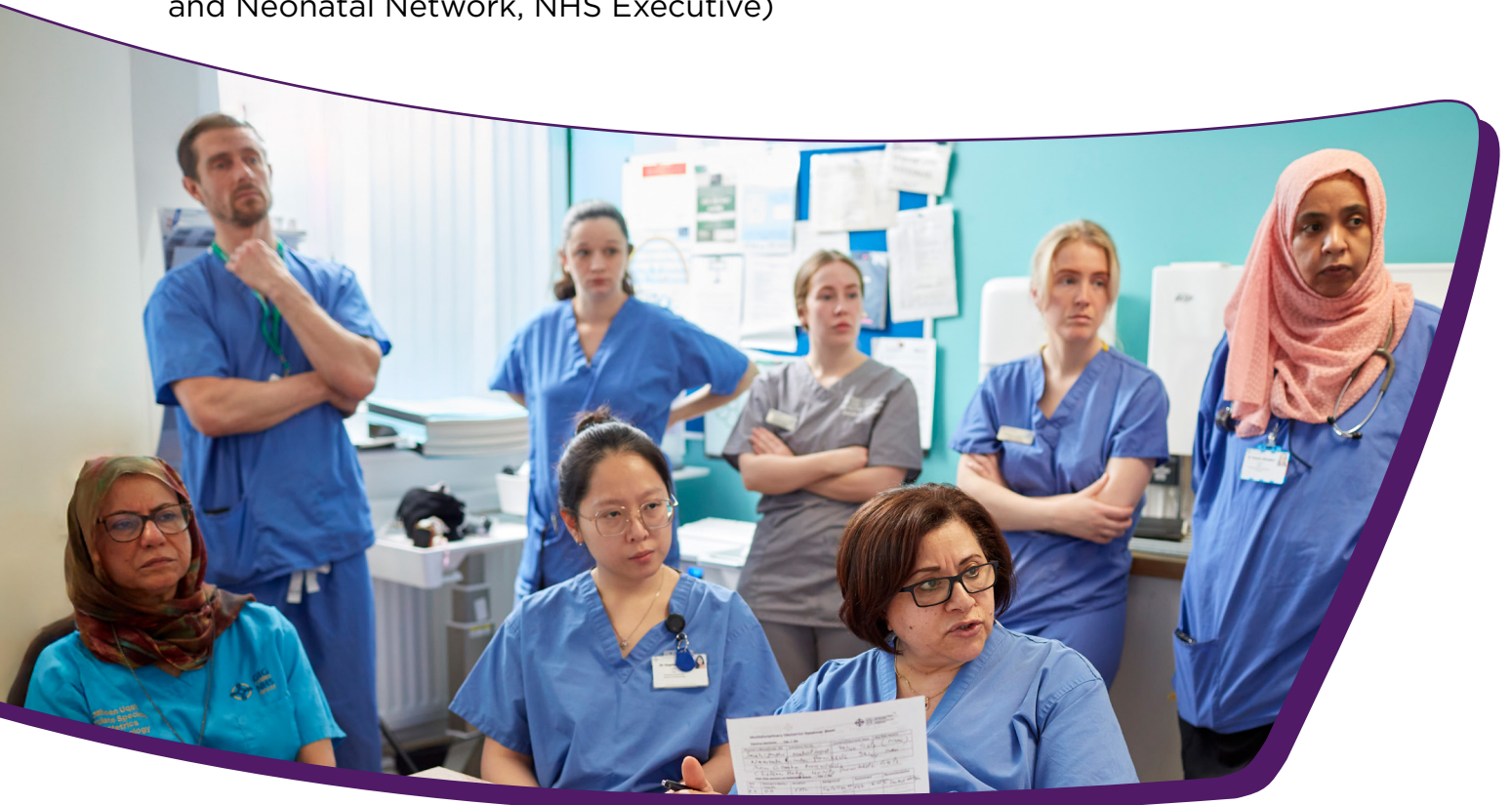
Appendix 1

Key HEIW plans and initiatives that support perinatal services include:

- 🔗 [Strategic Nursing Workforce Plan](#)
- 🔗 [Strategic Primary and Community Care Workforce Plan](#)
- 🔗 [Strategic Mental Health Workforce Plan](#)
- 🔗 [Strategic Pharmacy Workforce Plan](#)
- 🔗 Theatre Transformation Programme
- 🔗 [Strategic Diagnostics Workforce Plan](#)
- 🔗 [Strategic Workforce Plan for Genomics](#)
- 🔗 [Allied Health Professionals Workforce Development Plan](#)

Further documents that align with the plan are:

- 🔗 [National Imaging Programme](#)
- 🔗 [Welsh Government's Quality Statement for maternity and neonatal services and Perinatal engagement framework](#)
- 🔗 [Women's Health Plan for Wales](#)
- 🔗 [Maternity and Neonatal Safety Support Programme](#)
- 🔗 Strategic Clinical Maternity and Neonatal Network Annual Plan
- 🔗 Perinatal Service Specification (in development by the Strategic Clinical Maternity and Neonatal Network, NHS Executive)



Appendix 2

- ✧ **Health boards** are the main operational unit of perinatal services in NHS Wales and the employer of most staff. Health boards have a statutory duty to ensure the safety of care.
- ✧ **NHS Wales Joint Commissioning Committee (NWJCC)** is a Joint Committee of the seven Health Boards acting collectively on their behalf. The NWJCC was established on the 1st of April 2024 and has responsibility for the Emergency Ambulance Services Committee (EASC), the Welsh Health Specialised Services Committee (WHSSC), NHS 111 Wales services, and the Sexual Assault Referral Centres for Wales.
- ✧ **The NHS Executive** is a national support organisation that was set up in April 2023. Its key purpose is to drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health. It provides strong leadership and strategic direction - enabling, supporting, and directing NHS Wales to transform clinical services in line with national priorities and standards. The Strategic Clinical Maternity and Neonatal Network (SCMNN) sit within the NHS Executive.
- ✧ **NHS Wales Shared Services Partnership (NWSSP)** whose aim is to support NHS Wales by creating a dedicated shared services organisation with a distinct identity, which: ensures common operating standards in line with best practice and has sufficient scale to optimise economies of scale and purchasing power to improving quality and provide excellent patient care.
- ✧ **Welsh Risk Pool** is part of the NHS Wales Shared Services Partnership's Legal and Risk service. It enables all Trusts and Health Boards in Wales to indemnify against risk by integrating risk assessment, claims management, reimbursement and learning to improve patient safety and outcomes. It supports perinatal services through PROMPT Wales (PRactical Obstetric Multi-Professional Training), Community PROMPT Wales, Intrapartum Fetal Surveillance Wales and MoNET Wales (multiprofessional neonatal emergency training) programmes.
- ✧ **Digital Health and Care Wales (DHCW)** are a special health authority with responsibility for creating and supporting digital solutions to improve health and care in Wales.
- ✧ **Health Education and Improvement Wales (HEIW)** is the strategic workforce and education body for NHS Wales, having the right workforce with the right skills is critical to the provision of high-quality care.

Appendix 3

Maternity Services in Wales

In 2023, there were 27,374 livebirths across Wales.

Betsi Cadwaladr University Health Board (BCUHB) Maternity care is provided in Ysbyty Glan Clwyd, Wrexham Maelor Hospital and Ysbyty Gwynedd with all sites providing alongside midwifery units and obstetric units.

Powys Teaching Health Board (PTHB) Six freestanding midwifery units across the health board area.

Hywel Dda University Health Board (HDUHB) Freestanding midwifery unit at Withybush Hospital. Glangwili General Hospital and Bronglais General Hospital both provide an alongside midwifery unit and an obstetric unit.

Cwm Taf Morgannwg University Health Board (CTMUHB) Freestanding midwifery unit at the Royal Glamorgan Hospital. Prince Charles Hospital has both an alongside midwifery unit and an obstetric unit. At Princess of Wales there are midwifery led birthing rooms and an obstetric unit.

Swansea Bay University Health Board (SBUHB) Freestanding midwifery unit in Neath Port Talbot Hospital with Singleton hospital providing an alongside midwifery unit and an obstetric unit.

Aneurin Bevan University Health Board (ABUHB) Two freestanding midwifery units located at Ysbyty Aneurin Bevan and Ysbyty Ystrad Fawr. The Grange University Hospital has an alongside midwifery unit and an obstetric unit.

Cardiff and Vale University Health Board (CVUHB) Single site in University Hospital of Wales (UHW). UHW has both an alongside midwifery unit and an obstetric unit.

All health boards provide a home birth service.

Neonatal Services in Wales

Neonatal care is provided in a variety of settings. In 2023, approximately 2589 babies (approximately 9.4% of all births in Wales) received neonatal care. There are four types of hospital based neonatal care, alongside neonatal outreach supporting babies and families transitioning from the hospital to home.

- ☒ Neonatal intensive care units
- ☒ Local neonatal units
- ☒ Special care units
- ☒ Transitional care.

Neonatal Intensive Care Units (NICUs)

There are 3 tertiary units or NICU's within Wales, located at Singleton in Swansea (SBUHB), The Grange located in Cwmbran (ABUHB) and University Hospital Wales (UHW) in Cardiff (CVUHB). There is also a Sub-Regional Neonatal Unit (SURNIC) located in Ysbyty Glan Clwyd in North Wales (BCUHB) which cares for preterm babies over 26 weeks gestation.

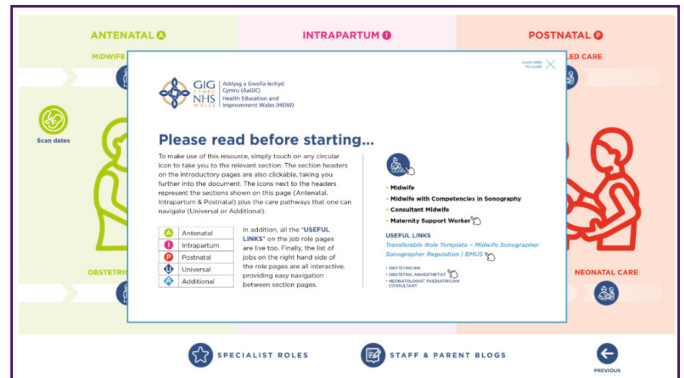
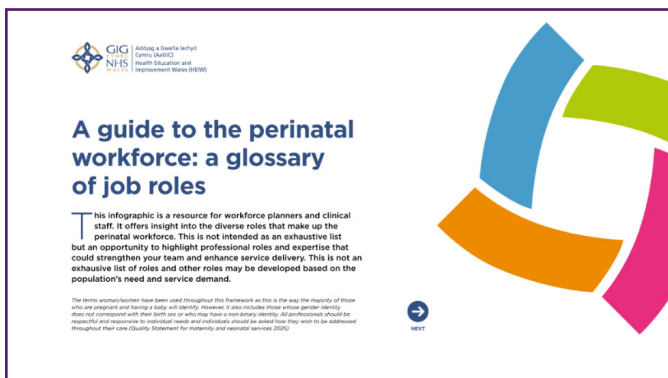
Special Care Baby Units (SCBUs)

There are 5 Special Care Baby Units (SCBUs) units in Wales which cares for babies over 32 weeks gestation (34 weeks gestation for multiples). These are located in North Wales, Ysbyty Gwynedd & Wrexham Maelor (BCUHB), West Wales in Glangwili General (H DUHB) and in South Wales at the Princess of Wales and Prince Charles Hospitals (CTMUHB).

Within HDUHB at Bronglais Hospital, neonatal care is provided by midwifery and paediatric staff within the stabilisation room to await the Neonatal Transport Team from CHANTS (Cymru Inter Hospital Acute Neonatal Transfer Service) to transfer to the most appropriate unit.

All surgery required for South Wales neonates is undertaken at UHW apart from cardiac surgery which is referred to University Hospitals Bristol NHS Foundation Trust (UHBNFT).

Appendix 4



This interactive infographic is held on a digital platform that is available to view [using this link](#).

Footnote

*The terms **woman/women** are used as most who give birth identify this way, but this includes those with different gender identities. Healthcare professionals should provide respectful, inclusive care by asking individuals how they wish to be addressed.

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